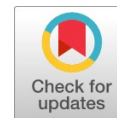


# Indian Health Budget 2023 Allocation: Navigating the Framework and Dynamics of Policy Implementation



Vikas Bhatia, Meely Panda

**Abstract:** India has shown tremendous growth in the last decade as regards to some of the health parameters are concerned. **Objective:** Overview the previous budgetary heads and allocation and make a comparative analysis of the present year's budget disbursement under various heads. **Method:** The past budget heads and the extent they have transitioned into outcomes based on their objectives have been examined from data sources of the Government of India after a proper search from GoI sites. While highlighting the Bill, it has been made sure to review the existing programs and demonstrate the percent change in budget which has happened over a year. **Discussion:** Budget snapshot shows that 157 new Nursing Colleges are to be established in co-location with 157 medical colleges since 2014, Launch of Sickle cell Anemia Elimination, Joint Public Private Medical Research via select ICMR Labs – To promote research in pharmaceuticals, Rs.15000 crores for implementation of Pradhan Mantri PVTG Development Mission over 3 years among others. A comparison of the current Union budget 2023 – 2024 with the budget of 2021 – 2022 actuals and the revised budget of 2022 – 2023 shows a net increase in crores as well as the percent increase in health expenditures as compared to the previous year's revised budget [FY 2023] of Rs.9805 crores and 13 % respectively. Public Health still needs more focus in terms of greater and better adoption of model rural health centers, mobile medical units, MDRUs, Incubation centers, and Community-based Innovations.

**Keywords:** Indian Health, [FY 2023], Government, Public Private, Pradhan Mantri PVTG.

## I. INTRODUCTION

India has shown tremendous growth in the last decade as regards to some of the health parameters are concerned. The maternal mortality ratio drastically reduced from 210 lakh/live birth in 2010 to 97 lakh/live birth in 2022 which is over a 53% reduction. The infant mortality rate has nonetheless reduced by nearly 40% over the decade too. [Fig 1 Matrix] [1] World Bank Data trends show that India's Per capita Health spending over the last 2 decades has been constantly showing a steep rise which is 64 USD in 2022 [2]. These unveil the untiring efforts and dedication that have been behind putting them together and making strides toward a Healthy India.

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[Fig.1: Achievements in Terms of Reduced Maternal Mortality Ratio and Reduced infant Mortality Ratio in India][2]

A snapshot of previous announcements portrays that the Ayushman Bharat-Pradhan Mantri Jan Aarogya Yojana (PMJAY) was granted Rs 69,000 crore in the Budget FY 2021 – 2022, for bringing about a new change in the healthcare service provision. 1,50,000 health and wellness centers (HWCs) were to be set up by 2022 with Jan Aushadhi store expansion in every district. In the ensuing year, the Union Budget 2022 – 2023, mentions rolling out the National Digital Health ecosystem, National Tele Mental \_ \_Health Program, integration of many schemes under the umbrella of POSHAN Abhiyan 2, and upgradation of Saksham Anganwadis. Newer initiatives such as the International Year of Millet mission provide further impetus to sustain the developmental goals. The present article has been written to overview the previous budgetary heads and allocation and make a comparative analysis of the present year's budget disbursement under various heads [3][4][5].

The Annual Finance Statement and Finance Bill as submitted by Hon'ble Finance Minister on 1st February 2023, is broadly based on the seven priorities or adopted Saptarishis to guide the country towards Amrit Kaal. They are:

- Inclusive Development
- Reaching the last mile
- Infrastructure & Investment
- Unleashing the potential
- Green Growth
- Youth Power
- Financial Sector



II. METHODOLOGY

The past budget heads and the extent they have transitioned into outcomes based on their objectives have been examined from data sources of the Government of India after a proper search from GoI sites. It highlights the major heads that have been earmarked for Health in the Union Budget 2023 – 2024 along with a comparative analysis with the previous year's allocation. While highlighting the Bill, it has been made sure to review the existing programs and demonstrate the percent change in budget which has happened over a year. With each review, the effort has been made to discuss the challenges that ensue with each program, also making sure to provide feasible solutions from a practical point of view to meet the efforts of our government towards achieving Universal Health Care and Sustainable development goals.

