

## AYUSHMAN BHARAT TRANSFORMING RURAL HEALTHCARE AND DISEASE PREVENTION

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### ABSTRACT

*Ayushman Bharat, India's flagship healthcare initiative, has emerged as a transformative force in rural health systems by aiming to deliver universal health coverage, preventive care, and financial risk protection to underserved populations. Anchored by two key components—the Pradhan Mantri Jan Arogya Yojana (PM-JAY) and Health and Wellness Centres (HWCs)—the program strategically combines financial assistance with robust primary healthcare infrastructure. This review explores Ayushman Bharat's impact on disease prevention, accessibility, and rural health outcomes. HWCs are redefining primary healthcare by offering essential diagnostics, chronic disease screening, maternal and child health services, and health promotion activities, all within remote communities. Simultaneously, PM-JAY mitigates catastrophic health expenditures by offering insurance coverage of up to ₹5 lakhs per family annually, significantly expanding access to secondary and tertiary care. The integration of digital tools like telemedicine, electronic health records, and mobile health units further enhances outreach and service delivery. Despite its remarkable progress, the scheme faces challenges related to infrastructure gaps, workforce shortages, and health literacy. This paper highlights how Ayushman Bharat is reshaping rural healthcare delivery through innovative, inclusive, and scalable approaches, and outlines future directions to maximize its potential in preventing diseases, reducing healthcare inequities, and fostering community-driven health resilience in India.*

**Keywords:** Ayushman Bharat, Disease prevention, Health and Wellness Centres, Primary healthcare strengthening, Healthcare accessibility

## INTRODUCTION TO AYUSHMAN BHARAT

Ayushman Bharat, launched in 2018 by the Government of India, is a landmark healthcare initiative aimed at achieving Universal Health Coverage (UHC) and reducing the financial burden of medical expenses for millions of Indians, particularly those in rural and economically disadvantaged areas. Structured as a two-pronged approach, the program consists of the Pradhan Mantri Jan Arogya Yojana (PM-JAY) and the establishment of Health and Wellness Centres (HWCs)—each designed to address critical gaps in secondary/tertiary care access and to strengthen primary healthcare delivery, respectively.

PM-JAY is often cited as the world's largest government-funded health assurance scheme. It provides a health cover of up to ₹5 lakhs per family per year for secondary and tertiary hospitalization. Targeting over 50 crore beneficiaries from the bottom 40% of India's population, it has significantly enhanced access to institutional care and financial risk protection, especially for rural households who otherwise face catastrophic out-of-pocket expenditures.

Complementing this, the HWCs focus on transforming over 1.5 lakh existing sub-centres and primary health centres into comprehensive primary care facilities. These centres emphasize preventive healthcare, early disease detection, and health promotion, covering services such as screening for non-communicable diseases, antenatal care, immunization, mental health support, and basic diagnostic services. By positioning care closer to communities, HWCs help reduce disease progression and promote healthier lifestyles.

Digital innovation is also a cornerstone of Ayushman Bharat. The initiative supports integration with telemedicine services like e-Sanjeevani, electronic health records, and mobile health apps to expand reach and efficiency. These tools have been particularly impactful in rural and remote areas, where healthcare infrastructure and specialist access remain limited.

Ayushman Bharat represents a bold step toward equitable, inclusive healthcare reform in India. By realigning the healthcare system to focus on both prevention and protection, the initiative aspires not only to reduce disease burden and improve population health but also to make quality care accessible regardless of geography or socioeconomic status. As India continues to adapt and strengthen this program, its long-term success will depend on strategic policy implementation, community participation, and continuous investment in healthcare infrastructure and human resources.

## STRENGTHENING PRIMARY HEALTHCARE IN RURAL AREAS THROUGH AYUSHMAN BHARAT

Primary healthcare serves as the backbone of any resilient health system, particularly in rural India, where access to specialized services is limited. Ayushman Bharat aims to revolutionize this sector by

transforming over 1.5 lakh Sub-Health Centres and Primary Health Centres into fully functional Health and Wellness Centres (HWCs). These centres are designed to deliver comprehensive, continuous, and community-based care with a strong emphasis on prevention, early diagnosis, and management of both communicable and non-communicable diseases.

