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Health Insurance in India: An insight from Bibliometric Analysis and Future Research Agenda

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Abstract

Health insurance plays a vital role in advancing universal health coverage in India by reducing out-of-pocket expenditure and improving access to healthcare services. This study presents a PRISMA-guided bibliometric review of health insurance research in India from 2015 to 2026, aiming to map publication trends, identify key authors, journals, and research themes, and highlight knowledge gaps. A systematic search was conducted in major databases, including Scopus, Web of Science, using keywords related to health insurance and India, and studies were screened and selected according to PRISMA criteria. Bibliometric indicators such as publication growth, citation analysis, keyword co-occurrence, and co-authorship networks were analysed using VOSviewer. The results reveal a steady increase in publications, particularly after 2015, with dominant themes including government-sponsored schemes, financial protection, healthcare utilisation, and socio-economic determinants of insurance uptake. Notably, gaps remain in research on private insurance markets, rural-urban disparities, and technological integration in insurance delivery. This review provides a comprehensive overview of the evolution of health insurance research in India over the past decade, offering insights for future studies and evidence-informed policy interventions.

Keywords: Health insurance, Bibliometric, PRISMA, public company

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Introduction:

Health insurance plays a vital role in achieving health coverage by protecting households from catastrophic health expenditures and improving facilities for quality healthcare services (Sharma & Kundu, 2024 –Singh & Singh, 2020). India's health insurance ecosystem has undergone a significant transformation over the past two decades. Traditionally characterised by limited coverage through employer-based and social insurance schemes, the system has expanded with the introduction of health insurance programs targeting low-income populations (A. Jain et al., 2014). Major initiatives such as the (RSBY) and, more recently, (AB-PMJAY) reflect the government's commitment to expanding financial protection. –(S. Gupta & Tripathi, 2016) Simultaneously, the insurance market has grown rapidly, driven by rising incomes, urbanisation, and increased awareness (Purohit, 2014 –;Mahal, 2002).

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The growing complexity of India's health insurance landscape economics, public health, public policy, finance, and management –(Devadasan et al., 2004). Researchers have examined a wide range of issues, such as determinants of insurance enrollment, effectiveness of public schemes, impact on healthcare utilisation and expenditures, provider behaviour, moral hazard, and governance challenges. While this body of literature has expanded considerably, it focusing on specific schemes, regions, or methodological approaches (Chakrabarti & Shankar, 2015). As a result, a comprehensive understanding of the intellectual structure, thematic evolution, and collaborative dynamics of health insurance research in India

remains limited (Malani et al., 2021). Existing reviews of health insurance literature in the Indian context are largely narrative or systematic in nature, relying on subjective selection of studies and qualitative synthesis may not fully capture the scale, diversity, and interconnections within the rapidly growing research domain (Malani et al., 2021). In contrast, bibliometric analysis offers a quantitative and objective method to evaluate scientific output, identify influential publications and authors, map collaboration networks, research themes over time. By applying bibliometric techniques, it is possible to uncover hidden patterns, knowledge clusters, and emerging research fronts that are not easily discernible through traditional review methods —(Anita, 2008).

Bibliometric studies have been widely used in healthcare research to assess trends in health financing, public health policy, and health systems strengthening. However, despite the policy relevance and growing volume of research, a dedicated bibliometric analysis focusing specifically on health insurance in India remains scarce –(Jaiswal, 2025). This represents a significant gap in the literature, particularly given the scale of recent policy interventions such as AB-PMJAY and the increasing role of private insurers and digital platforms. These changes is Important for informing future academic inquiry and evidence-based policymaking(Dubey et al., 2023).

Literature review

The literature on health insurance in India reflects the evolving structure of the country's healthcare financing system and the growing policy emphasis on financial risk protection. Early studies largely focused on employment-based and social health insurance which primarily served the organised sector "(Patre, 2023). These studies consistently highlighted the limited reach of such schemes and the heavy reliance of households on out-of-pocket expenditure for healthcare. With economic liberalisation and increasing private sector participation in healthcare delivery, researchers began potential to supplement public provision, while also raising concerns regarding affordability and exclusion of low-income populations (Sood et al., 2014).The introduction of insurance schemes marked a significant shift in India's health financing discourse, prompting a growing body of empirical research.(Sood et al., 2014).

