



A Comparative Analysis of Swasthya Sathi and West Bengal Health Scheme

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The healthcare landscape in West Bengal has witnessed significant reforms with the introduction of Swasthya Sathi and the West Bengal Health Scheme (WBHS). Swasthya Sathi, a flagship health insurance scheme, provides coverage to families, while WBHS caters to government employees and their dependents. This comparative analysis delves into the key features, benefits, and limitations of both schemes, evaluating their impact on healthcare accessibility and quality in the state. The study examines the schemes' coverage, target population, services offered, implementation mechanisms, and financial implications, highlighting similarities and differences.

Notably, Swasthya Sathi offers cashless treatment up to ₹5 lakhs per annum, whereas WBHS provides reimbursement-based benefits. Findings suggest that while both initiatives aim to provide financial protection and improved healthcare, there are notable variations in their scope, reach, and operational efficiency. The analysis provides insights into the strengths and weaknesses of each scheme, informing policymakers and stakeholders about potential areas for improvement and optimisation, and contributing to the discourse on healthcare reform in West Bengal.

Keywords: swasthya sathi, west bengal health scheme, healthcare accessibility

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1. Introduction

West Bengal's healthcare sector has seen significant changes with the launch of Swasthya Sathi and West Bengal Health Scheme (WBHS). These initiatives aim to improve healthcare accessibility and quality for the state's population. Swasthya Sathi offers health insurance coverage to families, while WBHS caters to government employees and their dependents. But how do these schemes compare? Let's dive into a comparative analysis of Swasthya Sathi and WBHS exploring their features, benefits, and limitations to understand their impact on healthcare in West Bengal. Swasthya Sathi is a health insurance scheme of the West Bengal government launched on December 30, 2016, offering comprehensive coverage of up to Rs. 5 lakh amount per family per year for various medical expenses while WBHS stands for the West Bengal Health Scheme.

This state-level West Bengal Health Scheme refers to a health insurance program in West Bengal which is tailored to offer cashless healthcare treatment to state government employees, pensioners, and All India Services (AIS) officers. WBHS, launched in 2008, primarily targets state government employees, pensioners, and their families, offering cashless treatment up to ₹2 lakh. The objective of this study is to highlight the significance of Swasthya Sathi and West Bengal Health Scheme (WBHS) in improving healthcare accessibility and quality in West Bengal and to understand the impact of these schemes on healthcare in West Bengal.

2. Literature Review

Tanwir Arshed (2024) explored that in 2015, the United Nations pledged to achieve peace and prosperity for people and the planet through the 2030 Agenda for Sustainable Development, a blueprint of 17 Sustainable Development Goals (SDGs). This has redefined the scope and activity of institutions and administration, particularly in the South Asian region. This chapter explores the changing dimensions of administration and governance in West Bengal, India, using the state-sponsored health insurance policy (Swasthya Sathi Prakalpa). Minhaj Uddin Ahmed and Devesh Kumar (2020) studied that Poverty is a very critical factor in India, where people struggle for survival, and as a result, they cannot afford good-quality healthcare.

India spends about 2 per cent of its GDP on public health. In case of illness, the families meet the expenses upfront from out-of-pocket expenditure (OOP). The inadequate health budget of India is a reason for an intensifying factor in poor quality health treatment and costly healthcare facilities. To cope up with this problem, many group health insurance schemes such as Rajiv Aarogyasri Scheme (2007), Rashtriya Swasthya Bima Yojana (RSBY) (2008), CGHS (1954), West Bengal Health Scheme (2008), etc. has been launched in different states of India to reach out the underprivileged people, for providing the highest quality health care services and support the very expensive treatment.