One of the critical pillars of this transformation is service expansion. Earlier, most rural health centres focused mainly on maternal and child health and immunization. However, under Ayushman Bharat, the scope has broadened to include screening and management of diabetes, hypertension, cancers, mental health, eye care, elderly care, and palliative services. This expansion reflects a shift from selective to comprehensive primary healthcare, enhancing the quality and relevance of rural health services. Human resources are another cornerstone of strengthening rural healthcare. Community health officers (CHOs), auxiliary nurse midwives (ANMs), accredited social health activists (ASHAs), and multipurpose health workers (MPHWs) form the first line of contact in these centres. Ayushman Bharat emphasizes capacity-building through continuous training programs that enable this workforce to manage a broader range of services, including digital tools and basic diagnostics, with confidence and competence.

Accessibility and infrastructure improvements have also been prioritized. HWCs are equipped with essential medicines, diagnostics, teleconsultation facilities, and electronic health record systems. These upgrades not only reduce the need for long-distance travel to higher centers but also increase trust in public health services at the grassroots level. The e-Sanjeevani telemedicine platform, in particular, has played a transformative role in enabling rural patients to access consultations with specialists from district hospitals and tertiary centres, thereby bridging the urban-rural divide in specialist care.

Another important dimension is community engagement and health promotion. HWCs are envisioned not only as treatment centres but also as hubs for wellness promotion through yoga sessions, lifestyle modification counselling, school health programs, and awareness drives. By integrating behaviour change communication into service delivery, HWCs are fostering a culture of preventive healthcare and encouraging community participation in sustaining health outcomes.

Lastly, monitoring and evaluation mechanisms have been strengthened. Real-time dashboards, beneficiary tracking systems, and regular audits help ensure accountability and efficient delivery. Local innovations such as mobile health vans and digital health kiosks have further expanded the reach of these services into remote hamlets and tribal areas.

Ayushman Bharat's Health and Wellness Centres are redefining primary healthcare in rural India by shifting the focus from illness to wellness, from episodic care to continuous management, and from vertical programs to an integrated service delivery model. This grassroots transformation holds the key to improving health equity, reducing disease burden, and moving closer toward universal health coverage for all.

## **DISEASE PREVENTION AND HEALTH PROMOTION UNDER AYUSHMAN BHARAT**

Ayushman Bharat recognizes that curative services alone are insufficient to achieve long-term health outcomes, especially in rural India where disease burdens are often linked to preventable causes. Hence, one of its key goals is to shift the healthcare narrative from a treatment-centric model to a proactive one that emphasizes disease prevention and health promotion. Health and Wellness Centres (HWCs) serve as pivotal platforms for delivering preventive care. These centers conduct regular screening for non-communicable diseases (NCDs) such as hypertension, diabetes, oral, breast, and cervical cancers—conditions that are increasingly prevalent in rural populations due to lifestyle transitions. Early detection and timely referral help prevent complications and reduce healthcare costs in the long run.

Immunization campaigns continue to be a cornerstone of disease prevention. Through coordination with programs like Mission Indradhanush, HWCs support full immunization of children and pregnant women, contributing to the reduction of vaccine-preventable diseases. Additionally, programs for maternal and child nutrition, anemia control, deworming, and sanitation awareness are routinely conducted, addressing the broader determinants of health. A key innovation has been the integration of wellness activities, such as yoga sessions, lifestyle counseling, and mental health screenings. These not only enhance physical well-being but also nurture mental and emotional health—an area historically neglected in public health discourse.

The use of Information, Education, and Communication (IEC) strategies has further amplified the reach of health promotion messages. Through street plays, mobile health vans, community meetings, and digital platforms, awareness about hygiene, healthy eating, substance abuse, and antenatal care is being disseminated at the grassroots level. Ayushman Bharat is catalyzing a cultural shift in how rural communities perceive health—empowering individuals with the tools and knowledge to prevent diseases and embrace lifelong wellness.

## **DIGITAL HEALTH AND TELEMEDICINE INNOVATIONS UNDER AYUSHMAN BHARAT**

One of the most transformative dimensions of Ayushman Bharat is its integration of digital health and telemedicine, especially as a catalyst for improving access, efficiency, and quality of rural healthcare. By harnessing India's growing digital infrastructure and prioritizing innovation, Ayushman Bharat is redefining how health services are delivered—particularly in remote and underserved communities.