A substantial portion of the literature has focused on the determinants of health insurance enrolment in India. Socioeconomic characteristics such as income, education, occupation, and household size are consistently identified as significant predictors of insurance uptake. In addition, demographic factors, health status, and prior healthcare experiences influence enrollment decisions (La Forgia & Nagpal, 2012; 'Kumar & Duggirala, 2021). Equity considerations constitute a central theme in health insurance research, with numerous studies documenting disparities in coverage and utilisation across regions, gender, caste, and socioeconomic groups (Reshmi et al., 2021). Consequently, insurance coverage alone has not guaranteed equitable healthcare access, highlighting the need for complementary supply-side investments and institutional strengthening (Ahuja, 2004). Healthcare utilisation and provider behaviour has also received considerable scholarly attention. Research indicates that insurance coverage is higher inpatient utilisation, particularly in private healthcare facilities (Bhattacharjya & Sapra, 2008). However, this increased utilisation has raised concerns regarding provider-induced demand, cost escalation, and moral hazard. Several studies argue that weak regulation and monitoring mechanisms enable opportunistic behaviour by providers, potentially undermining the efficiency of insurance schemes. –(Mavalankar & Bhat, 2000).

Governance and regulatory challenges form

another important strand of the literature. Scholars have examined issues such as scheme design, purchasing mechanisms, fraud control, grievance redressal, and the role of third-party administrators –(Ellis et al., 2000). The increasing digitalisation of health insurance and the growing involvement of private actors have further complicated regulatory oversight, creating new areas for research –(Yellaiah, 2013). Despite the growing volume and diversity of research on health insurance in India, existing reviews are predominantly narrative or scheme-specific, offering limited insights into the broader intellectual structure of the field (Ahlin et al., 2016). Few studies systematically examine publication trends, influential authors, collaborative networks, or the evolution of research themes over time. This fragmentation restricts cumulative knowledge building and hinders the identification of emerging research fronts –(Bang, 2015). Consequently, there is a clear need for a bibliometric analysis to synthesize the literature, map its development, and inform a persistent gaps and emerging challenges in India's health insurance system –(Mudgal et al., 2005).

Methodology

The present study adopts a bibliometric research design to systematically analyse the scientific literature on health insurance in India. Bibliometric analysis is a quantitative research method that employs statistical techniques to analyze patterns, trends, and relationships within published scholarly literature. and network-based techniques to published academic literature in order to evaluate research performance, intellectual structure, and thematic evolution of a given field. This method is particularly suitable for synthesising large and fragmented bodies of literature, as it enables objective assessment of publication trends, influential contributors, and collaborative patterns over time.

This study followed the (PRISMA) guidelines to ensure a transparent and systematic selection of relevant studies. A comprehensive literature search was conducted to identify published studies from 2015 to 2026**.** Databases were searched using predefined keywords and Boolean operators relevant to the research topic. The initial search yielded a total of 172 records. Data whuch are used in bibliometric research due to their extensive coverage of peer-reviewed journals and standardised indexing practices. A search strategy was employed using combinations of keywords such as “health insurance,” “medical insurance,” “public health insurance,” “social health insurance,” and “India,” searched within titles, abstracts, and author keywords. The search was restricted to English-language publications to ensure consistency and accessibility of the analysed material.

