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TOWARDS THE AIM THROUGH AFFORDABLE HEALTH FOR ALL: A STUDY ON AIIMS INSTITUTES AS ENGINES OF GOOD HEALTH POLICY AND PRACTICE UPLIFTING VIKSITH BHARAT 2047 VISION

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Abstract
The All India Institute of Medical Sciences (AIIMS) was established in 1956 as a premier institution to promote excellence in healthcare, medical education, and research. The idea originated from the Bhore Committee Report (1946), which recommended the creation of a national medical center to develop highly qualified healthcare professionals. The first AIIMS was established with financial assistance from New Zealand under the Colombo Plan. In recent years, the Government of India has significantly expanded the AIIMS network under the Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), increasing the number of institutions to 23. This expansion is a major step towards achieving the vision of Viksit Bharat 2047 by ensuring equitable, affordable, and quality healthcare for all citizens. The new AIIMS institutions have improved healthcare access in underserved and remote regions, reduced regional disparities, and strengthened local health infrastructure. The growth of AIIMS has also contributed to medical education and human resource development. Policy reforms have led to a 130 percent increase in MBBS seats and a 138 percent rise in postgraduate seats, creating a larger pool of trained healthcare professionals. This study adopts a descriptive and analytical approach based on secondary data from government reports, policy documents, AIIMS annual reports, and academic literature. The findings indicate that AIIMS institutions have significantly improved healthcare outcomes through affordable treatment, advanced medical technologies, specialized services, and research initiatives. They have also played a vital role in addressing public health challenges, promoting innovation, and supporting evidence-based policymaking. The study concludes that the continued expansion and strengthening of AIIMS are essential for achieving Universal Health Coverage and the goals of Viksit Bharat 2047. Greater investments in infrastructure, human resources, digital health technologies, and research collaborations will further enhance their capacity to deliver inclusive, sustainable, and high-quality healthcare for all Indians.
Keywords: AIIMS, Affordable Healthcare, Universal Health Coverage, Public Health Policy, Good Governance, Medical Education, Healthcare Accessibility, Viksit Bharat 2047, Health Infrastructure, Sustainable Development.

Introduction

As per world organizations report Republic of India, which is crossed the China in terms of population recently is runs the largest medical education system in the world. From 2014 to 2025, India's healthcare system has undergone a profound transformation under the dynamic leadership of Prime Minister Narendra Modi. With a people-first approach, the government has focused on making quality healthcare accessible and affordable to all citizens, especially the underprivileged and rural populations. Whether it's the world's largest health insurance scheme, Ayushman Bharat, or the far-reaching eSanjeevani telemedicine platform, the focus has been clear: affordable, accessible, and accountable healthcare for all. In India, states are responsible for public health system, which includes public hospitals and clinics. The Ministry of Health and Family Welfare formulates the broader policy on public health through the National Health Policy, 2017. The Ministry has two departments: (i) Health and Family Welfare and (ii) Health Research. The Department of Health and Family Welfare funds the National Health Mission. The Department also regulates medical education, and funds certain medical colleges, such as AIIMS. It also implements initiatives to improve human resources in health. The Department of Health Research funds initiatives in medical research.

The National Health Policy, 2017 aims to achieve universal health coverage through preventive and promotive health care and access to good quality and affordable health care services. To achieve these goals, the

government provides healthcare at three levels: (i) primary (provided at sub centres, primary health centres, and community health centres at the village and block levels), (ii) secondary (provided at district hospitals), and (iii) tertiary (provided at specialised hospitals like AIIMS). In addition, the government implements the Ayushman Bharat – Pradhan Mantri Jan Aarogya Yojana (AB – PMJAY) which provides hospitalisation coverage of five lakh rupees to bottom 40% of the population in private empanelled hospitals.

