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BJP promises to extend Ayushman Bharat to all senior citizens: What is the significance?

India's senior citizen population is on the rise. The elderly are not only affected by chronic and non-communicable diseases, but are also more prone to infectious diseases. Here is how the scheme can help reduce out-of-pocket medical expenditure.

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A medical worker inoculates an elderly man with a Covid-19 coronavirus vaccine at Sanjeevan Hospital in New Delhi on Friday, March 05, 2021. Express Express Photo by Abhinav Saha

On Sunday (April 14), releasing its election manifesto for the 2024 Lok Sabha elections, the Bharatiya Janata Party (BJP) **promised to expand its Ayushman Bharat Health Insurance scheme** to cover senior citizens.

Launched in September 2018, Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) — is the world's largest Government-funded health insurance scheme. Currently, beneficiaries are identified from the 2011 Socio-Economic Caste Census (SECC), based on specific deprivation and occupational criteria across both rural and urban areas.

Initially covering 10.74 crore families, states implementing AB-PMJAY have broadened their reach to encompass 13.44 crore families (65 crore people). However, with [BJP's](#) new poll promise, a significant proportion of the senior citizens, currently excluded from the scheme, will gain direct access to the Rs 5 lakh health insurance coverage.

Here is a look at the significance of BJP's promise, the rising population of senior citizens in India, what kind of diseases are most prevalent among them, and to what extent the scheme can help reduce out-of-pocket expenditure for the beneficiaries.

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The significance of the poll promise

Ayushman Bharat was launched to address three key challenges in accessing tertiary healthcare services in India. First, the scheme holds promise in alleviating the burden of out-of-pocket expenditure on the impoverished. Second, it provides the poor with access to critical medical treatments and emergency care that were previously financially unattainable. Third, it aims to achieve universal health coverage.

With the new poll promise, every senior citizen would potentially have access to universal health coverage under the scheme. This marks the first time an age cohort would be made eligible for a national-level health insurance scheme, ensuring equitable access to healthcare for all seniors.

Ageing population

While the country is reaping the benefits of the "demographic dividend" at present, the declining fertility rate and increasing life expectancy mean that India's population is growing old. Only 8.6% of the country's population was over the age of 60 years at the time of the previous census in 2011, this proportion is expected to increase to 19.5% by 2050.

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In terms of absolute numbers, the population over the age of 60 years will nearly triple from 103 million in 2011 to 319 million in 2050, according to the government's Longitudinal Ageing Study in India (LASI). "The aging population will mean increased expenditure on health and long-term care, labour force shortages, public dissaving, and old-age income insecurity," the study said.

As a result, offering coverage to senior citizens will have huge public health implications. The senior citizens live with the highest burden of chronic health conditions and their complications, the cost of health is higher for them, and they are often under-covered by existing health schemes.

Insurance coverage

Just over 20% of people over the age of 60 years are covered under health schemes such as Central Government Health Scheme, Employees State Insurance Scheme, Rashtriya Swasthya Bima Yojna, cooperative health insurance schemes, medical reimbursement from an employer or privately purchased health insurance, according to the India Ageing Report 2023.

Coverage is higher in elderly men (19.7%) than elderly women (16.9%). There is not much rural-urban divide in the coverage, according to the report.

LASI on the other hand pegs some form of health coverage to 26% of households, with most of the coverage under government schemes. Only 1% of households have commercial health insurance policies, according to the report. The report says: "The out-of-pocket health expenditures account for more than 70% of health expenditures in India, leading to health vulnerabilities in the older population."

The India Ageing Report found that the main reasons for a lack of coverage in elderly are low awareness (52.9%) and non-affordability (21.6%).

Diseases of the old

The elderly are not only affected by chronic, non-communicable diseases and their complications, they are also more prone to infectious diseases because of a weakened immune system. The LASI study provides the self-reported prevalence of several diseases.

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The data shows the prevalence of cardiovascular diseases such as heart attacks and strokes to be 35.6% among those above the age of 60 years. To compare, the prevalence in the age group of 45-59 years was found to be 21.9%.

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Similarly, the self-reported prevalence of hypertension among those above the age of 60 years was found to be 32%. The prevalence in the age group of 45-59 was found to be 21%. The prevalence may be higher because studies have shown that nearly 40% of people are unaware of their hypertension status. The prevalence of diabetes was found to be 13.2% among those above the age of 60 years.

The prevalence rate of stroke in those 60 years and above was found to be 2.7%. The self-reported prevalence of any diagnosed chronic lung disease is 8.3% in those over the age of 60 years. Chronic bone or joint disease was reported by 19 % of people above the age of 60 years.

The self-reported prevalence of diagnosed [cancer](#) was found to be 0.7% among elderly age 60 and above. This was higher in urban areas (1.1%) than in rural areas (0.5%), the LASI report said.

Ayushman Bharat and reduction of out-of-pocket expenditure

According to the official data, the government has incurred the most money for five key specialties under the scheme: cardiology, general medicine, general surgery, orthopaedics, and medical and radiation oncology.

The data also show that specific procedures emerge as focal points of expenditure. The top procedures where the government spent the most include hemodialysis for advanced kidney failure, percutaneous transluminal coronary angioplasty (PTCA) with diagnostic angiogram — a minimally invasive procedure crucial for opening

narrowed or blocked heart arteries — hip implants, and cataract surgeries. **This data show that the government already is incurring most of the money in providing treatment that is predominantly required for the elderly population.**

According to the data, substantial savings in out-of-pocket expenses, which the beneficiaries would have had to pay out of their pockets without the scheme.

According to government estimates, in rural India, the average medical expenses per hospitalisation case for cardiovascular disease are Rs 6,919 in government hospitals, skyrocketing to Rs 42,759 in private facilities. Similarly, for cancer, the expenses are substantial, with rural government hospitals averaging Rs 23,905 per case, while private hospitals charge a staggering Rs 85,326.

Moving to urban areas, the financial strain intensifies. In government hospitals, the average expenses for cardiovascular disease and cancer are Rs 6,152 and Rs 19,982 respectively. However, in private hospitals, these costs surge to an alarming Rs 68,920 and Rs 1,06,548.

The scenario is no different when it comes to musculoskeletal issues, where orthopaedics plays a crucial role. In rural government hospitals, the average expenditure per case is Rs 4,722, rising to Rs 8,164 in private hospitals. In urban areas, government hospital costs remain at Rs 6152, but private hospitals demand a hefty Rs 60,657 per case.

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Anonna Dutt is a Principal Correspondent who writes primarily on health at the Indian Express. She reports on myriad topics ranging from the growing burden of non-c

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