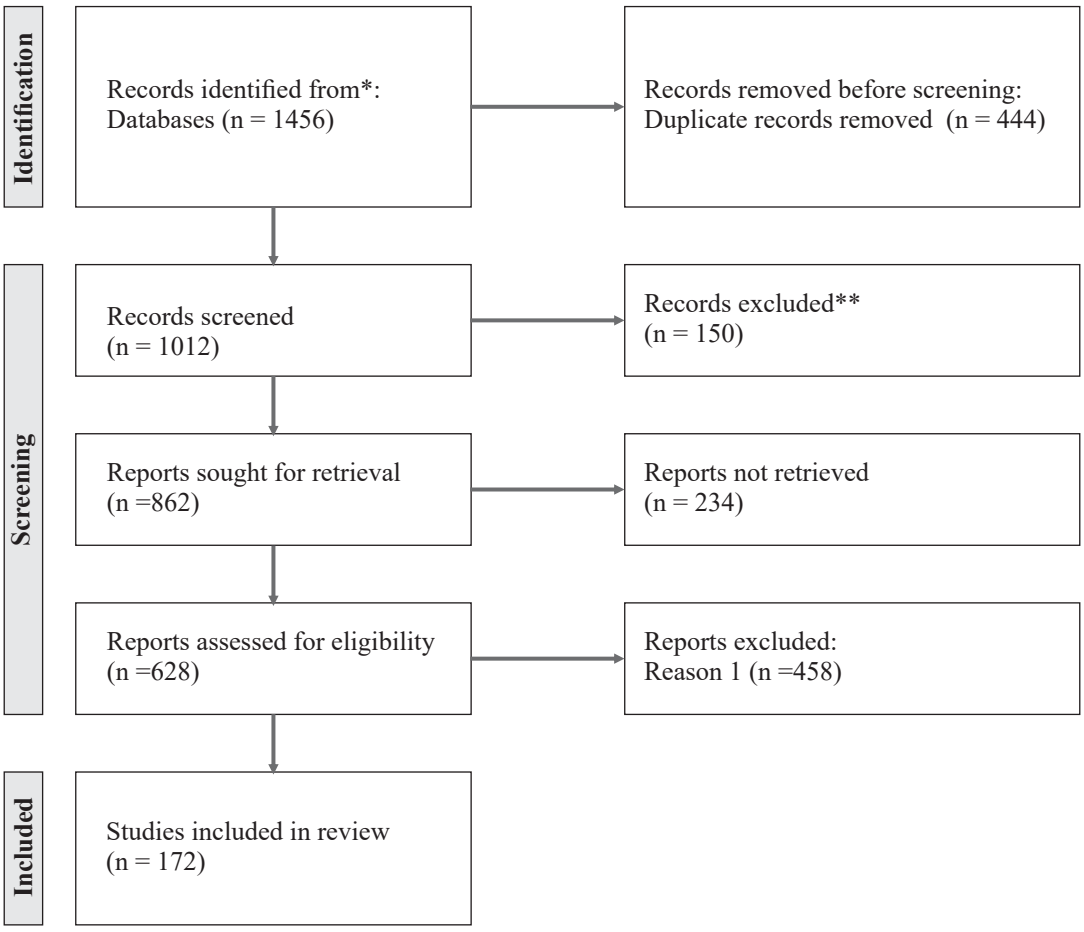
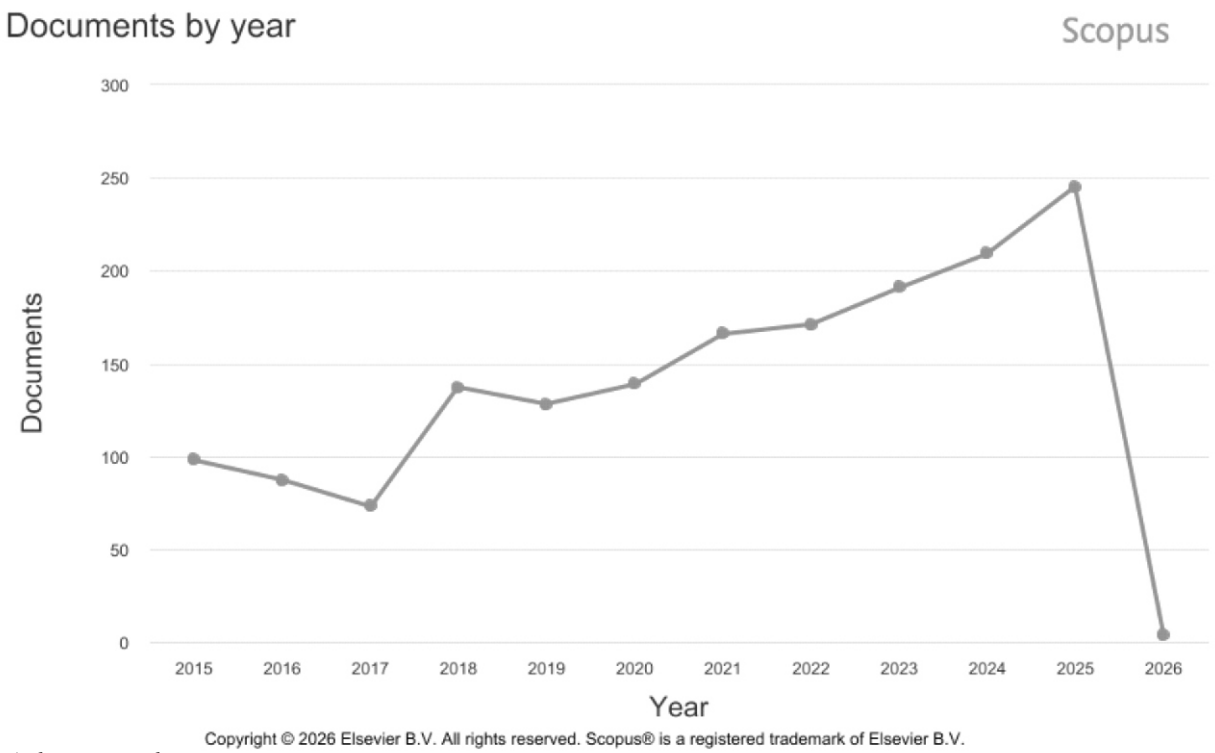