A. Snapshot of Union Budget 2023 – 2024 for Health [6]

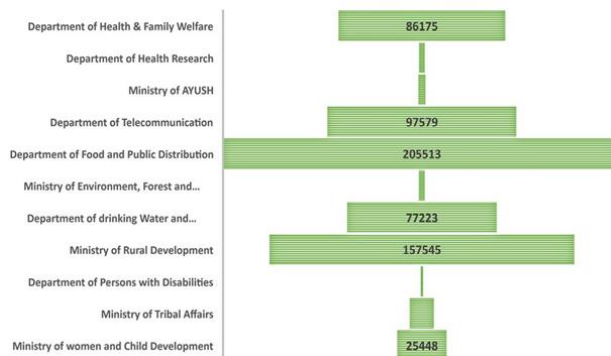
The Union Budget 2023 – 2024 allocation for Health can be broadly summarized under the following fronts.

- 157 new Nursing Colleges to be established in co-location with 157 medical colleges since 2014.
- Launch of Sickle cell Anemia Elimination
- Joint Public Private Medical Research via select ICMR Labs – To promote research in pharmaceuticals
- Rs.15000 crores for implementation of Pradhan Mantri PVTG Development Mission over 3 years.
- Aspirational Blocks Program – 500 Blocks launch for saturation of essential services.
- Investment of Rs 75,000 crores from private sources for one hundred critical transport infrastructure projects, for last and first-mile connectivity.
- New Infrastructure Finance Secretariat to enhance private investment in infrastructure.

Among these, the first four headings to co-locate Nursing Colleges, Elimination of Sickle Cell Anemia, set up of select ICMR laboratories and Particularly Vulnerable Tribal Groups (PVTG) Mission are salient and have been allocated a major chunk of the budget. The rest of the fronts are extensions of existing programs which have been given an impetus to enhance outcomes.

III. OVERVIEW OF FINANCE AND ALLOCATION

For complete health and well-being, it is important to interlink health to the various other allied sectors and work in close coordination [7]. This will foster and hone optimal outcomes at a much faster pace. For example, collaborating with community leaders for better education, food distribution, or ensuring a proper environment will help the community embrace the health challenges better in the long run. Table 1 shows the distribution of the budget for Health under different Heads as per the Union Budget 2023 – 2024 as well as the contributions towards the various allied sectors (Fig 2). For Health, the Ministry of Health and Family Welfare received Rs. 89155 crores which is nearly 2% of the entire allocation.



[Fig.2: Contribution of Health and Allied Sectors under the Union Budget 2023-2024]

Table 1: Distribution of Budget for Health Under Different Heads as per the Union Budget 2023

SN	Health Sector	Total in Crores	Percent out of the Total of 4503097 Crores
1	Ministry of Health and Family Welfare	89155	1.98
a	Department of Health & Family Welfare	86175	1.91
b	Department of Health Research	2980	0.06
<b>Allied Sectors</b>			
2	Ministry of AYUSH	3647	0.08
3	Department of Telecommunication	97579	2.1
4	Department of Food and Public Distribution	205513	4.5
5	Ministry of Environment, Forest and Climate change	3079	0.06
6	Department of Drinking Water and sanitation	77223	1.7
7	Ministry of Rural Development	157545	3.5
8	Department of Persons with Disabilities	1225	0.03
9	Ministry of Tribal Affairs	12461	0.3
10	Ministry of Women and Child Development	25448	0.6

As per the Economic Survey 2022, India spent 2.1 percent of its GDP on health in the previous financial year 2021-22, which is up from 1.8 percent in 2020-21. The plans to increase public health spending to 2.5 percent of the country's GDP by 2025, as per the National Health Policy 2017 report seem possible yet challenging. However, if the indirect and sublime contributions from the Ministry of Women and Child Development, Department of Food, Rural Development, Telecommunication, AYUSH, Tribal Affairs, etc. are accounted for, the overall share does show a positive skew.

