



## National Digital Health Mission

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### Why in News

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The Prime Minister of India announced the launch of **National Digital Health Mission (NDHM)** on 74<sup>th</sup> Independence Day..

This is a part of three digital announcements by the Prime Minister including a new cyber security policy and optical fibre connectivity to six lakh villages in the country.

### Key Points

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- The NDHM is a complete **digital health ecosystem**. The digital platform will be launched with four key features – **health ID, personal health records, Digi Doctor** and **health facility registry**.
- At a later stage, it will also include **e-pharmacy and telemedicine services**, regulatory guidelines for which are being framed.
- The NDHM is implemented by the **National Health Authority (NHA)** under the Ministry of Health and Family Welfare.

The **National Health Authority (NHA)**, is also the implementing agency for **Ayushman Bharat**.
- The platform will be available in the form of an **app** and **website**.
- The **Digi Doctor** option will allow doctors from across the country to enrol and their details, including their contact numbers if they want to provide them, will be available.
  - These doctors will also be **assigned digital signatures for free** which can be used for **writing prescriptions**.
  - It will be **voluntary for the hospitals and doctors** to provide details for the app.

- **Health ID**
  - The national health ID will be a **repository of all health-related information** of every Indian.
  - **Various healthcare providers** — such as hospitals, laboratories, insurance companies, online pharmacies, telemedicine firms — will be expected to participate in the health ID system.
  - Every patient who wishes to have their health records available digitally must create a **unique Health ID**, using their basic details and mobile or **Aadhaar** number.
  - Each Health ID will be linked to a **health data consent manager**, which will be used to seek the patient’s consent and allow for seamless **flow of health information from the Personal Health Records module**.
  - The Health ID will be **voluntary** and **applicable across states**, hospitals, diagnostic laboratories and pharmacies.

## Background

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- The **National Health Policy 2017** had envisaged creation of a digital health technology eco-system aiming at developing an integrated health information system that serves the needs of all stakeholders and improves efficiency, transparency and citizens’ experience with linkage across public and private healthcare.
  - A Digital Health ID was proposed to “greatly reduce the risk of preventable medical errors and significantly increase quality of care”.
- In the context of this, the central government’s think-tank NITI Aayog, in **June 2018**, floated a consultation of a digital backbone for India’s health system — **National Health Stack (NHS)**.
  - NHS was intended to be a digital infrastructure built with the aim of making the health insurance system more transparent and robust, while factoring in the uniqueness of India’s health sector, and the political realities of federalism.
- A committee headed by former Unique Identification Authority of India (UIDAI) chairman released the **National Digital Health Blueprint in July 2019**.
  - NDHB recognised the need to establish a specialised organisation, called the **National Digital Health Mission (NDHM)**, to facilitate the evolution of the National Digital Health Ecosystem.
- On **7<sup>th</sup> August 2020**, National Digital Health Mission (NDHM) released its latest **strategic document**, outlining the envisioned digital registries of doctors, hospitals, pharmacies, and insurance companies, digital personal health records, and digital clinical decision systems.

## National Health Policy 2017

Aiming to provide healthcare in an “**assured manner**” to all, the NHP 2017 strives to address current and emerging challenges arising from the ever-changing socio-economic, technological and epidemiological scenarios.

- **Features**

- The policy advocates a **progressively incremental assurance-based approach**.
- It denotes an important change towards a comprehensive primary health care package which includes care for major **NCDs (non-communicable diseases), mental health, geriatric health care, palliative care and rehabilitative care services**.
- It envisages providing larger package of assured comprehensive primary health care through the ‘**Health and Wellness Centres**’
- The policy proposes **free drugs, free diagnostics and free emergency and essential health care services in all public hospitals** in a bid to provide access and financial protection.
- It also envisages a **three-dimensional integration of AYUSH systems** encompassing cross referrals, co-location and integrative practices across systems of medicines.
- It also seeks an **effective grievance redressal mechanism**.

- **Health Expenditure:** The policy proposes raising public health expenditure to **2.5% of the GDP by 2025**.

- **Targets:**

- To **increase life expectancy** at birth from 67.5 to 70 by 2025 and reduce infant mortality rate to 28 by 2019.
- To **reduce mortality of children under-five** years of age to 23 by the year 2025.
- To allocate a major proportion of resources to primary care and intends to ensure availability of **two beds per 1,000 population** distributed in a manner to enable access **within golden hour** (the first hour after traumatic injury, when the victim is most likely to benefit from emergency treatment).
- To achieve the **global 2020 HIV target under 90-90-90 UNAIDS Target according to which by 2020**,
  - 90% of all people living with HIV will know their HIV status.
  - 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy.
  - 90% of all people receiving antiretroviral therapy will have viral suppression.

## Way Forward

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- The NDHM still does not recognize **‘Health’ as a justiciable right**. There should be a push draft at making health a right, as prescribed in the **draft National Health Policy, 2015**.
- One of the biggest concerns is regarding **data security and privacy of patients**. It must be ensured that the health records of the patients remain entirely confidential and secure.
- In addition, the **failure** of a similar **National Health Service (NHS) in the United Kingdom** must be learnt lessons from and the technical and implementation-related deficiencies must be proactively addressed prior to launching the mission on a pan India scale.
- The standardisation of NDHM architecture across the country will need to find ways to **accommodate state-specific rules**. It also needs to be in sync with government schemes like **Ayushman Bharat Yojana** and other IT-enabled schemes like **Reproductive Child Health Care** and **NIKSHAY** etc.

**Source: IE**