

UTILISATION OF HEALTH-RELATED GOVERNMENT SCHEMES IN INDIA: A 2025 PERSPECTIVE**¹Dr. Kalpana K. Jadhav, ²Dr. Nivedita Babanrao Patil, ³Dr. Milind M. Godbole**¹DEAN:, MD (Ayurved) Swasthavritta, Professor, Department of Swasthavritta, Yashwant.²Ayurvedic College, Post Graduate Training & Research Centre, Kodoli, Tal. Panhala, Dist.

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ABSTRACT

The Government of India has launched several health-related schemes to improve healthcare accessibility, affordability, and quality, particularly for vulnerable populations. By 2025, the utilisation of these schemes has increased significantly due to digital health initiatives, strengthened primary healthcare infrastructure, and improved awareness among beneficiaries. This research article reviews the utilisation patterns, key achievements, and challenges associated with major government health schemes in India in 2025. The study highlights the role of universal health coverage, maternal and child health programs, digital health platforms, and preventive healthcare initiatives in enhancing health outcomes. Despite notable progress, disparities in access and implementation remain, requiring continued policy focus and community-level interventions.

KEYWORDS: Government health schemes, Ayushman Bharat, healthcare utilisation, digital health, India 2025.

INTRODUCTION

Healthcare is a vital component of socio-economic development and human well-being. In India, a large population, socio-economic inequalities, and geographical diversity pose

significant challenges to healthcare delivery. To address these issues, the Government of India has implemented various health-related schemes aimed at achieving universal health coverage. By 2025, these schemes have evolved with the integration of digital technology and decentralized healthcare models. This article examines the extent of utilisation of major health-related government schemes in India in 2025 and evaluates their impact on public health.

II. MATERIAL AND METHODS

Study Design

This study is based on a secondary data review. Information 2. Objectives of the Study

To assess the utilisation of major government health schemes in India in 2025.

To examine the role of digital health initiatives in improving healthcare access.

To analyze the impact of maternal, child, and preventive healthcare programs.

To identify challenges affecting optimal utilisation was collected from government policy documents, health mission reports, national health program guidelines, and published research articles. The analysis focuses on utilisation trends and implementation outcomes of key health schemes during 2025.

4. Major Health-Related Government Schemes and Their Utilisation

4.1 Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (PM-JAY)

PM-JAY remains the largest publicly funded health insurance scheme in India, providing financial protection to economically disadvantaged families. In 2025, utilisation has increased due to cashless treatment facilities, expanded hospital empanelment, and improved portability across states. The scheme has significantly reduced out-of-pocket expenditure for secondary and tertiary care.

4.2 Health and Wellness Centres (HWCs) Health and Wellness Centres serve as the backbone of primary healthcare. In 2025, these centres are widely utilised for comprehensive services, including maternal and child health, management of non-communicable diseases, mental health care, and free essential drugs.

Community outreach and trained health workers have contributed to increased footfall and service uptake.

4.3 Maternal and Child Health Schemes Schemes such as Janani Suraksha Yojana (JSY), Pradhan Mantri Matru Vandana Yojana (PMMVY), and Mission Indradhanush have improved institutional deliveries, immunization coverage, and nutritional support. Digital tracking systems and direct benefit transfers have enhanced transparency and utilisation among eligible beneficiaries.

4.4 Digital Health Initiatives

The Ayushman Bharat Digital Mission (ABDM) has played a pivotal role in improving healthcare utilisation. Digital health IDs, electronic health records, and telemedicine platforms have facilitated continuity of care, especially in rural and remote areas. Teleconsultation services are extensively used in 2025 for specialist access.

4.5 Preventive and Mental Healthcare Programs Preventive healthcare initiatives, including the National Programme for Prevention and Control of Non-Communicable Diseases (NPCDCS) and the National Mental Health Programme, have gained prominence in 2025. Increased screening, early diagnosis, and community awareness programs have led to improved utilisation at the primary healthcare level.

5. Challenges in Utilisation Despite improvements, challenges persist, such as regional disparities in healthcare access, limited health literacy, shortage of skilled healthcare professionals in rural areas, and administrative delays. Addressing these barriers is essential for ensuring equitable and effective utilisation of government health schemes

6. CONCLUSION

The utilisation of health-related government schemes in India in 2025 reflects a progressive shift toward inclusive, digital, and preventive healthcare. Strengthened primary healthcare systems, expanded insurance coverage, and digital health innovations have significantly enhanced access and service delivery. However, sustained policy efforts, infrastructure investment, and community engagement are required to overcome existing challenges and achieve universal healthcare goals. In conclusion, India successfully transitioned towards establishing the systemic pillars of Universal Health Coverage (UHC). The massive uptick in primary care screenings and digital health platform registrations via ABHA IDs proved effective in preventive health management. However, specialized secondary and tertiary care scheme utilization is disproportionate. To move forward, bridging the gap between card generation (which is high) and actual hospitalization claims (which are low) will require

intensive community outreach, simplified administrative workflows, and a stronger network of empaneled healthcare providers in Tier-2 and Tier-3 regions. [[1](#), [2](#), [3](#), [4,5](#)]

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