Mampi Bose (2022) analyses the patterns and trends of healthcare financing in West Bengal. The aim is to understand the direction of the public health system of the state heads. Real per capita expenditure on health remains almost stagnant in West Bengal during most of the 14th Finance Commission period. The state has shifted its focus from primary and preventive care and has been promoting an insurance-based healthcare model, Swasthya Sathi, which might put the population of the state at risk of being exposed to high medical expenses in the absence of a sound public health system. As per the study, Biswajit Ghosh (2023) suggested that good healthcare services are the need of the hour across the world, and every stakeholder is working very hard to improve the prevailing conditions. In the aftermath of the pandemic in Bengal, where state elections were imminent, and a shift in dynamics was looming, the West Bengal administration came up with a strategy that was too good to be true in terms of magnitude and profitability. Sanjib Roy analyses the Swasthya Sathi (SS) plan, West Bengal's foremost social health insurance program, contextualising it within the paradigm of Indian welfare policy and Universal Health Coverage (UHC). Founded in 2016, SS distinguishes itself by a unique Universalist framework, offering comprehensive yearly health coverage of ₹ 5 lakh per family and operating on a totally state-funded, no-contribution approach.

3. Objectives of the Study

The objectives of the study are as follows -

- To compare the key features, benefits, and limitations of Swasthya Sathi and WBHS.

- To highlight the significance of Swasthya Sathi and West Bengal Health Scheme (WBHS) in improving healthcare accessibility and quality in West Bengal.

4. Research Methodology

The present study is descriptive in nature and is based on the secondary sources collected from related websites, case studies, working papers, reputable journals, etc.

5. Policy Framework - Swasthya Sathi

Swasthya Sathi is distinguished for its exceptionally comprehensive design. The program provides extensive health coverage of up to ₹5 lakh per family yearly for secondary and tertiary care hospitalisation. Three defining features are its nearly universal eligibility, granting benefits to all permanent inhabitants of West Bengal, as long as they are not included in other existing state-sponsored programs. Four. The design is unequivocally inclusive of family structure, imposing no limitations on the number of covered family members. The policy encompasses parents from both the recipient and the spouse, guaranteeing extensive protection for extended families. Three. The policy encompasses all pre-existing diseases and disorders from the moment of enrolment, guaranteeing prompt access to critical treatment without any waiting period.

Financial Mechanism

The Swasthya Sathi scheme is designed so that people don't have to pay anything for healthcare. The West Bengal government covers all the costs, including the smart health card and operational expenses. This makes it a welfare program for financial protection.

However, this puts a lot of financial pressure on the state government, covering 90 million people across 25 million families, with Rs 13,156 crore spent so far. If the state's revenue is affected, the scheme's future could be at risk, especially with potential budget conflicts with the central government.

Gender Empowerment through Card Ownership

In Swasthya Sathi, the smart health card is given to

the eldest female family member, making her in charge of the family's health decisions. This gives women more power and control over healthcare, which is worth ₹5 lakh a year. The idea is that this will help women make healthcare decisions more easily, especially since they've faced obstacles in the past. It's a way to promote women's autonomy and fairness in healthcare.

Gender Empowerment through Card Ownership

The Swasthya Sathi scheme gives the smart health card to the eldest woman in the family, making her in charge of healthcare decisions. This gives her power and control over the family's health, which is worth ₹5 lakh a year. The idea is to help women make healthcare decisions more easily, especially since they've faced challenges in the past. It's a way to promote women's independence and fairness in healthcare.

6. The Digital Framework and Implementation Efficiency

Architecture of the IT Platform and Smart Card System

The Swasthya Sathi scheme uses a cloud-based system to provide healthcare services. Beneficiaries get a smart card with their info encrypted on it. This card is used to access healthcare services and requires a fingerprint check to prevent misuse. The card is valid forever and renews automatically every year.

Operational Objectives and Claims Processing Framework

The Swasthya Sathi scheme has rules to ensure smooth service. Hospitals need approval before treating patients, which should be done within 24 hours. Hospitals get paid back within 30 days, or they get interest on late payments. There's a 24/7 call centre and system to track complaints and catch any fraud.

Hospital Accreditation and Classification

Swasthya Sathi has a big network of hospitals, both government and private. There are over 2,000 hospitals, with 508 government and 1,574 private ones. These hospitals are graded A, B, C, or R based on their facilities. This helps people choose where to go for treatment. The hospital details are on the website and app.