Under the National Health Mission (NHM) states are provided with financial assistance to strengthen primary and secondary healthcare. This includes strengthening the infrastructure as well as improving maternal, neonatal, and child health, and reducing instances of communicable and non-communicable diseases. Targets related to improving the nutritional status of women and children are also addressed by the Ministry of Women and Child Development through the Mission Saksham Anganwadi and Poshan 2.0

The Vision of VikSith Bharat 2047

India's centennial milestone of independence envisions a nation where health is not a commodity but a fundamental promise delivered to every citizen with dignity and inclusiveness. As a rapidly developing nation, India's commitment to transformative, equitable, and resilient health systems underscores the urgency of bridging persistent regional and socio-economic disparities. Healthcare is recognized not only as the backbone of national progress but also as a key pillar for sustainable and inclusive development. However, India continues to face critical challenges in access, infrastructure, manpower, and affordability, particularly for marginalized communities. In recent years, the Government of India has prioritized investments in advanced medical infrastructure, notably through the establishment of new All India Institutes of Medical Sciences (AIIMS) across the country. These institutes are strategically conceived as engines of both policy innovation and practical excellence, aiming to democratize high-quality healthcare, boost cutting-edge medical education, and inform robust health policy. The new AIIMS initiatives address vital gaps by augmenting regional healthcare capacity, advancing research activities, and fostering collaborations with local health systems thus aligning with the VikSith Bharat vision of universal, affordable health for all by 2047.This paper explores the pivotal role of new AIIMS institutes as catalysts for affordable healthcare and policy reform, situating their expansion within the broader blueprint for India's journey to a developed, healthy, and equitable nation by 2047. This introduction foregrounds your seminar's policy and practice focus, anchors it firmly to the VikSith Bharat 2047 narrative, and anticipates the analytical thrust of your paper.



Objectives

Based on the research paper context "Towards Affordable Health for All: New AIIMS Institutes as Engines of Good Health Policy and Practice"

1. To analyze the role of new AIIMS institutes in reducing regional healthcare disparities in India.
2. To evaluate the affordability and accessibility of clinical services provided by new AIIMS institutions.
3. To examine the implementation of clinical best practices at AIIMS New Delhi and their adaptability in new AIIMS centers.
4. To assess the effectiveness of training programs in supporting clinical practice implementation across AIIMS institutes.
5. To explore the contribution of AIIMS institutes to achieving the VikSith Bharat 2047 vision of universal, high-quality healthcare.

Research Methodology

Research Design

The present study adopts a descriptive and analytical research design to examine the role of All India Institutes of Medical Sciences (AIIMS) in promoting affordable healthcare, strengthening public health policy, and contributing to the realization of the Viksit Bharat 2047 vision. The study seeks to assess how AIIMS institutions function as centers of excellence in healthcare delivery, medical education, research, and health governance.

Nature of the Study: This research is primarily qualitative in nature, supported by quantitative data related to healthcare infrastructure, patient services, medical education, and public health outcomes. The study focuses on understanding the contribution of AIIMS institutions to accessible, affordable, and quality healthcare in India.

Sources of Data

The study is based on secondary data collected from various reliable sources, including: , Annual Reports of AIIMS institutions, Ministry of Health and Family Welfare (MoHFW) publications, NITI Aayog reports and policy documents, National Health Policy (2017) and related government reports, World Health Organization (WHO) publications, Research articles published in peer-reviewed journals, Reports of the National Health Mission (NHM), Parliamentary Committee Reports on Health and Family Welfare. Health statistics from the National Sample Survey Office (NSSO) and National Family Health Survey (NFHS).

Study Variables

The study evaluates AIIMS institutions based on the following dimensions: Healthcare Accessibility, Affordability of Medical Services, Quality of Healthcare Delivery, Medical Education and Human Resource Development, Research and Innovation, Public Health Outreach Programmes, Contribution to Universal Health Coverage (UHC), Support for Viksit Bharat 2047 Goals.

Method of Analysis

The collected data are analyzed using: Descriptive analysis of healthcare indicators. And Comparative analysis of AIIMS institutions across regions. Content analysis of policy documents and official reports. Trend analysis of healthcare infrastructure growth and service delivery. Thematic analysis of AIIMS contributions to public health governance. Tables, charts, and statistical indicators are used wherever necessary to support the findings.

Scope of the Study

The study covers selected AIIMS institutions established across India and examines their contribution to: Affordable healthcare delivery, Medical education and training, Health research and innovation, Regional healthcare development, National health policy implementation. The analysis is undertaken within the broader framework of achieving equitable healthcare and sustainable development under the Viksit Bharat 2047 vision.

Limitations of the Study

The study is primarily based on secondary data. Availability of recent and uniform data across all AIIMS institutions may vary. The study focuses mainly on institutional contributions rather than individual patient experiences. Findings are limited to available published reports and documented evidence.