The funding for the Ministry of Health and Family Welfare for FY 2023 – 2024 gets a whopping share of Rs. 89155 crores; out of which, the Department of Health and Family Welfare gets Rs. 86175 crores and the Department of Health Research gets Rs. 2980 crores. [Table 1]. For health expenditure, this is a hike of Rs 3175 crore and nearly 4% percent from the Rs 83,000 crore budget of FY 2023 and a 13 % hike from the Revised Estimate of Rs.76370 crores in FY 2023 [7]. The funnel plot in Figure 1 depicts the budget share of concerned and allied sectors complementing the Ministry of Health and Family Welfare. More or less, the ministries of



Water Sanitation and Telecommunication have similar allocations ranging from 70k – 90k crores. On the other hand, ministries of AYUSH, tribal affairs, and Health Research lie in the range of Rs.3000 – Rs.15000 crore allocation, whereas, the Ministry of Woman and Child Development lies amidst the assortment.

**Table 2: Comparative Analysis of the Budget Allocates Under the Department of Health and Family Welfare as per the Union Budget Heads**

S. N	Budget Heads	2021 – 2022 Actual	2022 – 2023 Revised Budget	2023 – 2024 Budget
1	Net Budget in Crores	81779	76370	86175
2	Central Sector Schemes	15097	11868	8820
3	PMSSY	9269	8269	3365
4	National AIDS & STD program	2126	2182	3079
5	Family Welfare Schemes	300	473	516
6	Nursing Services	12	20	33
7	Disaster Preparedness & Response and Emergency Medical Services	32	75	-
8	Global Fund grant under COVID-19 response [EAP]	-	-	495
9	India COVID-19 Response and Preparedness Phase II [DBS]	1477	-	-
10	PM ABHIM	177	281	645
11	National Tele Mental Health Program	-	121	133
12	National Digital Health Mission	27	140	341
13	National Health Mission	27447	28947	29085
14	PM JAY	3115	6412	7200
15	Medical and Public Health	28529	29955	33655
16	Social Health Services	32249	31478	40521

A comparison of the current Union budget 2023 – 2024 with the budget of 2021 – 2022 actuals and the revised budget of 2022 – 2023 has been done as depicted in Table 2. The net increase in crores as well as the percent increase in health expenditures as compared to the previous year's revised budget [FY 2023] is Rs.9805 crores and 13 % respectively.



- ₹6,835 crore allocated
- Total VIII phases for 22 New AIIMS.
- AIIMS Bibinagar under Phase VII where the tender has been awarded and main construction work has begun.

**[Fig.3: Distribution of New AIIMS in India][8]**

**IV. DISCUSSION**

**A. Key Parameters for Enhancing Health Indices and Review under Union Budget**

*i. Pradhan Mantri Swasthya Suraksha Yojana –*

PMSSY was launched to correct regional imbalances in the availability of affordable tertiary healthcare services and augment facilities for quality medical education in the country. The scheme has two broad components: (a) the Setting up of the All-India Institute of Medical Sciences (AIIMS); and (b) the Upgrade of existing Government Medical Colleges/Institutions (GMCIs). So far, the establishment of 22 new AIIMS and 75 up-gradation Projects of existing Government Medical Colleges/Institutions (GMCIs) have been approved under this scheme as depicted in Fig 3. Six AIIMS approved under Phase- I (AIIMS-Bhopal, AIIMS-Bhubaneswar, AIIMS-Jodhpur, AIIMS-Patna, AIIMS-Raipur and AIIMS- Rishikesh) are already fully functional. 16 AIIMS have been sanctioned/approved by the Cabinet in subsequent phases at Gorakhpur (UP), Raebareli (UP), Nagpur (Maharashtra), Kalyani (West Bengal), Mangalagiri (Andhra Pradesh), Bibinagar (Telangana), Bathinda (Punjab) Deoghar (Jharkhand), Bilaspur (Himachal Pradesh), Rajkot (Gujarat), Guwahati (Assam), Vijaypur (Jammu), and Madurai (Tamil Nadu), Darbhanga (Bihar), Awantipura (Kashmir) and Manethi (Haryana). The major reduction in budget allocation for PMSSY as compared to previous years is to relocate the fund flow towards the Up-gradation program which broadly includes tertiary health infrastructure through construction of Super Specialty Blocks / Trauma Care Centers etc, procurement of medical equipment. The present year's Rs 6835 crore allocation towards establishment expenditure of New AIIMS is discerning and insightful towards equitable dispensation [8].

