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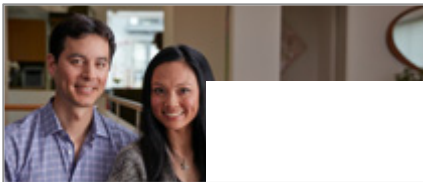
Healthcare Is Gender Blind. Here's How to Fix It.

To improve the enrolment of women in health insurance schemes, it is essential that we rigorously test them on a pilot basis before launching them on a nationwide scale.



When designing programmes, implementors fail to take into account the constraints that women in our society face.

Photo: Reuters/Anindito Mukherjee



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Last year, the government of India launched the Pradhan Mantri Jan Arogya Yojana (PM-JAY), a national health insurance scheme, to improve access to quality secondary and tertiary care for **roughly 50 crore** Indians. A year after the launch of this scheme, the government has analysed **data pertaining to 15,168 hospital admissions** for cardiothoracic and vascular surgery procedures across India.

This data has revealed a significant gender skew in heart surgery procedures under the scheme. Across the country, women account only for 29.1% of all PM-JAY claims for hospital admissions for heart surgery.

While the finding in itself is alarming and further substantiates the multifaceted nature of gender inequality in India, we must commend the government's efforts to analyse the data and understand how the programme is faring and where the challenges lie.

Further, the government is using the insights generated by the analysis of data to take concrete steps to solve the problem. The CEO of the National Health Authority **has stated** that the

government is considering incentives to correct this gender imbalance by subsidising the costs incurred for transportation, or loss of income borne by families, when bringing women to a hospital for surgery. The government also plans to undertake extensive public awareness campaigns to address the gender disparity in the treatment of heart diseases.

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To complement and accelerate its efforts for high-quality implementation of the scheme, the government can focus on two additional aspects.

Why are women unable to access healthcare?

First, the government must aim to systematically understand the barriers and constraints that women face in accessing the benefits of this scheme, and any attempts to bridge the gender gap must speak to these barriers.

Currently, the majority of schemes implemented by governments, whether state or central, can be classified as gender blind. This means that when designing programmes, the implementors fail to take into account the norms and constraints that girls and women in our society face. By not

accounting for crucial factors around the realities of women and girls and what is possible for them, the potential impact of India's public programmes may often be minimised.

For example, it is possible that women may not have direct access to economic resources and the freedom to travel alone, which may, in turn, restrict their ability to seek preventive healthcare services such as regular measurement of weight, blood pressure, and sugar levels. Thus, for large populations of women, it may not be possible to reap the rewards of PM-JAY because their heart condition may remain undiagnosed. It is important to undertake empirical research to understand the barriers faced by women in accessing tertiary healthcare in India.

Testing before scaling

Second, we must also make an attempt to understand what rigorous evidence says about the success of potential solutions to solve the problem at hand. This could involve two things: learning from what has been tried and tested in other contexts and also testing solutions on a pilot basis before scaling them to reach larger populations.

Also read: [What Indian Healthcare Has Looked Like Under Five Years of the Modi Govt](#)

Given that there is not much direct evidence on what works to improve the gender imbalance in the implementation of government subsidised health insurance schemes from other contexts, it is even more important that we rigorously test solutions aimed at improving the enrolment and utilisation of women in PM-JAY.

While incentives and information campaigns aimed at increasing the awareness and take-up of PM-JAY might seem

like obvious solutions, it is important to rigorously test these solutions on a pilot basis before launching them on a nationwide scale, as they may or may not speak to the underlying problems driving the gender skew at hand.

It is heartening that the government is planning special efforts to promote women's access to the benefits of PM-JAY. Let us ensure that these programmes are tested rigorously for their effectiveness before being scaled.

As **Prime Minister Modi recently stated**, evidence-based and data-driven policymaking can aid government efforts. In the quest for health for all, it can make a world of difference in reaching the last mile.

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