



Background:

- ⇒ Prime Minister Narendra Modi has announced the National Digital Health Mission, the culmination of which is giving all citizens the opportunity to voluntarily opt for health identification, a 14-digit health identification number that uniquely identifies each citizen and serves as a repository of your medical history.

National Digital Health Mission:

- ⇒ The mission's goal is to create an integrated health system that digitally connects professionals with patients and gives them real-time access to medical records, promoting fast and structured medical care across the country.



**PARTICIPATION IN SYSTEM TO BE VOLUNTARY**

AIMS TO	KEY BUILDING BLOCKS
<ul style="list-style-type: none"> ➤ Establish digital health systems and managing health data ➤ Improve quality of health data collection, storage and dissemination ➤ Provide a platform for interoperability of healthcare data ➤ Fast-track creation of updated and accurate health registries for the entire country 	<ul style="list-style-type: none"> ● Health ID ● Personal health records ● Digi Doctor ● Health facility registry ● Telemedicine ● e-Pharmacy
GUIDING PRINCIPLES	
	<ul style="list-style-type: none"> ● Voluntary participation ● Privacy and security by design ● Inclusivity ● Seamless portability

Features:-

- **Complete medical history:** For example, it contains details about each test, each illness, the doctor visited and the one who treated, the medication taken and the diagnosis.
- **Gentle on the patient:** Overall this makes an individual to need not to carry or store his previous health reports physically.
- **Better Informed Advice:** The examining physician is able to provide more informed advice because patients may not consider or sometimes forget aspects of their medical history that may be relevant to communicating to a doctor but valuable to a better diagnosis.
- **Convenient interface:** This ID can be created from the basic data of a person and the cell phone or Aadhaar number, there will probably be an app as a convenient interface.

However, several challenges remain:-

- The health care challenge in India, as decades of research and experience with the novel coronavirus pandemic have shown, can be formulated very simply. In addition to digital filing, there are several other challenges:
- There is no clear justification that the immobility of medical records is an insurmountable barrier to the provision of high quality and affordable health care in India.



- ☞ **Inadequate infrastructure:** There are very few hospitals with trained staff to care for all Indians.
- ☞ There is only 1 bed for 2046 people and 1 for 90,000 people in state owned and run hospitals.
- ☞ **Doctors shortage:** India has more than 1 million doctors (1 doctor per 10,000 inhabitants), 10% of whom work in state hospitals and only 8 lakh are active;
- ☞ **Expenses:** Around 65% of health expenditure in India is made out of pocket.

Outcomes of NDHM:-

- ☞ According to MoH&FW, the effective and efficient implementation of the mission can bring the following results:
- ☞ Citizens can access their health record with 5 clicks.
- ☞ Unlike each visit to the doctor several times for diagnostic tests, this mission means that a citizen only has to undergo a diagnostic test once and can track the treatments of different medical service providers.
- ☞ All health services are provided in one place.
- ☞ The continuity of care in primary, secondary and tertiary care is guaranteed.

Other Challenges:-

- ☞ Bringing robust change and expanding the Health Care System is not an easy job due to,
- ☞ India's federal structure
- ☞ The size of large population and majority patients hails from rural India.
- ☞ The cost of researching, finding and purchasing appropriate drugs and treatments is huge public expenditure.
- ☞ Competing medical systems and the challenges of health itself is a huge task for Government

Privacy Issues of Patient:- .

- ☞ The lack of a data protection law and the lack of public knowledge and control over your data could be subject to



abuse. There is a risk that any large private insurance company will use sophisticated algorithms in health and other databases to create and access risk profiles for people. insurance that is difficult to pay for.

Exclusion of the Poor:-

- ☞ In addition, data mining can prioritize certain wealthy demographics for its services and channel public and private resources to people who can pay a high premium for their services rather than those who need it but cannot much.

Way Forward:

- ☞ The NDHM still does not recognize “health” as a judicial right. There should be a draft to make health a right, as required by the 2015 draft National Health Policy.
- ☞ One of the greatest concerns is the security of data and the protection of data. It must be ensured that the patient files are recorded in a completely confidential and secure manner.
- ☞ In addition, lessons must be learned from the failure of a similar National Health Service (NHS) in the UK, and technical and implementation-related deficiencies must be proactively addressed before launching the mission across India.
- ☞ With the nationwide standardization of the NDHM architecture, ways must be found to adapt to the specific rules of each country. It should also work with government programs like Ayushman Bharat Yojana and other IT supported programs like Child Reproductive Health Care and NIKSHAY etc.

Conclusion:-

- ☞ In order for a digital health ecosystem to work, it is important that the basics are solved from scratch. Until then, a digital health ID is really a problem-seeking solution at the moment.

Q. What are the critical challenges facing India's health sectors? How does a digital health ID help solve some of these challenges?