Society & Social Justice · GS - II

“Expanding public health coverage without strengthening public healthcare capacity may undermine equitable access to treatment.” Discuss in the context of Ayushman Bharat–PMJAY.

EXAM YEAR	PAPER	SUBJECT
DAILY PRACTICE 27/11/2026	GS - II	Society & Social Justice

MARKS	WORD LIMIT
15	~250 words

Answer Hint

Public health infrastructure, PM-JAY, hospital empanelment, human resources, public-private partnership, healthcare equity, quality standards, universal health coverage

Model Answer

Ayushman Bharat–Pradhan Mantri Jan Arogya Yojana (PM-JAY) seeks to reduce the financial burden of hospitalisation by providing eligible families with health cover of up to ₹5 lakh annually. However, financial coverage alone cannot guarantee access when public hospitals face shortages of infrastructure and personnel.

The capacity–coverage mismatch

1. **Infrastructure constraints:** Shortages of beds, diagnostic equipment, operating facilities and essential medicines can limit the ability of government hospitals to deliver specialised treatment.
2. **Human resource gaps:** Vacant posts among doctors, nurses and technical staff weaken service availability and increase workloads.
3. **Uneven geographical access:** Rural and underserved regions often have fewer specialised healthcare facilities, increasing travel costs and treatment delays.
4. **Quality concerns:** Expanding treatment responsibilities without adequate quality assurance can compromise patient safety and clinical outcomes.

The public-private dimension

Private hospital participation can expand treatment choices and geographical coverage. However, excessive dependence on private providers may increase costs and create challenges in monitoring treatment quality and preventing unnecessary procedures. Reserving selected treatments for government hospitals without ensuring their operational readiness could also restrict beneficiary choice.

Towards a capacity-led approach

1. Fill critical vacancies and strengthen medical education and specialist training.
2. Upgrade district hospitals with diagnostic facilities, equipment and reliable supply chains.
3. Link treatment reservation decisions to independently assessed hospital capacity and quality standards.
4. Strengthen public-private partnerships with transparent reimbursement and accountability mechanisms.
5. Integrate primary healthcare through Ayushman Arogya Mandirs to improve prevention and early diagnosis.

Conclusion

PM-JAY's effectiveness depends on aligning financial protection with institutional capacity. A strong public health system is essential for ensuring that healthcare coverage translates into timely, affordable and quality treatment.

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