

Review Article


Strengthening Tertiary Healthcare in India: The Role of the Pradhan Mantri Swasthya Suraksha Yojana (PMSSY)

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Abstract

Purpose: The Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) was launched to address persistent regional disparities in access to tertiary healthcare and to strengthen medical education in India. This review examines the objectives, structural components, achievements, and limitations of PMSSY, with the aim of evaluating its role in expanding equitable tertiary care and enhancing academic capacity across underserved regions.

Methods: A narrative policy review was conducted using government reports, audit documents, program evaluations, and published literature describing the design, implementation, and outcomes of PMSSY. Key program components, institutional expansion, service delivery impact, and systemic challenges were analyzed to assess progress and policy relevance.

Results: PMSSY has facilitated the establishment of 22 AIIMS-like institutions and the upgradation of multiple government medical colleges, leading to expanded specialty and super-specialty services, increased bed capacity, and growth in undergraduate and postgraduate medical training. These initiatives have reduced dependence on metropolitan centers and improved regional access to advanced care. However, delays in infrastructure completion, shortages of skilled faculty, and financial and administrative bottlenecks have constrained optimal utilization and service quality in several institutions.

Conclusions: PMSSY has made a substantial contribution to strengthening India's tertiary healthcare infrastructure and medical education landscape. Sustained impact will depend on improved governance, timely project execution, workforce strengthening, and strategic integration with national health initiatives such as Ayushman Bharat and the Digital Health Mission.

Key words

Pradhan Mantri Swasthya Suraksha Yojana; PMSSY; AIIMS; Tertiary healthcare; Medical education; Health equity; India

Introduction

India's healthcare system continues to face persistent challenges. Public health expenditure has historically remained low, averaging only 1–1.3% of GDP, among the lowest globally, resulting in underfunded infrastructure and inadequate human resources, particularly in rural areas [1, 2]. The distribution of the medical workforce highlights a stark urban–rural divide, with nearly 74% of doctors serving only 28% of the population in urban regions, leaving rural communities with limited access to specialized services and greater out-of-pocket expenditures [3].

These systemic deficiencies contribute to inequitable access to advanced healthcare, forcing large sections of the population to travel long distances for tertiary care. Overcrowded hospitals and insufficient referral linkages further exacerbate delays in timely management. This disparity underscored the urgent need for a national strategy aimed at enhancing equitable access to high-quality tertiary services.

To address these gaps, the Government of India launched the Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) in 2003, formally approved in 2006, as a flagship health sector initiative [4]. The programme was conceptualized with two primary components: (i) the establishment of new AIIMS-like institutions, and (ii) the upgradation of selected government medical colleges and hospitals to super-specialty standards [5]. The overarching objectives of PMSSY are to correct regional imbalances in tertiary healthcare delivery, reduce dependence on a few metropolitan centers, and

simultaneously strengthen medical education and research capacity in underserved states [4, 5].

Objectives of PMSSY

The Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) is guided by three principal objectives:

1. **Reducing Regional Imbalances in Tertiary Healthcare:** PMSSY aims to bridge inequities in access to advanced healthcare by establishing AIIMS-style institutions in underserved states and upgrading existing government medical colleges to super-specialty hospitals. This strategic expansion enables more equitable distribution of tertiary care services across India's diverse regions [6, 7].
2. **Enhancing the Quality of Medical Education and Research:** The initiative places significant emphasis on creating centers of excellence in medical training. New AIIMS-like institutions are designed to offer comprehensive undergraduate and postgraduate education, along with robust research infrastructure. Concurrently, upgraded medical colleges receive funding to introduce additional postgraduate seats and deepen their research capabilities [6, 8].
3. **Strengthening Healthcare Infrastructure and Human Resource Capacity:** PMSSY provides modernized infrastructure - including modular operation theaters, diagnostic services, super-specialty blocks, and expanded bed capacity - to existing institutions, alongside the recruitment of trained

faculty and healthcare professionals. This dual focus on physical facilities and human resource development underpins its goal of bolstering tertiary care delivery [7, 9].

Key Components of PMSSY

The Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) is structured around four fundamental components:

1. Establishment of AIIMS-like Institutions: PMSSY envisages the creation of new All India Institute of Medical Sciences (AIIMS)-equivalent institutions as autonomous centers of excellence. Each is designed to include state-of-the-art modular operating theaters, advanced diagnostic facilities, 15–20 super-specialty departments, approximately 750–960 hospital beds, capacity for 100 undergraduate (MBBS) and 60 nursing (B.Sc.) seats, with a distinct focus on postgraduate education and research infrastructure [6, 10].

2. Upgradation of Existing Government Medical Colleges/Hospitals: Another cornerstone of PMSSY is the systematic upgradation of selected government medical colleges and hospitals. This initiative supports the establishment of 8–10 new specialty/super-specialty departments, the addition of around 15 postgraduate seats, and expansion of bed capacity by 150–250 beds per institution, thus significantly enhancing tertiary care capabilities across diverse regions [7, 10].