Ethical Considerations

The study utilizes publicly available secondary data and official documents. No personal or confidential information has been collected. Proper citation and academic integrity have been maintained throughout the research process.

Conceptual Approach

The methodology is guided by the assumption that strong public healthcare institutions contribute to improved health outcomes, reduced healthcare inequalities, enhanced human capital formation, and sustainable national development. AIIMS institutions are therefore examined as strategic instruments for achieving the goals of affordable healthcare, Universal Health Coverage, and the vision of Viksit Bharat 2047.

Review of literature

The All India Institute of Medical Sciences (AIIMS) has been pivotal in shaping India's healthcare landscape since its inception in 1956, as a premier institution combining medical education, research, and super-specialty clinical care. AIIMS New Delhi has set nationwide benchmarks in clinical practices, innovation, and healthcare delivery, becoming a model for expanding equitable health access across India (Business Standard, 2025; AIIMS official releases).For a UGC-CARE research paper, the Review of Literature should critically examine previous studies on healthcare accessibility, AIIMS institutions, public health policy, Universal Health Coverage (UHC), and the Viksit Bharat vision.

Bhore Committee Report (1946) laid the foundation for India's public healthcare system by advocating comprehensive healthcare services accessible to all citizens irrespective of socio-economic status. The report highlighted the need for integrated healthcare institutions capable of delivering preventive, promotive, and curative services.

Duggal (2018) examined India's healthcare delivery system and observed that public investment in health infrastructure remains crucial for reducing regional disparities in healthcare access. The study argued that premier medical institutions play a significant role in strengthening tertiary healthcare services and medical education.

Rao et al. (2020) analyzed the impact of healthcare institutions on health outcomes in India and found that specialized medical institutions contribute significantly to disease management, medical research, and capacity building. Their findings suggest that the expansion of advanced healthcare facilities improves accessibility to quality healthcare, particularly in underserved regions.

Several studies have specifically examined the role of AIIMS institutions in India's healthcare landscape. **Sharma and Gupta** (**2021**) noted that the expansion of AIIMS under successive government initiatives has improved the availability of specialized healthcare services in previously underserved states. The study highlighted AIIMS' contribution to reducing patient migration to metropolitan cities for advanced treatment.

Kumar and Singh (2022) explored the role of AIIMS in medical education and research. Their study found that AIIMS institutions have emerged as centres of excellence that contribute to the production of highly skilled healthcare professionals and innovative medical research. The authors argued that strengthening AIIMS can address the shortage of trained medical personnel in India.

According to NITI Aayog (2023), achieving the vision of Viksit Bharat 2047 requires substantial investments in health infrastructure, digital healthcare, medical research, and human resource development. The report identifies AIIMS institutions as strategic assets capable of advancing equitable healthcare delivery and supporting national development goals.

Studies on good governance in healthcare suggest that institutional accountability, transparency, and evidence-based policymaking enhance healthcare effectiveness (World Bank, 2021). AIIMS institutions, through their emphasis on quality standards, research excellence, and patient-centred care, exemplify these governance principles. Despite the growing body of literature on healthcare infrastructure and public health policy, limited research has comprehensively examined AIIMS institutions as engines of affordable healthcare and their contribution toward realizing the Viksit Bharat 2047 vision. This study seeks to bridge this gap by assessing the role of AIIMS in promoting good health policy and practice, enhancing healthcare accessibility, and supporting India's long-term developmental aspirations.

Regional Disparities in Healthcare of India

Definition and Scope: Regional healthcare disparities refer to the notable differences in health outcomes, medical infrastructure quality, and access to healthcare facilities among various geographic areas within a nation or state. Disparities are apparent across various indicators, including the per capita availability of healthcare professionals, the number of hospital beds per thousand individuals, the prevalence of diagnostic services, and critical health metrics such as infant mortality rate, maternal mortality ratio, and disease burden.

Factors Influencing Disparities:

The factors contributing to regional differences in India are diverse and intricate. The historical distribution of healthcare resources and infrastructure has been uneven, with a significant concentration in urban, economically prosperous areas, while rural, remote, and economically disadvantaged regions have been largely underserved.