Figure 1: PRISMA Flowchart

Publication growth

In recent years, research on health insurance in India has seen a noticeable growth in scholarly publications, reflecting growing academic and policy interest in the sector. Bibliometric analyses of scientific publications on healthcare insurance in India indicate studies addressing healthcare insurance topics such as market dynamics, coverage determinants, policy impacts, and consumer behaviour over time, particularly from the early 2000s through the 2010s and into the early 2020 –(Mahapatro et al., 2018). Systematic evaluations of literature indexed in major research databases show that this increase in publications parallels broader trends in health systems research, with scholars increasingly focusing on health insurance as an essential component of financial protection and health care access in India. Although comprehensive year-by-year counts specific to India are limited in some databases, available bibliometric findings suggest a significant rise in annual research output, driven by rising academic engagement, public policy developments like Ayushman Bharat, and heightened awareness of insurance's role in health security. This upward trajectory underscores that health insurance has become a more prominent subject of inquiry in the Indian research landscape, aligning with the sector's growing real-world significance "(Singla & Singh, 2018).



Source: Authors own work

Figure 2 Publication trend

Citation analysis

Citation analysis of the selected documents shown into the *influence, impact, and knowledge structure* of research in health insurance. By examining citation counts, highly cited articles, and reference patterns, citation analysis helps identify the most influential studies, authors, and journals contributing to the domain (Prinja et al., 2017). The analysis reveals that a small number of core publications account for a significant proportion of total citations, indicating their foundational role in shaping subsequent research (Jaiswal & Satyanisth, 2025). Additionally, citation patterns demonstrate increasing scholarly engagement over time, reflecting the growing relevance of health insurance research in policy and academic discourse. Overall, citation analysis highlights the evolution of research themes, the diffusion of knowledge, and the intellectual maturity of the field –(Dang et al., 2021).

Top documents

The analysis of *top-cited documents* highlights the most influential studies in insurance research. These highly cited publications have played a pivotal role in shaping theoretical frameworks, policy discussions, and empirical investigations within the domain –(Dang et al., 2021). The citation distribution indicates that a limited number of documents receive a disproportionately high number of citations, reflecting their foundational importance and wide acceptance among scholars. Most of the top-cited studies focus on key themes such as , policy evaluation and access to healthcare services. The prominence of these documents demonstrates their strong academic impact and underscores their contribution to the advancement and consolidation of health insurance research over time –(Jaiswal & Agrawal,2025).