- **Family Welfare Schemes:** The Budgetary hike from the previous financial year has been by 9 % which under the scheme provides for Swastha Nagrik Abhiyan (SNA), Population Research Centers, Health Surveys & Research Studies, procurement of Contraceptives for Social Marketing and Free Distribution, Training of Doctors in No Scalpel Vasectomy /Recanalization Technique etc.
- **Inter-Sectoral Coordination:** 27 branches of NCDC, Control of Zoonotic diseases, Viral Hepatitis, and Anti-Micro Resistance which were separate schemes have been merged into one single scheme to give impetus to the advancement of knowledge in the field of prevention and control of communicable/infectious diseases of public health importance and strengthening of other Health Initiatives [7, 8].
- **Nursing Services:** The massive earmarking for the Nursing sector by 65% [Rs. 21 crore FY 2023 versus Rs. 33 crore FY 2024] is due to comprehension of the importance of Nurses in helping us sway towards the Sustainable development goals and Universal Health care. As part of an ongoing Central Sector Scheme, the main objective of this has been to train nurses to upgrade their skills and strengthen/upgrade the School/Colleges of Nursing

infrastructures. At nearly 2 nurses per 1000 population, India is treading breakneck to reach the WHO norm of 3 / 1000. Over the last 5 years, there has been a substantial increase in the nursing seats by 5.7% for ANM, 12.8% for GNM, 21.4% for BSc Nursing and 23.5% for MSc Nursing.

The declaration to co-locate 157 new nursing colleges along with the 157 existing medical colleges (established since 2014), is certain to give a major push to this forethought [9].

- **Disaster Preparedness and Emergency Medical Response:** The objective is to build capacities in human resources to respond to health aspects of disasters, Capacity building on structural and non-structural interventions for disaster resilience, risk communication, and risk reduction. Although, the fund allocation has substantially decreased to a maximal low in this year's budget, a new area finds its place under the heading of

"Global Fund grant under Pandemic response" with a grant of Rs.495 Crores. Additionally, a major shuffle has been made and a considerable amount diverted under the PM-ABHIM, which has a 129 % increase from the previous year's base value, to aid in preparing health systems to respond effectively to the current and future pandemics/disasters.

- **Health Care and Medical Education:** The Health care sector including medical education has experienced a major boost in the last decade. Assuming 80% availability of registered allopathic doctors and 5.65 lakh AYUSH doctors, the doctor-population ratio is 1:834 in the country at present. Initiatives from the previous year such as the Viability Gap Funding Scheme for the establishment of medical colleges in public-private partnership mode are also being stressed to enhance health infrastructure [10]. The percent increase in seats over the last 8 years is depicted in Table 3.

Table 3: Increase in Seats for Medical Colleges

Seats	2013 - 2014	2023	Percent Hike
MBBS [UG seats]	51348	99763	94%
PG Seats	31185	64599	107%
Medical Colleges	387	654	69%

**No. of medical colleges in India gone up to 654 from 387 since 2014**

*There have been a 94% rise in the number of MBBS seats*

**OUR CORRESPONDENT**

**NEW DELHI:** There has been a 99-per cent increase in the number of medical colleges in the country, from 387 before 2014 to 654 as of now, the government informed Parliament on Tuesday.

Further, there has been a 94-per cent rise in the number of MBBS seats, from 51,348 to 99,763, and a 107-per cent increase in the number of postgraduate (PG) seats, from 31,185 before 2014 to 64,599 as of now, Minister of State for Health Bharati Pravin Pawar said in a written reply to a question in the Rajya Sabha.

The steps taken by the government to increase the number of medical seats in the country include a centrally-sponsored scheme for the establishment of new medical colleges by upgrading the district and referral hospitals, Pawar said, adding that 94 of the 157 new medical colleges approved are already functional.