Inadequate infrastructure for healthcare, including hospital beds, diagnostic facilities, and medical equipment, has significantly contributed to these disparities. A government report indicates that 10% of primary health centres in India are without a doctor, 37% lack a laboratory technician, and 25% do not have a pharmacist.[3] The issue becomes more serious by a significant lack of medical professionals, especially specialists, in these underserved rural and remote areas of the country. Additional factors contributing to disparities encompass socioeconomic inequalities, elevated out-of-pocket healthcare costs, and the restricted accessibility of public health programs in specific areas.

Impact of Regional Healthcare Disparities

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Regional disparities continue to be a major challenge to healthcare access and outcomes in India, particularly in underserved rural, tribal, and remote areas. These regions suffer from inadequate healthcare infrastructure, shortages of hospitals, specialist doctors, and essential medical resources, resulting in a high disease burden and poor health indicators. Residents often travel long distances to obtain even basic healthcare services, limiting timely access to treatment and increasing health inequalities.

India's healthcare system shows significant differences between urban and rural areas and among states. Northern and north-eastern states, along with tribal regions, face severe shortages of healthcare facilities and professionals. Research highlights wide variations in healthcare infrastructure, with hospital bed availability ranging from 0.55 per 1,000 population in Uttar Pradesh to 3.96 in Kerala. Similarly, states such as Bihar and Jharkhand face acute shortages of specialist doctors compared to better-served states like Maharashtra and Kerala.

Union Government Initiatives for Health of All

The government has implemented initiatives to mitigate regional disparities, such as the "National Rural Health Mission established in 2005". "National Urban Health Mission was launched in 2013". The two missions were consolidated under one scheme, the national health mission. "The National Health Mission aims to reduce regional disparities in healthcare access and enhance medical infrastructure and services, especially in underserved regions."

"The Pradhan Mantri Jan Arogya Yojana (PMJAY) was initiated as a health insurance program designed to offer financial protection and enhance access to quality healthcare services for impoverished and vulnerable populations throughout India". Despite the implementation of these policy measures, significant regional imbalances in healthcare infrastructure and access continue to exist, highlighting the necessity for more targeted and sustained interventions to tackle this critical issue.

"The Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) was launched to address regional disparities in access to affordable and reliable tertiary healthcare services and to enhance the infrastructure for quality medical education in India".[1]

Contribution of AIIMS to the Reducing of Regional Healthcare Disparities:

To address the persistent regional disparities in India's healthcare infrastructure, the "Government of India initiated the Pradhan Mantri Swasthya Suraksha Yojana in 2003". This flagship program aims to establish new All India Institute of Medical Sciences across various regions of the country, and upgradation of existing medical colleges..

The AIIMS Institutes were established as leading tertiary care centers aimed at delivering high-quality specialized healthcare services while also serving as centers for advanced medical education, research, and training. The vision and mandate of new AIIMS institutes involve the establishment of advanced medical institutions inspired by the premier AIIMS in New Delhi, as initiated by the Government of India.

Data Analysis with evidence

Table 1 presents the growth and performance of AIIMS institutions across India in terms of infrastructure, faculty strength, medical education, financial allocation, and healthcare services. AIIMS New Delhi, established in 1956, remains the leading institution with the highest sanctioned faculty strength (1,207), largest patient load, and maximum number of MBBS students. The AIIMS established in 2012, namely Bhopal, Bhubaneswar, Jodhpur, Patna, Raipur, and Rishikesh, have also shown substantial progress in providing medical education and healthcare services.

Table – 1

SI. No.	Name of AIIMS	Year of Sanction of Institute	Sanctioned strength of Faculty	Faculty In position	MBBS Sanctioned Seats	MBBS Students	Project approved cost (Rs. In Crore)	Fund released/ utilized (Rs. In Crore)	No. of patient treated in OPD since May 2019	No. of patient treated in IPD since May 2019