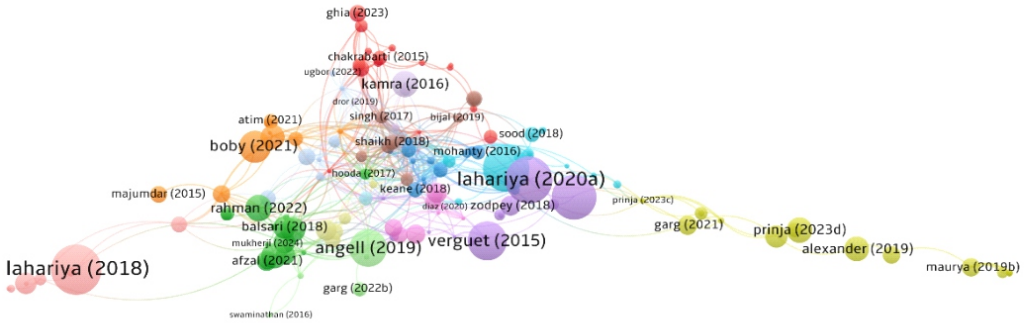


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Figure 3 Top documents

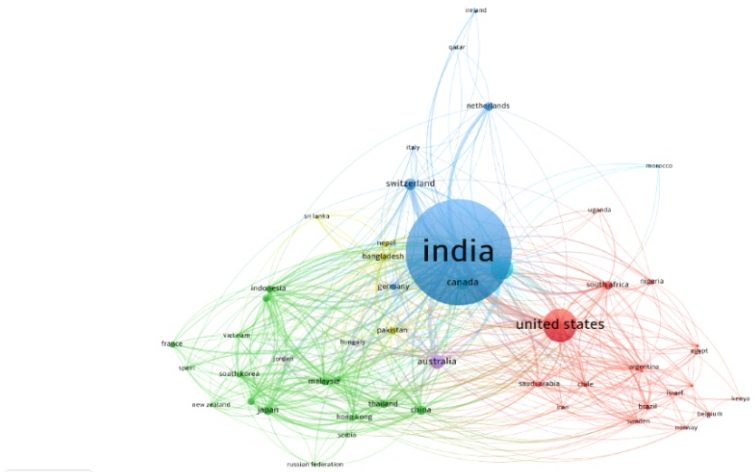
Top countries

The analysis of *top contributing countries* reveals that health insurance research is dominated by a small group of countries and policy interest in health financing. Countries such as the *US, United Kingdom, China, and India* emerge as leading contributors in terms of publication output and citations –(Ranson et al., 2006). These countries account for a substantial share of total documents, reflecting their advanced healthcare systems, active academic communities, and sustained policy focus on health insurance and financial protection. The growing contribution from emerging economies, particularly *India and China***,** indicates increasing scholarly engagement driven by expanding insurance markets and major public health insurance reforms. Overall, the country-wise distribution highlights both global leadership and increasing geographic diversification in health insurance research (Jayapandiyan & Jaiswal, 2023).

Table 1

Country	documents	Total link strength
India	889	677
United states	218	360
United Kingdom	129	356
Australia	66	154
Switzerland	48	143
China	27	136
Bangladesh	14	127
Nepal	12	121
Hong kong	7	115

Source: Author's own Elaboration



Source: authors own elaboration

Figure: 4 Top countries

Co cited reference

In bibliometric studies of health insurance research, co-cited references represent pairs or by subsequent articles, indicating their close intellectual relationship and foundational role in the field –(Gambhir et al., 2019). The theoretical works on health economics and insurance, such as Arrow's analysis of uncertainty in medical care and Cutler and Zeckhauser's framework on health insurance markets, are consistently co-cited with empirical and policy-oriented studies on , health financing. These highly co-cited references form distinct clusters that reflect the knowledge base of health insurance research, linking economic theory, policy reform, and system performance, and revealing how contemporary studies build upon shared conceptual and methodological foundations'.

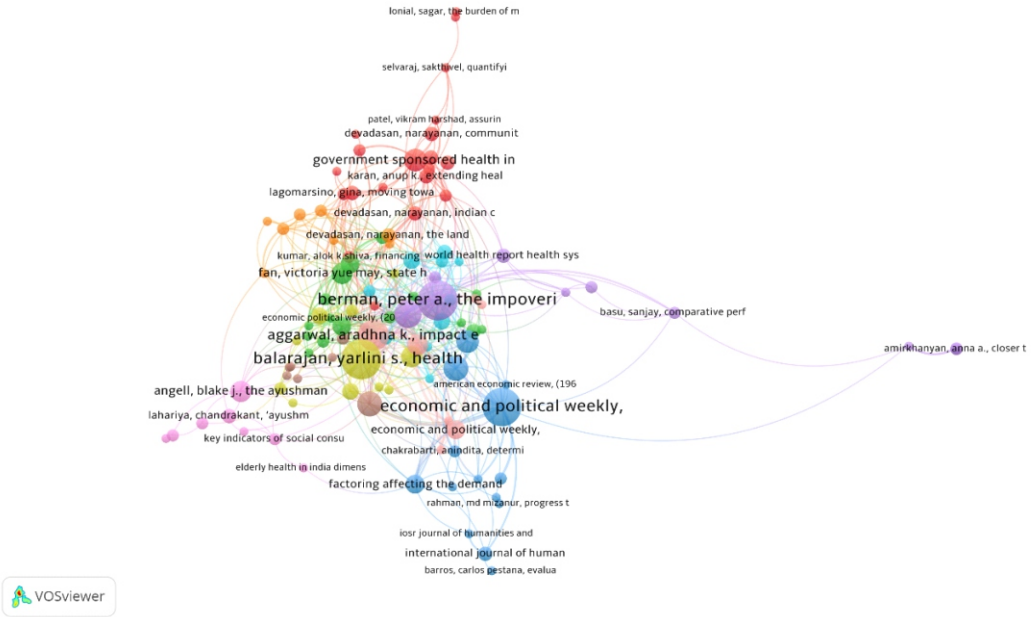


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Figure: 5

Co cited source

In bibliometric analysis of health insurance research, co-cited sources refer to journals, books, or institutional reports that are that cited by later publications, indicating their shared field '(K.T. & Sakthi Vel, 2011). Analysis of co-cited sources commonly reveals that leading health economics and policy journals, along with authoritative reports from organisations such as the WHO and OECD, form the core knowledge base of health insurance studies. These co-cited sources cluster around major research themes, including health financing, insurance system design, equity in access to care, and policy reform, demonstrating how scholarly discourse in health insurance is shaped by a consistent set of influential publication outlets and institutional sources –(Maurya & Ramesh, 2019).