At the forefront of this digital health revolution is e-Sanjeevani, a flagship telemedicine initiative that enables doctor-to-doctor and doctor-to-patient consultations across the country. Under the e-Sanjeevani OPD model, rural patients can access qualified medical professionals through their nearest Health and Wellness Centre (HWC), eliminating the need for long-distance travel to tertiary hospitals. This system has proven especially effective during health emergencies and pandemics like COVID-19, when in-

person visits were restricted. As of recent estimates, millions of consultations have been facilitated through this platform, underscoring its wide acceptance and scalability. Another significant digital component is the push for Electronic Health Records (EHRs). Ayushman Bharat promotes the digitization of patient records, allowing for seamless continuity of care, better diagnostics, and data-driven public health planning. These digital records enable tracking of patient history, medication adherence, and screening outcomes over time—essential for managing non-communicable diseases (NCDs) and chronic conditions that require continuous monitoring.

Mobile health applications are also being used to strengthen disease prevention and health education. Apps developed under the National Digital Health Mission (NDHM) facilitate appointment scheduling, vaccination reminders, and tele-consultations. These tools empower users to manage their health proactively and are instrumental in spreading awareness about maternal care, nutrition, and newborn health in local languages. AI-powered analytics and dashboards further amplify the power of digital health in decision-making. Real-time data from HWCs, such as footfall, screenings, and drug stock levels, are aggregated and analyzed to support planning and resource allocation. This data helps identify emerging disease trends, allowing governments to act preemptively.

Additionally, remote diagnostics and portable devices are increasingly deployed at HWCs for conducting point-of-care tests like ECGs, blood sugar, hemoglobin, and urine analysis. Results are often transmitted digitally and reviewed by specialists located at district or tertiary hospitals, creating a hub-and-spoke model of care.

While the innovations are promising, challenges persist. Issues such as digital literacy among healthcare workers, internet connectivity in remote areas, and data security require continuous attention. Nonetheless, Ayushman Bharat's digital health vision is a step toward a more inclusive, connected, and responsive healthcare ecosystem. Embedding telemedicine and digital innovations into the foundation of rural healthcare, Ayushman Bharat is not only improving service delivery but also democratizing access to quality healthcare across India.

## **INSURANCE AND FINANCIAL RISK PROTECTION UNDER PM-JAY**

The Pradhan Mantri Jan Arogya Yojana (PM-JAY) is the insurance-driven component of Ayushman Bharat and represents a watershed moment in India's journey toward Universal Health Coverage. Launched in 2018, PM-JAY aims to reduce the financial burden of health expenses for poor and vulnerable populations by offering government-funded health insurance coverage up to ₹5 lakhs per family per year for secondary and tertiary hospitalization. With over 12 crore families (approximately 50 crore individuals) eligible under the scheme, it is the world's largest publicly funded health assurance initiative.

At its core, PM-JAY addresses one of the most significant barriers to healthcare access in India: catastrophic out-of-pocket expenditure (OOPE). Before its implementation, over 60% of total healthcare spending in India came directly from household budgets, often forcing families into poverty. By providing cashless services at both public and empaneled private hospitals, PM-JAY shields beneficiaries from these financial shocks and encourages early and appropriate healthcare seeking behavior.

An important feature of the scheme is its portability, allowing beneficiaries to access services anywhere in the country, regardless of their state of origin. This is especially beneficial for migrant workers and their families, who frequently face exclusion in state-restricted schemes. The scheme's comprehensive benefits cover over 1,500 medical and surgical packages across specialties like cardiology, oncology, orthopedics, and neonatal care, ensuring a wide safety net. The paperless and cashless system has also streamlined service delivery. Through Aadhaar-based authentication and Health Benefit Packages (HBPs), the scheme facilitates quick processing and reimbursement, reducing fraud and administrative delays. A dedicated IT platform, along with Health Identification Numbers and hospital transaction dashboards, ensures transparency and efficient monitoring.

From a financial risk protection standpoint, PM-JAY has also influenced behavioral and systemic changes in healthcare delivery. Hospitals—especially private ones—are incentivized to participate due to assured payments, leading to greater inclusion of private sector infrastructure in public healthcare goals. Meanwhile, states receive funding support based on sharing models and can customize implementation through their State Health Agencies (SHAs), ensuring contextual relevance and local accountability.

Despite its many successes, challenges persist. Low awareness in rural areas, delays in claim settlements, and varying empanelment standards across states affect optimal utilization. However, ongoing reforms—including integration with digital platforms under the National Digital Health Mission (NDHM) and AI-driven claim analytics—promise to make PM-JAY more responsive and resilient. PM-JAY stands as a powerful tool for financial protection and equitable access to quality healthcare. By absorbing the high costs associated with critical illnesses and hospitalizations, it prevents medical impoverishment and empowers millions to seek care without financial fear—bringing India one step closer to health for all.