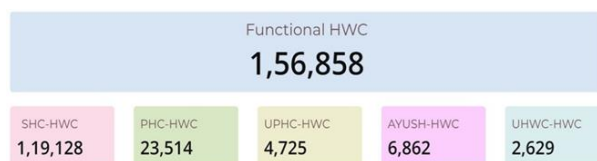
A centrally-sponsored scheme for strengthening or upgrading the existing medical colleges run by the state or the central government has been implemented to increase the numbers of MBBS and PG seats, the minister said.

Under 'upgradation of government medical colleges by construction of super speciality blocks' of the Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), a total of 75 projects have been approved, of which 60 are complete, she added.

- **Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (PMJAY):** In an attempt to move to a comprehensive need-based healthcare service, the Ayushman Bharat launched in 2017 aimed to undertake path-breaking interventions to holistically address the healthcare system thereby covering prevention, promotion, and palliation at the primary, secondary and tertiary level by a continuum of care approach. Pradhan Mantri Jan Arogya Yojana (PM-JAY) provides cashless and paperless benefit cover of 5.00 lakh per annum per family on a floater basis in empaneled hospitals across India. At present AB-PMJAY targets to cover 12 Crore families which is equal to covering more than 50.00 crore population in India. The fund allocation of Rs 7200 crore for AB PMJAY in the present year's union Health Budget is 12% higher than Rs 6412 crore in FY 23 and shall expand service coverage to make it more comprehensive and elaborate.
- **##** With huge expectations to reduce out-of-pocket expenditure, it becomes equally important to address the refraining challenges of ABPMJAY. This will enable an effective implementation of the most ambitious social health insurance program ever launched. Empaneled private sectors need to offer required and specialized care. Preventive and promotive primary care inclusion is also another such area that requires equal attention and special scrutiny and surveillance from time to time. Moreover, high OPE (Pocket Expenditure) spending in India is

mostly due to low levels of public spending on health care which still needs a push in our country.

- **Health and Wellness Centers:** The Government of India announced the creation of 1,50,000 Health and Wellness Centers (HWCs) by transforming the existing Sub Centers and Primary Health Centers to deliver Comprehensive Primary Health Care (CPHC) and bring healthcare closer to the homes of people. Since 2018, 1,56,858 HWCs have been established and functional at various levels as shown in Fig 4. The designated budget for FY 2023 - 2024 seeks to expand the coverage to make the services more comprehensive and stay committed [11].



[Fig.4: Statistics of Health and Wellness Centers Across the Country][11]

- **Particularly Vulnerable Tribal Groups – PVTG:** With a conscious effort to ensure that the budget benefits the last mile; an outlay of Rs.15,000 crores has been earmarked for Particularly Vulnerable Tribal Population groups over the next 3 years under the development action plan for scheduled tribes. The families of PVTGs will be



saturated with basic facilities such as housing, clean drinking water and sanitation, improved access to education, health, and nutrition, road and telecom connectivity to extend sustainable livelihood opportunities.