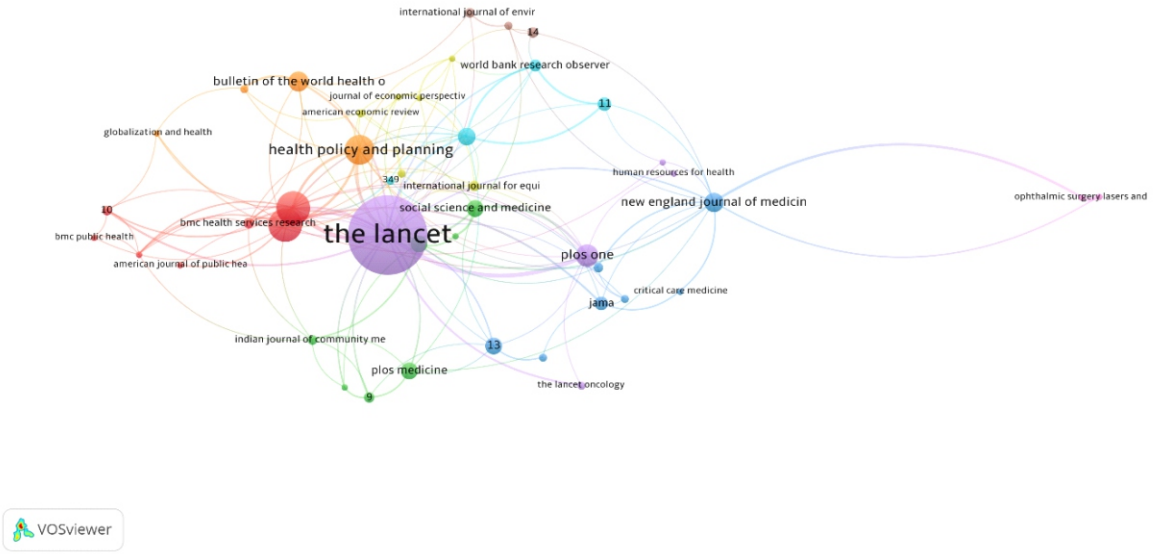

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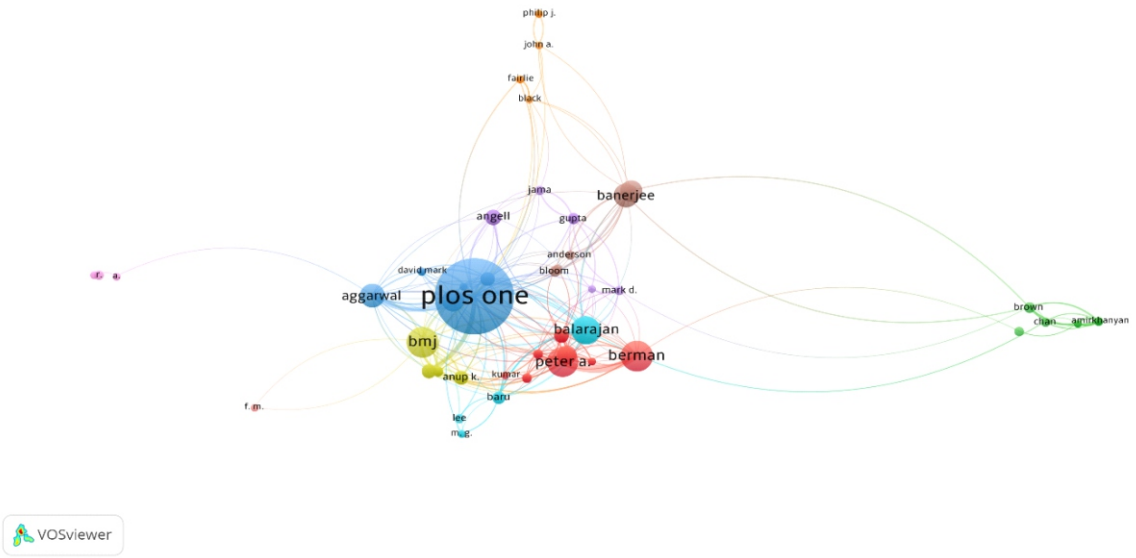
Figure 6 co cited source

Co-cited authors

In *bibliometric analysis, co-cited authors* frequently cited together in later publications, indicating a strong intellectual or thematic relationship between them. In the field of *health insurance research*, co-cited author analysis often shows that foundational health economists and policy scholars—such as Kenneth Arrow, David Cutler, Joseph Newhouse, and Richard Zeckhauser—are repeatedly co-cited, reflecting their central role in shaping theories of health insurance markets, moral hazard, and health system performance. These co-cited author clusters represent the core intellectual structure of the field, linking economic theory, empirical evaluation, and policy analysis, and highlighting how contemporary health insurance research builds upon interconnected scholarly contributions (Thomas, 2016).