## **WORKFORCE CAPACITY AND TRAINING UNDER AYUSHMAN BHARAT**

A robust and well-trained healthcare workforce forms the cornerstone of Ayushman Bharat's mission to strengthen primary healthcare and ensure comprehensive service delivery across India, particularly in rural and underserved regions. Expanding the capabilities of frontline workers through targeted

recruitment, upskilling, and strategic deployment has been integral to the success of Health and Wellness Centres (HWCs) and the broader goals of Universal Health Coverage (UHC). To begin with, the introduction of Community Health Officers (CHOs) has significantly enhanced rural health service capacity. Typically nurses or AYUSH graduates, CHOs are trained through a six-month Bridge Program in Community Health to lead HWCs. They serve as team leaders, managing service delivery, coordinating preventive and promotive care activities, and supporting non-communicable disease management and referrals. Their presence has relieved the overburdened system and strengthened service continuity at the grassroots level.

The roles of Auxiliary Nurse Midwives (ANMs), Accredited Social Health Activists (ASHAs), and Multipurpose Health Workers (MPHWs) have also been expanded. These frontline workers are trained to conduct population enumeration, screen for common diseases, monitor high-risk pregnancies, promote sanitation and hygiene, and provide family planning services. Regular capacity-building workshops and refresher trainings are conducted to keep them updated on health protocols, digital health tools, and soft skills such as communication and counseling. Digital literacy training has become increasingly important with the integration of telemedicine, electronic health records, and mobile applications under the National Digital Health Mission. Hands-on training sessions are organized at state and district levels to equip healthcare workers with the skills to operate digital health platforms like e-Sanjeevani, manage patient data securely, and navigate tech-enabled diagnostic tools.

Public-private partnerships and collaborations with academic institutions have also played a pivotal role in enhancing training quality. Simulation labs, e-learning modules, and mentorship programs ensure continuous professional development and better retention of knowledge.

Despite these efforts, challenges remain. Rural postings are often seen as unattractive due to professional isolation, limited infrastructure, and lack of incentives. Addressing these gaps requires policy interventions such as performance-linked incentives, career advancement opportunities, and supportive supervision models. Ayushman Bharat has catalyzed a strategic shift in building and sustaining a skilled, motivated, and digitally empowered health workforce. Continued investments in training and capacity-building will be essential to ensure that this human capital remains adaptive and responsive to India's evolving public health needs.

## **MONITORING, EVALUATION, AND IMPACT ASSESSMENT UNDER AYUSHMAN BHARAT**

Effective monitoring, evaluation, and impact assessment (MEIA) are central to ensuring the success, accountability, and continuous improvement of Ayushman Bharat's two flagship components—Health and Wellness Centres (HWCs) and the Pradhan Mantri Jan Arogya Yojana (PM-JAY). These

mechanisms not only track performance metrics but also identify implementation bottlenecks, enabling evidence-based policy adjustments to strengthen rural healthcare systems. For PM-JAY, a robust digital infrastructure supports real-time monitoring of service utilization, hospital empanelment, claim submissions, and beneficiary feedback. The National Health Authority (NHA) operates centralized dashboards that provide state-wise data on treatment volumes, top procedures, fraud alerts, and financial disbursements. These dashboards enhance transparency and allow policymakers to make informed decisions about package pricing, hospital audits, and grievance redressal mechanisms. Tools such as AI-enabled fraud detection algorithms also help identify irregularities and ensure efficient fund utilization. In the case of HWCs, monitoring focuses on service delivery indicators like outpatient footfall, non-communicable disease screenings, maternal and child health interventions, and community outreach activities. District and state health missions employ mobile-based applications for frontline workers to enter daily data, which then aggregates to national platforms for review. Monthly reviews, supervisory visits, and citizen feedback mechanisms ensure that service delivery remains patient-centered and responsive. Impact assessments conducted by independent agencies and government think tanks like NITI Aayog help evaluate outcomes related to improved access, reduced out-of-pocket expenditure, and early disease detection. Surveys and studies often include household interviews, facility assessments, and biometric data analysis to provide a comprehensive view of health system performance. Furthermore, data-driven planning facilitated by these evaluations has led to improvements in health service delivery, refinement of benefit packages, and better targeting of underserved populations. Community-based monitoring, through village health and sanitation committees, reinforces grassroots accountability. Overall, MEIA under Ayushman Bharat serves not merely as a tool for oversight but as an engine for continuous innovation, equity, and quality improvement in India's healthcare delivery landscape.