- **Sickle Cell Anemia Elimination:** Evidence suggests that Sickle cell disease is a spectrum with a varied range of prevalence ranging from 0.5% – 40 % in different regions and among different communities. However, among the 9% tribal population of India as per the census 2011, blood-related hemoglobinopathies are particularly prevalent. The Heterozygous, Carrier state [7 – 15 %] as well as the homozygous state [0.4 – 1.4%] of the disease spectrum which leads to a poor quality of life among patients are very well preventable [12, 13, 14]. The mission to eliminate Sickle cell anemia by 2047 was declared in the present Union Budget which would consist of universal screening of seven crore people in the 0 - 40 years age group in affected tribal areas and counseling through collaborative efforts.
- **National Tele Mental Health Program:** Universal access to equitable, accessible, affordable, and quality mental health care through 24x7 tele-mental health counseling services as a digital component of the National Mental Health Program (NMHP) with assured linkages was first announced in the union budget (2022–23). Acknowledging the negative mental health consequences of the COVID-19 pandemic, the Finance Minister announced that a network of 23 tele-mental health centers of excellence would be established which would function with NIMHANS as the nodal center and the International Institute of Information Technology-Bangalore providing the requisite technological support. Subsequently, the Tele-Mental Health Assistance and Nationally Actionable Plan through States (T-MANAS) initiative would provide free round-the-clock mental health services in all parts of the country, particularly to people living in remote or under-served areas. The NTMHP also envisions linking tele-mental health services with other health-related schemes and services provided by the government under the Ayushman Bharat Digital Mission (National digitalization of health records and services) and the e-Sanjeevani platform (National tele-consultation service).
- The budget allocation in the present year's budget has substantially increased to 133.73 crores from 121 crores in FY 2023 which is a 10% leap. Major shuffles have been done keeping in mind the demand, utilization, and need of the hour.
- ## The impending challenges that need clarity over time to take this to its desired height are regarding the structure (e.g., the first point of contact with a psychiatrist, psychologist, trained health worker, or layperson; triaging; and referral process) and range of services (counseling, structured psychotherapy over multiple scheduled sessions, teleconsultation, prescription of medications if indicated, etc.) [13]
- **National Digital Health Mission:** Creating a National Digital Health Eco-System that supports universal health Coverage in an efficient, accessible, inclusive, affordable, timely, and safe manner through the provision of a wide range of data, information, and infrastructure services, and

ensuring the security, confidentiality, and privacy of health-related personal information is the need of the hour. In this regard, the 143 % upsurge (from 140 crores to 341 crores) in fund disbursement as compared to the previous financial year is a huge step. Although it was initiated earlier, the fund allocation for expansion will duly help in leveraging open, interoperable, and standards-based digital systems.

- **The Ayushman Bharat Digital Mission (ABDM)** component statistics show that nearly 32 crores ABHA numbers have been generated; of which 21 crores have been linked to health records. Nearly 2 lakh health facilities have been registered along with 1.5 lakh health care professionals as shown in Fig 5 below [14].



[Fig.5: ABDM Component Statistics]

Union Budget 2023 – 2024 further emphasizes the inception of three centers of excellence for Artificial Intelligence (AI) to be set up in top educational institutions to realize the vision of "Make AI in India and Make AI work for India" to unleash innovation and research.

Recently, AIIMS Bibinagar, (December 2022) successfully inaugurated the Ayushman Bharat Digital Mission (ABDM) Services with real-time video specialist consultation by Health Minister, Shri Dr. Mansukh Mandaviya Ji. The long patient queues have been replaced by QR code-based registration which facilitates patient management. Teleconsultation services help connect clients from rural and hard-to-reach areas to ensure equitable and accessible health care. AIIMS Bibinagar has been able to cater to nearly 20,000 teleconsultations since its inception via the e Sanjeevani platform; from a total of 489 health centers in and around [15].

## With a common dream to make Health care equitable and accessible, the Indian government's effort to digitalize health technology and patient care doesn't seem a distant reality. The set of constraints to regularize the connectivity issues, train the personnel handling telemedicine set up in rural areas, and at times, the barrier of language in communication seems plausible.

Comparative analysis of Budget allocates for the years 2023 – 2024 as depicted in Fig 6 shows that the majority of the health programs have increased allocate over the last two years; with the maximum increase for ABDM followed by PM ABHIM; as shown in the green color heat map. On the other hand, the red zone for PMSSY shows that the major decrease is mainly because fund diversion would aid in the establishment expenses of 22 new AIIMS.



PROGRAM	2021 - 2022 In crores	2022 - 2023 In Crores	2023 - 2024 In Crores	Percent change from Previous Year
PMSSY	9269	8269	3365	-59%
PMJAY	3115	6412	7200	12.20%
PM ABHIM	177	281	645	129%
ABDM	27	140	341	143%
Tele Mental Health	0	121	133	9.90%
NHM	27447	28947	29085	0.50%
NACO	2126	2182	3079	41%

[Fig.6: Comparative Analysis of the Budget Allocates for Various Programs]

PMSSY - Pradhan Mantri Swasthya Suraksha Yojana; PMJAY - Pradhan Mantri Jan Aarogya Yojana;

PMABHIM - Pradhan Mantri Ayushman Bharat Health Infrastructure Mission; ABDM - Ayushman Bharat Digital Mission; NHM - National Health Mission; NACO - National AIDS Control Organization.