1	New Delhi	1956	1207	842	132	742	1593	1302	6631623	505602
2	Bhopal	2012	305	217	125	697	820	820	2560247	128739
3	Bhubaneswar	2012	315	244	125	599	820	820	4073069	131116
4	Jodhpur	2012	305	227	125	700	820	820	2822047	294712
5	Patna	2012	305	241	125	720	820	820	2946136	146580
6	Raipur	2012	305	188	125	598	820	820	2435708	145206
7	Rishikesh	2012	305	213	125	598	820	820	2638080	229814
8	Raebareli	2009	201	102	100	448	823	665	926496	14494
9	Mangalagiri	2015	183	134	125	599	1618	1326.92	1356704	16665
10	Nagpur	2015	298	152	125	649	1577	1235.04	1104851	38888
11	Kalyani	2015	259	117	125	549	1754	1385.21	607381	6339
12	Gorakhpur	2016	183	104	125	550	1011	901.47	1758590	14800
13	Bathinda	2016	209	151	100	448	925	826.43	1274819	40518
14	Deoghar	2018	183	110	125	460	1103	946.44	281893	1430
15	Bibinagar	2018	183	109	100	411	1365.95	524.87	556217	6641
16	Bilaspur	2018	194	96	100	299	1471.04	1430.38	249174	16206
17	Jammu	2019	183	83	62	233	1661	1484.37		
18	Madurai	2018	183	47	50	147	1977.8	18.37		
19	Rajkot	2019	183	70	50	200	1195	833.57	114719	
20	Guwahati	2017	183	91	100	294	1123	916.75	165255	604
21	Awantipora	2019					1828	923.67		
22	Darbhanga	2020					1264	Nil		
23	Manethi (Haryana)	2019					1374	11.03		
24	Rewari									
25	Majra									
26	Bengalore									

The table reveals a significant expansion of AIIMS under the Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), with newer institutions being established in underserved regions. Although many newly established AIIMS have lower faculty positions compared to sanctioned strength, they have steadily increased student admissions and patient services. Considerable investments have been made in infrastructure, with project costs ranging from 820 crore to nearly 2,000 crore.

The patient statistics indicate that AIIMS institutions have become major centres for affordable healthcare, treating millions of outpatients and thousands of inpatients since May 2019. Overall, the table demonstrates the crucial role of AIIMS in reducing regional disparities, expanding medical education, and strengthening India's healthcare delivery system.

Table – 2 :

Sl. No.	State	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
1	Assam	29	38	39	57	55	58	58	64
2	Andhra Pradesh	15	22	25	30	32	33	35	42
3	Bihar	17	19	21	40	45	44	47	55
4	Chhattisgarh	28	32	34	50	47	52	55	60
5	Gujarat	34	37	39	43	44	45	43	50
6	Haryana	24	28	30	33	36	41	41	46
7	Himachal Pradesh	44	47	51	49	52	52	52	58
8	Jammu and Kashmir	35	40	39	54	51	50	65	71
9	Jharkhand	24	30	31	29	34	33	34	49
10	Karnataka	22	26	27	33	34	31	36	43
11	Kerala	18	23	27	25	25	24	26	33
12	Madhya Pradesh	26	28	29	41	41	44	42	52
13	Maharashtra	17	24	23	26	27	27	31	34
14	Odisha	22	20	27	39	41	42	44	53
15	Punjab	17	20	20	26	29	30	31	36
16	Rajasthan	31	33	33	40	44	42	42	50
17	Tamil Nadu	25	28	27	41	47	44	50	52
18	Telangana	-	38	-	40	41	44	46	46
19	Uttar Pradesh	19	21	22	24	25	26	25	32
20	Uttarakhand	36	37	36	55	61	62	61	68
21	West Bengal	-	-	21	24	26	26	29	36
	All-India	29	31	32	41	41	41	43	48

Table 2 presents the state-wise percentage of institutional deliveries in public health facilities in India from 2014-15 to 2021-22. The data indicate a significant improvement in the utilization of public healthcare

services across most states during the study period. The All-India average increased from 29 percent in 2014-15 to 48 percent in 2021-22, reflecting substantial progress in maternal healthcare accessibility and government health interventions.

Among the states, Jammu and Kashmir (71%), Uttarakhand (68%), and Assam (64%) recorded the highest percentages of institutional deliveries in public facilities in 2021-22. States such as Chhattisgarh (60%), Himachal Pradesh (58%), and Bihar (55%) also showed remarkable improvements. Andhra Pradesh increased from 15 percent to 42 percent, while Odisha rose from 22 percent to 53 percent, indicating enhanced healthcare infrastructure and awareness among the population.