## **CHALLENGES IN IMPLEMENTATION OF AYUSHMAN BHARAT**

Despite its transformative potential, the implementation of Ayushman Bharat faces several challenges, especially in rural and underserved areas. One major hurdle is infrastructure inadequacy. Many primary health centres still lack essential amenities, diagnostic tools, or adequate space to accommodate expanded services under Health and Wellness Centres (HWCs). This limits the program's capacity to deliver comprehensive care across remote regions. Another key barrier is human resource constraints. There's a notable shortage of trained doctors, nurses, and Community Health Officers (CHOs), particularly in tribal and hilly terrains. Additionally, high attrition rates and reluctance of health professionals to work in rural settings exacerbate workforce instability. Continuous training and incentive mechanisms are necessary to address these gaps sustainably.

Awareness and utilization also remain uneven. Many potential beneficiaries of the Pradhan Mantri Jan Arogya Yojana (PM-JAY) are unaware of their entitlements, resulting in low enrollment and underutilization. Language barriers, digital illiteracy, and mistrust in government programs further dampen outreach efforts, especially among marginalized communities. Technological challenges also impede progress. Internet connectivity issues, especially in remote areas, hinder the effective deployment of telemedicine services and digital health records. Even when digital systems are in place, lack of technical know-how among frontline workers can limit their use and utility.

Fragmentation between central and state authorities often leads to delays in decision-making, inconsistencies in implementation, and duplication of efforts. States may have varying capacities and political will, affecting the uniformity and effectiveness of the program across India. Lastly, monitoring and evaluation systems, though improving, are still evolving. Data quality, timely reporting, and independent audits are not always consistent, which can obscure ground-level realities and inhibit course corrections.

Addressing these multifaceted challenges requires robust infrastructure investment, workforce development, effective communication strategies, and strong political and administrative commitment at all levels. Only then can Ayushman Bharat realize its vision of equitable and inclusive healthcare for all.

## **FUTURE DIRECTIONS AND POLICY RECOMMENDATIONS FOR AYUSHMAN BHARAT**

As Ayushman Bharat evolves, its long-term impact on rural healthcare and disease prevention depends on strategic advancements and policy reforms that are both innovative and equitable. While the dual components—Health and Wellness Centres (HWCs) and Pradhan Mantri Jan Arogya Yojana (PM-JAY)—have achieved foundational milestones, there remains untapped potential for transformation through future-forward planning.

A primary future direction lies in scaling and strengthening HWCs. This involves upgrading remaining sub-centres, increasing service coverage, and standardizing quality across states. Special focus should be placed on expanding mental health, geriatric care, adolescent health services, and rehabilitative support. Integrating AYUSH practitioners more fully can enrich holistic care models and extend workforce reach, especially in tribal and remote regions.

Another critical area is the acceleration of digital health infrastructure. Expanding internet connectivity in rural areas is essential to unlock the full potential of telemedicine platforms like e-Sanjeevani. Developing interoperable electronic health records and AI-enabled analytics can bolster surveillance systems and enable targeted interventions for emerging diseases. Training health workers to leverage these tools effectively will ensure they translate into better outcomes on the ground. In terms of financial protection, PM-JAY can be strengthened through dynamic pricing models based on regional disease

burden and inflation. Better integration with existing state schemes and wider inclusion of outpatient and diagnostic services will reduce out-of-pocket expenditures more comprehensively. It is also vital to address enrollment gaps through targeted IEC (Information, Education, Communication) strategies that reach vulnerable groups via community leaders, social media, and vernacular campaigns.

Human resource development should be institutionalized through continuous medical education, incentivized rural postings, and digital skilling. Public-private partnerships with medical colleges and NGOs can support workforce supply while enhancing training quality. From a policy perspective, data-driven governance and community accountability must be emphasized. Regular impact assessments, patient satisfaction audits, and integration of real-time dashboards at block and district levels can inform mid-course corrections. Village Health Sanitation and Nutrition Committees (VHSNCs) should be empowered to participate in monitoring and feedback loops, fostering bottom-up accountability.

Lastly, sustainability must be embedded through increased public health financing, cross-sectoral convergence (with nutrition, sanitation, and education), and adaptive policy frameworks that respond to demographic and epidemiological shifts. Climate-resilient health infrastructure and mobile health units can further future-proof rural health systems.

