Editorial: Ambition, Adaptation and Universal Health Coverage

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A few weeks ago, the Government of India launched what is said to be the world's largest publicly funded health-care insurance scheme, known as Pradhan Mantri Jan Arogya Yojana (PM-JAY). This scheme offers insurance coverage of 500,000 INR per family per year and will replace the existing—and more limited—national health insurance programme (Rashtriya Swasthya Bima Yojana) for the poor, launched in 2008. Coverage does not exclude any pre-existing conditions and is expected to eventually extend to over 500 million rural and urban poor, based on data from the Socio-Economic Caste Census of 2011. There is no cap on family size or age, and the health needs of female and senior citizens will be prioritised. One thousand three hundred fifty medical packages that include medical and surgical interventions, medicines and diagnostics will be freely available at public as well as empanelled private hospitals. The cost of the scheme is estimated to be 50 billion INR this year, but is expected to double in 2019. The number of beneficiaries will also increase over time from the current target of 80 million people to 100 million people by financial year 2020. In May this year, the National Health Agency (NHA) has been constituted to support central and state health agencies to implement and manage PM-JAY. Its responsibilities include fostering strategic partnerships and collaborations, developing operational guidelines and implementing mechanisms and building capacity as well as monitoring PM-JAY.

PM-JAY is part of a broader initiative, known as Ayushman Bharat (Healthy India), which seeks to integrate health-care services and promote population health through the establishment of health and wellness centres. If fully and adequately implemented, this initiative has profound implications not only for one of the most populous health systems in the world but also for the Universal Health Coverage (UHC) component

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¹ Available at: <https://www.abnhtm.gov.in/benefits-of-pmjay>

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of the Sustainable Development Goals. Until then, the challenges are many and formidable. In fact, they are implicit in the goals that the NHA has set out for itself:¹

- Ensuring improved access and affordability of quality secondary and tertiary care services through a combination of public hospitals and well-measured strategic purchasing of services in health-care deficit areas, from private care providers, especially not-for-profit providers;
- Acting as a steward and to align the growth of the private sector with public health goals;
- Promoting the use of evidence-based healthcare and enhancing cost control for improved health outcomes;
- Strengthening the public health-care system through infusion of insurance revenues;
- Enabling the creation of new health infrastructure in rural, remote and underserved areas; and
- Increasing health expenditure by government as a percentage of GDP.

While we are excited about the events in India, we are deeply saddened by the massive earthquake and tsunami that struck Sulawesi in Indonesia, and the great losses that were caused. Our thoughts are with those affected by this tragedy. Since the earthquake, there have been reports of a surge in malaria, perhaps due to the fact that more people would prefer to sleep in the open for fear of aftershocks or structural damage to buildings. There are also concerns that outbreaks of cholera and diarrhoea will follow due to contamination of water supply. This tragic episode is a sombre reminder that health systems must recognise the potential devastation caused by disasters in order to remain resilient and sustainable. For many countries in Asia and the Pacific, natural disasters—whether linked to climate change or not—will make the passage towards UHC even more arduous, especially for those in vulnerable areas. The key challenge here may be for health systems to develop adaptive capabilities in response to such stresses and shocks, so as to ensure that quality health-care services remain accessible when the need is greatest.

This journal is committed to supporting UHC as a crucial policy platform for advancing an essential ethical enterprise. Undoubtedly, this topic will receive much attention at the forthcoming 14th World Congress of Bioethics in Bengaluru (www.worldcongressofbioethics.org), in which we are pleased to be involved. Additionally, our hope is that UHC will be a sustained theme in the papers that are published in this journal.

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