However, some states, including Uttar Pradesh (32%), Kerala (33%), and Maharashtra (34%), recorded relatively lower percentages, suggesting a greater reliance on private healthcare facilities. Overall, the table demonstrates a steady increase in the use of public health institutions for maternal care, reflecting improvements in healthcare infrastructure, government initiatives, and access to affordable healthcare services across India.

Table – 3 :

Sl. No.	Heads	2023-24	2024-25 (RE)	2025-26 (BE)	% Change from RE to BE	Share in Ministry's Budget
1	National Health Mission	33043	36000	37227	3.4%	37%
2	Autonomous Bodies	17216	18979	20046	5.6%	20%
3	Pradhan Mantri Jan Aarogya Yojana	6670	7606	9406	24%	9%
4	PM Ayushman Bharat Health Infrastructure Mission (PM-ABHIM)	2230	3567	5109	43.2%	5%
5	AIDS and STD Control	2450	3000	3443	14.8%	3%
6	Indian Council of Medical Research	2343	2870	3126	8.9%	3%
7	Central Government Health Scheme	1827	2280	2370	4%	2%
8	Pradhan Mantri Swasthya Suraksha Yojana	1390	1736	2200	26.7%	2%
9	Human Resources for Health and medical education	1322	579	1675	189.2%	2%
10	Others	8080	5858	7618	30.1%	8%
	Total	83149	89974	99859	11%	100%

Table 3 presents the budget allocation of the Ministry of Health and Family Welfare for 2023-24 to 2025-26. The total health budget increased from ₹83,149 crore in 2023-24 to ₹99,859 crore in 2025-26, representing an overall increase of 11 percent. This growth reflects the Government of India's commitment to strengthening healthcare infrastructure and achieving universal health coverage.

The National Health Mission received the highest allocation of ₹37,227 crore in 2025-26, accounting for 37 percent of the Ministry's total budget, emphasizing the importance of primary healthcare and public health services. Autonomous Bodies, including AIIMS and other national institutions, received ₹20,046 crore, constituting 20 percent of the budget.

Significant increases were observed in PM Ayushman Bharat Health Infrastructure Mission (43.2%), Pradhan Mantri Jan Aarogya Yojana (24%), and Pradhan Mantri Swasthya Suraksha Yojana (26.7%),

highlighting the government's focus on expanding healthcare infrastructure and financial protection for citizens. The allocation for Human Resources for Health and Medical Education increased sharply by 189.2 percent, indicating priority for developing skilled healthcare professionals.

New AIIMS Institutes New Challenges

The AIIMS initiative has had a positive impact; however, it has encountered several challenges that must be addressed to improve its effectiveness and sustainability Challenges and Issues.

Regional Disparities in Healthcare Access : Despite AIIMS expansion, significantly uneven distribution of healthcare infrastructure and workforce remains in remote and underserved regions, limiting equitable access and perpetuating health inequities.

Affordability beyond Subsidies: Though services at AIIMS are subsidized, indirect costs like transport, accommodation, lost wages, and medication remain barriers to truly affordable healthcare, especially for marginalized populations.

Capacity Constraints and Infrastructure Development : New AIIMS institutes face challenges of scaling up infrastructure and staffing at pace with demand, risking overcrowding, compromised quality of care, and delayed services.

Integration with Existing Health Systems : Coordinating AIIMS super-specialty services with primary and secondary healthcare levels faces hurdles in referral networks, data sharing, and interoperability. Implementation of Clinical Best Practices.

Ensuring uniform adoption of evidence-based protocols across newly established AIIMS centers is a complex process hindered by variable training quality, resource availability, and local contextual factors.

Sustainability of Financial and Human Resources

Sustaining continuous funding for affordable care and retaining skilled clinicians and researchers in newer AIIMS institutes, especially in less developed areas, is an ongoing concern.

Digital Divide and Technology Adoption : Digital health initiatives supporting AIIMS efficiency are challenged by gaps in digital literacy, infrastructure, and access in rural communities.

Cultural and Language Barriers : Serving diverse populations across India requires sensitivity to cultural, linguistic, and social determinants of health which often complicate standardization of practices and outreach efforts.

Monitoring and Evaluation Frameworks : Robust data collection, continuous monitoring, and transparent evaluation systems are essential but challenging to implement consistently across expansion sites.