The future of Ayushman Bharat lies in deepening its equity-focused design, leveraging technology responsibly, strengthening primary care ecosystems, and building resilient institutions through inclusive and adaptive governance. These measures can collectively steer India toward a healthier, more self-reliant rural population.

## **ROLE OF NURSES IN AYUSHMAN BHARAT**

Nurses play a pivotal and multi-dimensional role in the successful implementation of Ayushman Bharat, particularly in delivering quality healthcare services through Health and Wellness Centres (HWCs) and facilitating access to secondary and tertiary care under the Pradhan Mantri Jan Arogya Yojana (PM-JAY). As the first point of contact in the rural health system, they are vital to bridging clinical expertise and community engagement. At the frontline of HWCs, Community Health Officers (CHOs)—who are often trained nurses—serve as clinical leaders. They provide a wide spectrum of services including screening for non-communicable diseases, maternal and child healthcare, family planning, mental health support, and management of minor ailments. Their ability to deliver standardized, protocol-based care ensures early detection and timely referrals, reducing the burden on higher-level facilities.

Beyond clinical services, nurses are deeply involved in preventive and promotive health. They organize wellness activities such as yoga sessions, anemia camps, immunization drives, and health education sessions on nutrition, hygiene, and lifestyle-related diseases. Their community outreach efforts help cultivate health-seeking behaviors and reduce the stigma around topics like mental health and

reproductive health. In the digital age, nurses are increasingly skilled in managing e-health platforms such as e-Sanjeevani for teleconsultations, and maintaining electronic health records (EHRs) to track patient histories. Their technological proficiency enhances continuity of care and ensures better data management for public health planning.

In PM-JAY, nurses are key facilitators in guiding patients through beneficiary identification, awareness of entitlements, and post-hospitalization follow-up. Their empathetic communication and knowledge of local languages make them trusted intermediaries between communities and the healthcare system.

Furthermore, nurses play a mentorship and training role, supporting ASHAs, ANMs, and other healthcare workers in service delivery and capacity-building. Through supervision and peer learning, they contribute to maintaining high standards of quality and infection control. Nurses in Ayushman Bharat are not just caregivers—they are educators, leaders, coordinators, and digital health enablers. Empowering and investing in their continued development is critical to advancing the goals of Universal Health Coverage and creating a healthier, more resilient India.

## CONCLUSION

Ayushman Bharat has emerged as a pioneering initiative in India's pursuit of equitable, affordable, and comprehensive healthcare, particularly for rural and underserved populations. Through its two synergistic pillars—Health and Wellness Centres (HWCs) and the Pradhan Mantri Jan Arogya Yojana (PM-JAY)—the program is addressing both the preventive and curative dimensions of public health. HWCs have transformed the primary healthcare landscape by bringing a broader range of services, from disease screening to mental health support, directly into communities. Their integration of promotive and preventive care is gradually shifting the healthcare narrative from reactive treatment to proactive wellness.

PM-JAY, in parallel, is dramatically reducing financial hardship caused by secondary and tertiary medical expenses. By offering cashless and paperless hospitalization for over 50 crore vulnerable citizens, it has enhanced access to quality treatment and decreased the burden of out-of-pocket expenditure—long a barrier to timely care. Together, these two components are working to reduce health disparities, prevent disease escalation, and promote timely intervention across the country.

Moreover, the integration of digital health innovations, including telemedicine, electronic health records, and AI-based analytics, is revolutionizing rural health delivery, bridging the urban-rural divide, and enabling data-driven decision-making. Nurses, CHOs, ASHAs, and ANMs—especially empowered through training and digital skilling—are playing transformative roles at the frontlines of care.

However, the journey toward universal health coverage is not without its challenges. Infrastructure gaps, human resource shortages, digital literacy barriers, and regional disparities in implementation need

continuous attention. Sustainable success will require more than programmatic expansion—it demands collaborative governance, increased investment in public health infrastructure, integration of traditional and modern healthcare systems, and community participation at every level. Ayushman Bharat marks a significant step toward a more inclusive, preventive, and responsive healthcare model. By strengthening the health system at its core—through capacity-building, financial protection, and digital transformation—it lays the foundation for a healthier, more resilient India. The continued evolution of this program offers not only hope for bridging longstanding gaps in rural healthcare but also a blueprint for nations seeking to reimagine health as a right, not a privilege.

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