3. Development of Specialty and Super-Specialty Services: Both the new AIIMS-like institutions and upgraded colleges are oriented toward the development of specialty and super-specialty services. This comprehensive framework ensures availability of advanced medical care closer to underserved populations, mitigating the need for patient migration to metropolitan centers for complex treatments [6, 10].

4. Medical Education Reforms under the PMSSY Umbrella: A unified thrust of PMSSY is strengthening medical education and research. The newly established institutions and upgraded

colleges are equipped to offer expanded postgraduate training, enhanced nursing education, and robust research infrastructure. By doing so, the scheme aims to nurture a skilled healthcare workforce with both clinical and academic excellence [6, 10, 11].

Achievements and Progress

1. Expansion of AIIMS Institutes: Under PMSSY, approval has been granted for the establishment of 22 new AIIMS-like institutions across various states and UTs [12]. As of 2025, six of these - Bhopal, Bhubaneswar, Jodhpur, Patna, Raipur, and Rishikesh - are fully functional, offering advanced tertiary services including emergency care, trauma, critical care, diagnostics, and super-specialty treatments [12]. Additional AIIMS - such as those in Raebareli, Gorakhpur, Mangalagiri, Nagpur, Bathinda, Bibinagar, and Kalyani - have commenced MBBS classes, MD and various services [12].

2. Improvements in Patient Care Delivery and Service Load Reduction: These newly operational AIIMS serve as regional centers of excellence, significantly reducing patient travel to metropolitan institutions. They deliver integrated care encompassing prevention, promotion, diagnosis, treatment, and rehabilitation, effectively alleviating pressure on older tertiary centers and improving access to specialized services [13].

3. Expansion of Postgraduate Medical Training and Research Output: AIIMS institutions under PMSSY are actively bolstering medical education by offering undergraduate, postgraduate, super-specialty courses, nursing programs, and allied health professional training [10, 13]. Additionally, AIIMS Bhopal, as a case in point, has enhanced academic output - publishing approximately 300 PubMed-indexed papers in a single year (2023) and filing multiple patents, while establishing advanced translational and research infrastructure [10, 12].

4. Enhanced Regional Outreach and Accessibility: By strategically locating AIIMS in underserved regions, PMSSY promotes equitable access to tertiary care. Facilities now cater to

trauma, organ transplant, neonatal intensive care, and chronic disease management close to populations previously underserved, significantly bridging geographic health disparities [14].

Role in Strengthening the Healthcare System

1. Bridging Rural–Urban and Regional Disparities: By establishing 22 AIIMS-like centers in underserved states and upgrading government medical colleges, PMSSY has decentralized tertiary healthcare services, bringing advanced care closer to rural and semi-urban populations and mitigating urban concentration of specialized medical facilities [15].

2. Capacity Building of Tertiary Care: Through funding and systemic enhancements, PMSSY has expanded specialty and super-specialty departments, hospital bed capacity, and training infrastructure, thereby fortifying tertiary care systems across regions [12]. This holistic capacity building has yielded more resilient and responsive healthcare institutions.

3. Promoting Affordable and Quality Healthcare: New AIIMS institutions provide comprehensive services - including emergency, trauma, critical care, advanced diagnostics, and organ transplant - at significantly lower out-of-pocket costs compared to private hospitals, thus improving affordability and access for economically vulnerable groups [16].

4. Enhancing the Medical Research and Innovation Ecosystem: AIIMS Nagpur, for example, hosted the first national-level Best Practices Conclave under PMSSY, promoting the exchange of innovation in patient care, hospital governance, and medical research across AIIMS campuses [17, 18]. These platforms catalyze a culture of interdisciplinary collaboration and evidence-based system improvements.

5. Training the Next Generation of Healthcare Professionals: Each PMSSY institution offers expanded undergraduate, postgraduate, super-specialty, nursing, and allied health programs. This systematic scaling of educational capacity ensures a steady influx of highly skilled

professionals, strengthening India's clinical and academic workforce [16].

Challenges and Limitations

1. Delays in Infrastructure Completion: The Comptroller and Auditor General (CAG) identified prolonged delays - sometimes extending up to five years - in the construction of AIIMS-like institutions and upgrades at medical colleges. These delays were attributed to ineffective contract management, absence of formal operational guidelines, and inadequate institutional monitoring mechanisms [8, 12].

2. Shortage of Faculty and Skilled Manpower: A persistent lack of qualified faculty and technical staff has hindered the optimal utilization of PMSSY facilities. Many departments had to rely on contractual hires or remained under-staffed due to delayed recruitment processes governed by pending regulations and legal challenges [19, 20, 21, 22].

3. Budgetary Constraints and Sustainability Issues: Despite substantial initial investments, PMSSY's long-term success hinges on continued funding and resource allocation. Reports highlighted underutilisation of allocated funds due to administrative bottlenecks, slow procurement, and delayed utilisation approvals, raising concerns about financial sustainability [22].

