LEAVING NO NE NO ONE BEHIND

ODISHA'S EMPOWERING MARCH TOWARDS UNIVERSAL HEALTH AND GENDER EQUITY

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BACKGROUND:

- Healthcare Expansion in Low and Middle-Income Countries:
 - **Aim:** Achieve Universal Health Coverage, ensuring healthcare without financial strain.
 - India's Initiative: Significantly invested in public-funded health insurance for cashless hospital care, targeting vulnerable households.
- Gender Bias in Healthcare Policies:
 - Concern in India linked to adverse health outcomes for females.
 - Policies might favour males, contributing to disparities due to various factors like care costs, resource allocation biases, out-ofpocket expenses, and access limitations.
- Biju Swasthya Kalyan Yojana (BSKY):
 - Launched in Odisha in August 2018.
 - **Enrolment:** 9.6 million households, 35.9 million beneficiaries (49% female).
 - Initial Coverage: US\$6000 for both male and female members.
 - Adjustment: Increased coverage for women to US\$12000 in August 2019, addressing gender disparities in healthcare utilisation.

METHOD:

In this quantitative study, BSKY enrollment and claims data from FY 2018-19 to FY 2022-23 were utilised to investigate gender disparities in healthcare utilisation. A univariate analysis was conducted using descriptive statistical measures. Non-gender-specific claims were sorted by removing claims on gender-specific packages to ensure accuracy. The utilisation of female-specific and tertiary care services was analysed by reviewing claims data.

RESULTS:

- BSKY Scheme Surge (FY 2018-19 to FY 2022-23):
 - 1.12 million claims filed, totalling US\$289.4 million.
 - 47% of claims for female treatments, summing to US\$127.7 million (44%).
- Utilization Trends:
 - Female utilisation for non-gender-specific treatments declined from 48% (FY 2018-19) to 36% (FY 2020-21).
 - Post-coverage increase: Steady rise, reaching 41% in 2022-23.
- Female-Specific Treatment Claims:
 - Exponential growth with an annual average factor of 7.83.
 - Started at 9312 claims (initial year) and escalated to 0.09 million in 2022-23.
- Tertiary Care Utilization:
 - Female utilisation surged from 18% to 41% by 2022-23.

CONCLUSION:

- Limited impact on BSKY service utilisation in FY 2019-20 and FY 2020-21 due to COVID-19 disruptions.
- Significant increase in overall BSKY service utilisation by females from FY 2021-22.
- Proportional increase in female usage compared to males, though room for improvement remains.
- A general rise in BSKY service uptake among the public might contribute to this trend.
- Noticeable rise in female-specific and tertiary care service usage among female beneficiaries.
- Policy adjustment in August 2019 (doubling coverage for female beneficiaries) demonstrates favourable outcomes in promoting equitable healthcare access.
- BSKY policy showcases substantial progress towards achieving equitable healthcare access, in line with Sustainable Development Goal 3.8.