Source: authors own elaboration

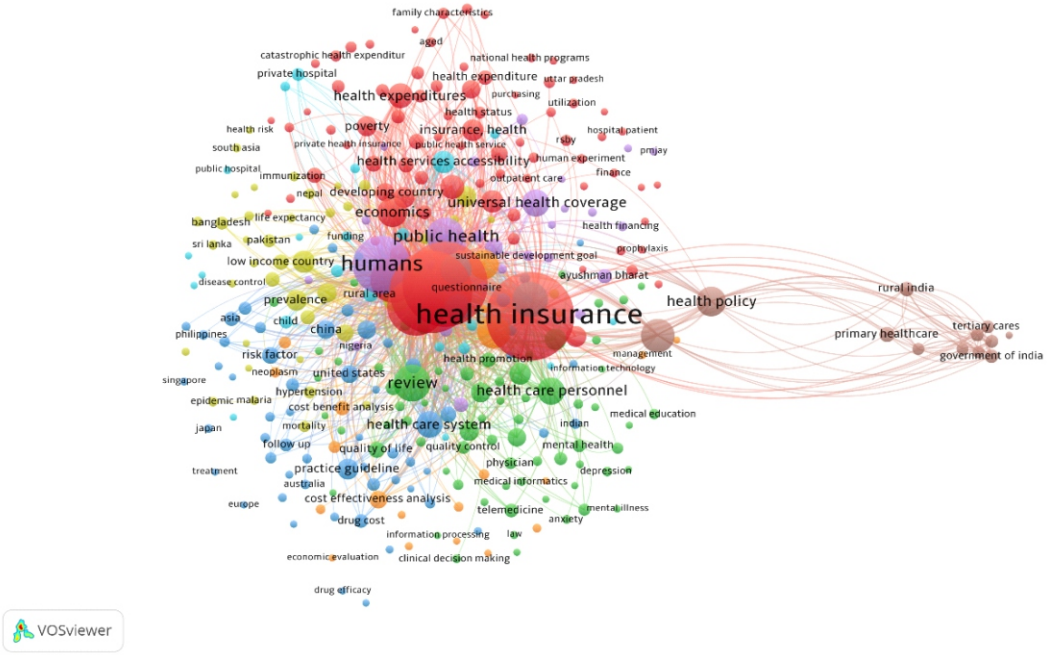
Figure 7: co cited author

Network analysis

In bibliometric keyword analysis of health insurance research, frequently occurring keywords are used to identify the main research themes, trends, and evolving focuses within the field. High-frequency keywords such as health financing, access to healthcare, and equity reflect the core concerns of the literature, while keywords like Affordable Care Act, moral hazard, adverse selection, and out-of-pocket expenditure indicate policy- and theory-driven research streams. Keyword co-occurrence analysis further reveals thematic clusters linking insurance design, financial protection, and health outcomes, and helps track the emergence of new topics such as digital health insurance, sustainability of health financing systems, and post-pandemic insurance reforms(P. K. Jain et al., 2014).

In bibliometric clustering analysis of health insurance research, clustering is used to group related publications, authors, or keywords into distinct clusters based on their citation, co-citation, or co-occurrence relationships (Thomas, 2016). These clusters represent major research themes within the field, such as health financing and risk pooling, universal health coverage and equity, health insurance market behaviour (including moral hazard and adverse selection), and policy evaluation of insurance reforms. By identifying these clusters, bibliometric analysis reveals the intellectual structure of health insurance research, highlights dominant and emerging thematic areas, and shows how different strands of literature are interconnected and evolve over time (Sood & Wagner, 2018).

In a *bibliometric analysis of health insurance research,* clustering typically reve als several well-defined thematic groups.



Source: authors own elaboration

Figure 8: Keyword occurrence

Cluster 1 (Health Financing and Risk Pooling) focuses on insurance design, premium setting, risk sharing, and financial sustainability of health insurance systems. 'Cluster represents the theoretical and structural foundations of health insurance, emphasising risk pooling, contribution mechanisms, actuarial analysis, and sustainability of insurance funds. Health economics theory and focuses on public versus private insurance models and mixed financing systems (Sood & Wagner, 2018).

Cluster 2 (Universal Health Coverage and Equity) centres on access to healthcare, financial protection, inequality, and coverage expansion, particularly in low- and middle-income countries. Studies in this cluster examine the role of health insurance in achieving universal health coverage, reducing financial hardship, and improving equity –(Devadasan et al., 2006) A strong focus is placed on low- and middle-income countries, social health insurance schemes, and government-led insurance programs aimed at vulnerable populations.