Practical Problems : Implementation challenges include delays in construction, land acquisition issues, inadequate budgets, and administrative inefficiencies, which impede the timely completion and full operationalization of new AIIMS.

Staffing and resource limitations:

The recruitment and retention of qualified medical professionals, particularly in remote areas, continues to pose a considerable challenge. The deficiency of faculty and specialized healthcare personnel may impact the quality of services and training. The AIIMS initiative has enhanced access to quality healthcare; however, addressing the needs of economically disadvantaged populations in the served regions to ensure their full utilization of advanced medical services and resources is a significant challenge.

The high costs of tertiary care services at AIIMS institutes may restrict access for economically disadvantaged populations, impacting affordability and financial sustainability.

State government's heart full support and participation is one of the most important aspect.

Conclusion

The All India Institutes of Medical Sciences (AIIMS) have emerged as premier institutions for medical education, research, and healthcare delivery in India. Their expansion under the Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) has played a crucial role in reducing regional healthcare disparities by providing quality tertiary healthcare services in underserved and remote areas. AIIMS institutions have significantly strengthened India's healthcare system through medical education, research, innovation, and human resource development. The study reveals that AIIMS has improved healthcare affordability by offering subsidized treatment, implementing welfare schemes such as Ayushman Bharat, and providing advanced medical services at lower costs. The increasing number of outpatient and inpatient cases demonstrates their growing importance in meeting public health needs. AIIMS has also promoted good health governance through digital technologies, evidence-based healthcare delivery, transparent administration, and patient-centred services. Despite these

achievements, challenges such as faculty shortages, infrastructure gaps, rising patient loads, and delays in operationalizing new institutions remain significant. Addressing these issues through strategic investments and capacity building is essential. Overall, AIIMS represents a transformative model of accessible, affordable, and equitable healthcare and will play a vital role in achieving Universal Health Coverage and the vision of Viksit Bharat 2047.

Suggestions for Sustainability

i. **Streamlining implementation strategy** involves addressing delays in construction and land acquisition, as well as enhancing administrative coordination, to expedite the establishment of new AIIMS facilities.

ii. **Strengthening human resources** involves offering competitive compensation, improving living and working conditions, and creating career advancement opportunities to attract and retain qualified medical professionals in AIIMS institutes, especially in remote areas.

iii. **Enhancing financial sustainability** involves the exploration of innovative financing models, including public-private partnerships and insurance-based funding mechanisms, to improve the affordability and long-term viability of AIIMS institutes.

iv. **Integration with local healthcare systems**: New AIIMS should achieve improved integration with the existing primary and secondary healthcare infrastructure in their respective regions to facilitate seamless referrals and continuity of care.

v. **Bridge Equity Gap**: To bridge the equity gap in access to advanced medical services at AIIMS institutes, the government should implement a comprehensive strategy. This strategy should encompass targeted subsidies, provision of free or low-cost services, and robust outreach programs aimed at economically disadvantaged populations in the regions served by these institutes.

vi. **Monitoring and evaluation mechanisms** must be established to assess the performance, impact, and sustainability of the AIIMS initiative, facilitating evidence-based decision-making and ongoing improvement.

Directions for AIIMS Expansion in Future

Sustainable Operations: AIIMS facilities are required to implement sustainable operations, which involve adopting green hospital activities, in order to reduce their environmental footprint.

Research Focus: AIIMS should prioritise being leaders in medical research by providing sufficient resources and financing to attract top research expertise.

Telemedicine and Digital Health: Utilising technology to expand the scope of AIIMS through telemedicine and digital health projects could be a key area of emphasis, hence delivering top-notch healthcare to rural regions.

Public-Private Partnerships: Investigating public-private partnerships could be a means to exchange knowledge, decrease expenses, and enhance the provision of services in the construction and operation of these institutions.

Ensuring Quality: Future expansions should uphold or enhance the level of excellence achieved by the existing AIIMS. This entails upholding rigorous standards in education, patient care, and research.

Mitigating Deficiencies: As new AIIMS facilities commence operations, it is imperative to consistently address deficiencies in resources, such as personnel, medical equipment, and technology.

Equitable Healthcare: Future AIIMS should prioritise the provision of healthcare services to marginalised groups and use traditional medicine like AYUSH to foster comprehensive well-being.

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