7. Policy Framework - West Bengal Health Scheme (WBHS)

The West Bengal Health Scheme (WBHS) is a state-run health insurance program launched in 2008 by the Government of West Bengal. Here's an overview of the policy framework:

Eligibility Criteria

- State government employees, pensioners, and their dependents
- All India Services (AIS) officers and pensioners of West Bengal
- Employees of government-aided institutions
- Individuals who have opted for this scheme through their medical allowance

Benefits

- Cashless Treatment:** Up to ₹1.5 lakh per family per year at recognised government and private hospitals
- Reimbursement Option:** For treatment at non-empanelled hospitals, expenses can be reimbursed
- Critical Illnesses:** Treatments covered beyond the limit in special cases
- Pre and Post-Hospitalisation Expenses:** Covered up to 30 days before and after hospitalisation

Coverage

- Hospitalisation costs (room rent, doctor's fees, surgery costs)
- Pre and post-hospitalisation expenses
- Critical illnesses
- Diagnostic tests (if linked to hospitalisation)

Exclusions

- OPD consultations (unless part of hospitalisation)
- Cosmetic surgeries
- Non-essential medicines
- Fertility treatments
- Experimental treatments not approved by medical authorities

Regulation

- Managed by a dedicated medical cell under the Finance Department, Government of WB.
- In collaboration with the Health and Family Welfare Department.



Table 1: Comparative Analysis: Swasthya Sathi vs West Bengal Health Scheme (WBHS)

Feature	Swasthya Sathi	West Bengal Health Scheme (WBHS)
Target Beneficiaries	All Residents of West Bengal	Govt Employees and Pensioners
Nature of Scheme	Cashless Health Insurance	Reimbursement + Limited Cashless
Eligibility	One Family (Female Head)	Govt. Employees and Dependents
Coverage Amt.	Up to ₹5 lakh/yea	No Fixed Ceiling
Premium	Fully Government-Funded	Employee Contribution Required
Mode of Benefit	Fully Cashless	Mostly Reimbursement
Hospital Network	Wide (public + private, pan-India)	Limited empanelled hospitals
Smart Card	Yes (Biometric Card)	No Universal Smart Card
Family Coverage	Entire family	Employee + Dependents
Portability	Across India	Mostly Restricted
Pre-existing Diseases	Covered from Day One	Covered as per the rules
Claim Process	Direct Settlement	Paperwork + reimbursement
Focus Group	General public	Govt Employees
Ease of Access	High	Moderate
Gender Feature	Female Head of Family	No Specific Feature

8. Limitations of the Study

The limitations of the study are as follows:

- The analysis is based on secondary data, which might not cover all aspects of Swasthya Sathi and WBHS.
- The analysis is based on secondary data, which might not cover all aspects of Swasthya Sathi and WBHS.

9. Conclusion

Swasthya Sathi and WBHS are two health schemes in West Bengal that help people get medical treatment. Swasthya Sathi is more popular because it covers almost everyone and offers cashless treatment up to ₹5 lakhs. WBHS is mainly for government employees and has some limitations. WBHS primarily caters to state government employees, pensioners, and their families, offering cashless indoor treatment up to ₹1 lakh to make healthcare better in West Bengal. The government could improve WBHS and make it easier to use.

Swasthya Sathi is also good because it gives women control over their family's health. Both schemes have good and bad points, and fixing these can help people get better healthcare. A possible conclusion could be that while Swasthya Sathi is a significant step towards universal healthcare in West Bengal, there's a need for further research into other health schemes to understand the overall healthcare landscape better. The study highlights the strengths of Swasthya Sathi, such as its wider coverage and lack of financial burden on beneficiaries. It also notes that WBHS has its own merits, particularly for government employees. However, the study's limitation is its narrow focus on only these two schemes, overlooking other potential health initiatives in West Bengal.

References

1. Arshad, T. (2024). Governance, good health, and well-being: A study of swasthya sathi prakalpa in West Bengal. *Governance and Sustainable Development in South Asia: Bridging the Gap*, pp. 219-238.
2. Ahmed, M., & Kumar, D. (2020). A study on swasthya sathi health scheme in West Bengal. *IARDO Conference on Advances in Research*, 249, pp. 724-728.

3. Bose, M. (2022). Healthcare financing in West Bengal. *Indian Journal of Human Development*, 16(1), 194-201.

4. Ghosh, B. (2023). Swasthya Sathi: A healthcare intervention of West Bengal. *Innovation, Entrepreneurship and Economic Development*, pp. 90.

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