4. Balancing Quantity with Quality of Services: While PMSSY has expanded access to tertiary care, the emphasis on rapid scaling risks compromising service standards. Ensuring consistent quality in medical education, infrastructure maintenance, and clinical care requires robust monitoring and evaluation systems - elements that remain underdeveloped [22, 23].

Future Directions and Policy Implications

1. Strengthening Monitoring and Evaluation (M&E): Robust monitoring and evaluation frameworks are essential to track outcomes and ensure accountability in health programs. Building on WHO guidance, PMSSY could benefit from systematized performance

indicators, routine feedback loops, and transparent reporting to validate infrastructure investments and service quality over time [24, 25, 26].

2. Integrating PMSSY with Ayushman Bharat and the Digital Health Mission: Integrating PMSSY institutions with the Ayushman Bharat ecosystem - including Health and Wellness Centres, PM-JAY, and the Digital Health Mission (ABDM) - can promote seamless care coordination. Leveraging ABDM's digital health IDs, interoperable records, and real-time data systems can enhance continuity of care and referral efficiency [18].

3. Expanding Focus on Preventive and Community-Based Healthcare: To move beyond tertiary care, PMSSY should integrate preventive and public health strategies. Embedding community outreach, screening services, and promotive health alongside tertiary institutions can improve local health outcomes, reduce disease burden, and reinforce primary care linkages.

4. Encouraging Public-Private Partnerships (PPPs): To optimize resource use and extend capabilities, PPPs can offer complementary strengths in service delivery, innovation, and scaling up specialty services. According to national healthcare evaluations, cross-sector collaboration under strong governance fosters efficiency and improves quality - especially when aligned with public goals [15].

Discussion

The Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) represents a landmark policy intervention aimed at addressing structural inequities in India's tertiary healthcare landscape. By introducing AIIMS-like institutes and upgrading medical colleges nationwide, the initiative has meaningfully narrowed urban-rural disparities and bolstered regional tertiary care capacity. Emerging as decentralized centers of excellence, these institutions are decreasing patient inflows to metropolitan facilities and enhancing access to advanced care close to communities.

However, the scheme's implementation has been marred by persistent systemic shortcomings. A 2018 performance audit reported significant delays - extending up to five years - in infrastructure execution, along with cost overruns and underutilized funds [22]. Moreover, shortages in faculty (ranging from 55%–83%) and technical staff (77%–97%) across new AIIMS and upgraded colleges have constrained the operational capacity and quality of services delivered [23].

These challenges are reflective of broader issues in India's health infrastructure expansion - namely, the need for strong monitoring mechanisms, financial accountability, and adaptive governance to translate resource infusion into tangible health outcomes. PMSSY's mixed results underscore that while capital investments are necessary, they are insufficient without a parallel emphasis on institutional strengthening and management agility.

Looking forward, PMSSY's goals can be amplified through closer integration with complementary health initiatives such as Ayushman Bharat and the Digital Health Mission. Alignment with these programs - from leveraging interoperable digital health systems to streamlining referral pathways under the insurance framework - can reinforce continuum of care and enable resource optimization.

Furthermore, embedding preventive and community-based strategies within tertiary centers could reshape them into more responsive and holistic care platforms. Lastly, strategic public-private partnerships (PPPs) can offer flexible models to fill human resource gaps and spark service innovation, provided they are governed with transparency and aligned to public health objectives.

In sum, PMSSY has laid a critical infrastructure foundation. Its true potential, however, lies in strengthening procedural efficacy, forging inter-program synergies, and transforming tertiary

institutions into fully integrated hubs of care, education, and innovation.

Conclusion

The Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) has emerged as a cornerstone initiative in expanding and decentralizing tertiary healthcare in India. By establishing AIIMS-like institutes and upgrading government medical colleges, the scheme has substantially improved access to advanced medical services while simultaneously strengthening medical education and research infrastructure. These efforts have played a pivotal role in addressing regional inequities and reducing the dependency on metropolitan centers for specialized care.

Beyond infrastructure creation, PMSSY has contributed to shaping a more equitable healthcare system by promoting affordability, accessibility, and academic excellence. Nevertheless, challenges such as delays in project completion, shortages of skilled manpower, and the need for sustained financial support highlight the importance of reinforcing governance and accountability mechanisms.

Moving forward, the long-term success of PMSSY will depend on its integration with broader national health programs, including Ayushman Bharat and the Digital Health Mission, along with greater emphasis on preventive and community-based strategies. Strengthening monitoring systems, ensuring quality alongside scale, and fostering innovation through public-private collaborations will be crucial for sustainability.

In essence, PMSSY has laid the foundation for a more balanced and inclusive tertiary healthcare framework in India. The way ahead lies in consolidating these gains to build a resilient, equitable, and future-ready health system capable of meeting the nation's growing healthcare needs.

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