▪ **Prime Minister's Ayushman Bharat Health Infrastructure Mission (PM-ABHIM)** in this regard would help in Institutional strengthening, Bio Security Preparedness, Pandemic Research, and a sectoral Platform for One Health. The Centrally Sponsored Scheme spread over 5 years from 2021-22 to 2025-26 for implementation of the Atmanirbhar Bharat Package for the Health Sector as announced by the Hon'ble Prime Minister as part of the series of Government measures for providing stimulus to the economy, would help in developing capacities of health systems and institutions across the continuum of care at primary, secondary and tertiary levels of care. Post-pandemic, India's first One Health consortium was launched by the Department of Biotechnology in 2021. 27 organizations led by DBT-National Institute of Animal Biotechnology; Hyderabad launched one of the biggest One Health programs by Govt of India.

## V. CONCLUSION AND SUGGESTIONS

1. Fund relocation for the establishment of 22 new AIIMS will certainly give a major boost to the health sector economy. However, it also needs to be ensured that the process of establishment is fast-tracked with proper review mechanisms and quality checks to ensure the deadline is met.
2. The problem of medical seats lying vacant is a matter of serious concern. The mere rise in medical PG seats without ensuring the uptake will result in a huge loss for the Government, which spends nearly 50 – 60 lakhs for each seat. This necessitates proper and timely counseling, examination, and assessments. Moreover, it is also important to regulate and centralize the fee structure in private medical institutes so that students end up having their fair share.
3. Medical Education other than good colleges and seat allocation, also requires quality patient care and bedside learning which at times becomes difficult in newer

Institutions. Moreover, a particular set of patients is only found in certain belts for example: Goiter, Thalassemia, or Sickle cell Anemia, etc. In such instances, regular student exchange programs will not only help in knowledge exchange but also enhance holistic learning among future doctors.

4. Private Participation in research will leverage and make sure expensive equipment is accessible and used at all points of care. However, in such instances, issues of accountability, grants, maintenance, risk sharing, institutional support, and legal frameworks might crop up. So, it is important to foster reliable mechanisms to share responsibilities in the long run.
5. AB-PMJAY is no doubt the most ambitious insurance project so far. However, the challenges it faces are more than just at the financial level. Private hospitals need to be better empaneled so that the desired levels of hospital care can be provided unabated.
6. Moreover, the lack of awareness and lack of involvement of local leaders has at times led households to seek medical care even without the health card. Thus, timely exchange of information and updates is a must for beneficiaries, which shall help to reduce out-of-pocket expenditure.
7. The increase in budget allocation for the Digital Health mission has been substantially high as compared to the previous year. Therefore, we need to ensure the digital India mission runs successfully without the issues of ethics, data breaches, system failures, and other technical challenges.
8. Public Health needs more focus in terms of greater and better adoption of model rural health centers, mobile medical units, MDRUs, Incubation centers, and Community-based Innovations.

## DECLARATION STATEMENT

After aggregating input from all authors, I must verify the accuracy of the following information as the article's author.

- **Conflicts of Interest/ Competing Interests:** Based on my understanding, this article has no conflicts of interest.
- **Funding Support:** This article has not been sponsored or funded by any organization or agency. The independence of this research is a crucial factor in affirming its impartiality, as it has been conducted without any external sway.
- **Ethical Approval and Consent to Participate:** The data provided in this article is exempt from the requirement for ethical approval or participant consent.
- **Data Access Statement and Material Availability:** The adequate resources of this article are publicly accessible.
- **Authors Contributions:** The authorship of this article is contributed equally to all participating individuals.