Cluster 3 (Health Insurance Markets and Behaviour): This cluster includes research on moral hazard, asymmetry, and consumer and provider behaviour under different insurance arrangements –(H. Gupta, 2007). Empirical analyses using micro-level data dominate this cluster, highlighting how insurance design affects utilisation and cost patterns.

Cluster 4 (Policy Reform and System Evaluation) examines the impacts of major reforms such as the Affordable Care Act, social health insurance programs, and national insurance schemes and costs (Dao & Nichter, 2016). Evaluates major health insurance reforms,

regulatory frameworks, and institutional arrangements. Studies commonly assess policy effectiveness, governance quality, and implementation challenges, with frequent references to national health insurance systems and reform experiences –(H. Gupta, 2007).

Cluster 5 (Health Expenditure and Outcomes) links insurance coverage with healthcare utilisation, quality of care, and population health outcomes. Together, these clusters illustrate the core intellectual and thematic structure of the health insurance literature –(Prinja et al., 2012). This cluster links health insurance coverage with healthcare utilisation, service quality, and health outcomes. Research explores preventive care use, chronic disease management, and patient satisfaction, emphasising the performance of insurance systems in improving population health (Nandi & Schneider, 2020).

Discussion

The bibliometric analysis of health insurance research reveals a structured intellectual landscape that aligns closely with foundational health economics and policy theories. Cluster 1, on health financing and risk pooling, reflects the application of Arrow's (1963) uncertainty and welfare economics framework, which emphasises the necessity of insurance to manage financial risk and information asymmetry in healthcare. Similarly, Cluster 3, focusing on insurance market behaviour, demonstrates the relevance of moral hazard and **a**dverse selection theories, highlighting how individual and provider incentives influence healthcare utilisation under different insurance schemes (Mathiyazaghan, 1998). Clusters 2 and 5, addressing universal health coverage, equity, and health outcomes, are consistent with the equity-efficiency trade-off framework, illustrating the tension between resource allocation efficiency and equitable access to healthcare services. Cluster 4 on policy reform and governance aligns with institutional and policy analysis theories, emphasising the role of regulatory frameworks, governance structures, and institutional capacity in shaping insurance performance. Emerging research in Cluster 7 on technological innovations can be interpreted through the lens of innovation diffusion and socio-technical systems theories, demonstrating how digital platforms and big data are transforming insurance delivery and accessibility.

Future research agenda

Based on the bibliometric clustering and thematic analysis, several directions emerge for future research in health insurance. First, while traditional topics such as health financing, moral hazard, and there is a need for more cross-country comparative studies to understand how institutional, cultural, and socioeconomic factors shape insurance performance and equity outcomes. Future studies could examine their impact on accessibility, efficiency, patient engagement, and risk management. Although equity and access are frequently discussed, there is a gap in understanding the long-term outcomes of insurance schemes on vulnerable populations, including informal workers, the elderly, and those in low-resource settings. Integrating economic modelling with real-world health system data can inform sustainable financing strategies.(Sharma & Kundu, 2024)

Finally, interdisciplinary approaches combining health economics, public health, data science, and policy analysis are needed to address emerging challenges such as pandemics, demographic shifts, and climate-related health risks. Linking theoretical frameworks, such as moral hazard, risk pooling, and socio-technical innovation, with empirical evidence will strengthen the policy relevance and practical impact of future research.

Conclusion

This bibliometric analysis provides a comprehensive overview of the intellectual structure of health insurance research. Clustering analysis reveals that the field is organised around distinct yet interconnected themes, including health financing and risk pooling, universal health coverage and equity, insurance market behaviour, policy reform and governance, healthcare utilisation and outcomes, cost containment and efficiency, and emerging technological innovations.

Limitation

First, the study relies on data from selected databases such as Scopus or Web of Science, which may not include all relevant publications, particularly grey literature, regional journals, or non-English studies. This may lead to an underrepresentation of research from developing countries or local health insurance initiatives. Second, bibliometric methods such as co-citation, keyword co-occurrence, and clustering are influenced by publication and citation practices. Older or highly cited works may dominate clusters, potentially obscuring emerging or interdisciplinary contributions. Similarly, keyword-based clustering depends on consistent terminology across publications, and variations in terminology (e.g., "health coverage" vs. "insurance coverage") can affect cluster formation and thematic interpretation. Future studies could combine bibliometric methods with systematic reviews or case studies to provide of both global trends and local contexts.

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