## REFERENCES

1. NFHS-5: National Family Health Survey (2019-20). CSV fact sheets (states, districts) for key indicators from <http://rchiips.org/nfhs/> | <https://doi.org/10.7910/DVN/42WNZF> [Accessed on Feb 10, 2023]



2. Sahoo P.M, Rout H.S. "Charting the course: India's health expenditure projections for 2035" *Global Health Journal*, 2024. Vol. 8, Issue 2, pp 58-66; <https://doi.org/10.1016/j.glohj.2024.05.001>
3. Singh, Dr. R. R., & Bindal, A. (2019). Growth of Pradhan Mantri Mudra Yojna (Pmmy) in Haryana State. In *International Journal of Innovative Technology and Exploring Engineering* (Vol. 8, Issue 12, pp. 2957–2960). <https://doi.org/10.35940/ijtee.k1939.1081219>
4. Varma, A., & Kaseria, G. (2020). Analyzing and Anticipating the Growth of the Pradhan Mantri Kaushal Vikas Yojana in the Region, Indore using Regression in Python. In *International Journal of Management and Humanities* (Vol. 5, Issue 1, pp. 3–6). <https://doi.org/10.35940/ijmh.a1115.095120>
5. Girdharwal, D. N. (2019). Developing Entrepreneurial Society: A New Call for Management Education. In *International Journal of Engineering and Advanced Technology* (Vol. 8, Issue 6, pp. 4615–4618). <https://doi.org/10.35940/ijeat.f8901.088619>
6. Union Budget 2023 – 2024. Ministry of Health and Family Welfare Demand No 46. Department of Health and Family Welfare. <https://www.indiabudget.gov.in/doc/eb/allsbef.pdf>
7. Zheng, X., & Jin, J. (2024). Cooperators or competitors? The interactions between WHO and the World Bank in global health governance. *Global Public Health*, 19(1). <https://doi.org/10.1080/17441692.2024.2408608>
8. Chopra, H. (2018). Universal Health coverage – a reality or mirage. *Indian Journal of Community Health*, 30(2), 103–106. <https://doi.org/10.47203/IJCH.2018.v30i02.001>
9. Kumar S, Sarwal R. Closing human resources gap in health: Moving beyond production to proactive recruitments. *Journal of Family Medicine and Primary Care* 2022. 11(8):p 4190-4194. doi: [https://doi.org/10.4103/jfmpe.jfmpe.2463\\_21](https://doi.org/10.4103/jfmpe.jfmpe.2463_21)
10. Wakchaure N, Chawla R, Arora J.S. Entrepreneurship in healthcare biotechnology. 2022. *Biotechnology in Healthcare*, Academic Press, Vol 2, pp 343-353. <https://doi.org/10.1016/B978-0-323-90042-3.00006-2>.
11. Mohanty SK, Upadhyay AK, Maiti S, et al. Public health insurance coverage in India before and after PM-JAY: repeated cross-sectional analysis of nationally representative survey data. *BMJ Global Health* 2023;8:e012725. <https://doi.org/10.1136/bmjgh-2023-012725>
12. Raj GM, Dananjayan S, Agarwal N. Inception of the Indian Digital Health Mission: Connecting...the...Dots. *Health Care Sci.* 2023 Oct 9;2(5):345-351. doi: 10.1002/hcs2.67. PMID: 38938588; PMCID: PMC11080683 <https://doi.org/10.1002/hcs2.67>
13. Ayushman Bharat Digital Mission. National Digital Health Mission—Strategy Overview [Internet]. 2020 [cited 2023 Feb 18]. Available: [https://www.niti.gov.in/sites/default/files/2021-09/ndhm\\_strategy\\_overview.pdf](https://www.niti.gov.in/sites/default/files/2021-09/ndhm_strategy_overview.pdf)
14. Nundy S. Digital connections to improve India's health. *BMJ*. 2021;375: n2586. 10.1136/bmj.n2586 <https://doi.org/10.1136/bmj.n2586>
15. S, A. K., Wadhwa, A., & Gramle, Dr. A. (2021). Health Care Professionals in the Digital Landscape in India. In *International Journal of Management and Humanities* (Vol. 5, Issue 7, pp. 30–36). <https://doi.org/10.35940/ijmh.g1258.035721>

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