The Big Picture: National Digital Health Mission & Data Compliance

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Why in News?

Prime Minister of India, on August 15, 2020 announced plans to give every citizen a unique health ID as a part of the **National Digital Health Mission (NDHM)** which will digitise health records as well as provide a registry of doctors and health facilities

- However, unlike Aadhar, the health ID is not mandatory and is only one of the components of the Mission.
- The mission is reckoned by the government to go a long way in providing universal health coverage to over 1.3 billion people.

Key Points

- The aim of the mission is to address issues in the health sector through digital technology.
- The NDHM has been rolled out on a pilot mode in six Union Territories: **Chandigarh, Ladakh, Dadra and Nagar Haveli, Daman and Diu, Puducherry, Andaman and Nicobar Islands and Lakshadweep Island.**
- It comprises six areas, including:
  - Health ID
  - DigiDoctor
  - Health Facility Registry
  - Personal Health Records
  - E-pharmacy and Telemedicines at a later stage.
- Clubbing the NDHM with **Ayushman Bharat** will do a huge advantage for the health sector.

Background

- The work on the National Digital Health Mission started with the **National Health Policy, 2017.**
- The policy 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".

National Health Policy 2017

- **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 a 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.

Reasons of Including Technology in the Health Sector

- The gaps/ loopholes observed in the delivery of healthcare services could be very well addressed by **introducing technology** into it.
- In order to achieve universal health coverage, these technologies should be tested, standardised and integrated within the delivery system **in a mission mode.**
- The components of the digital health coverage says that it should be **efficient, accessible, inclusive, affordable, safe and provided timely** which is definitely not the condition at present.

Existing Condition of Health Sector in the Country

- **Expenditure:** The expenditure on the health sector in India is around 1.3% only whereas countries like Canada and Australia spent 8% and 6.3% of their GDP.
- **Doctor to patient ratio:** The doctor to patient ratio in India is 1: 1456 which means over 1,456 people within the country there is only one doctor available.
- **Lack of infrastructure:** The health sector is also lagging behind in terms of infrastructure and technology, especially in the rural areas where many small hospitals do not even have computers

Challenges for the Policy

The decision has immense potential to change India's health infrastructure, while also raising concerns over privacy and efficient implementation.

- There should be one unique ID linked to all the services; AADHAR.
- Small hospitals do not have a very updated infrastructure:
    - So there are chances that wrong medical data of a patient would be uploaded.
    - This is still skeptical if the patient has the right to update his reports.
- Cyber security in terms of digital awareness is not moving as fast as we are moving towards digitisation in everything.
    - While the medical health data which is highly critically personal; the challenge is:
        - How to create awareness among the end users (patients) and
        - How would the data aggregator (govt) ensure that private hospitals who are accessing a patient's personal health information are not misusing it.
- As the policy is not mandatory for all it is quite difficult to pursue a large section of the population to opt for it.

Way Forward

- The policy could be a game changer; if taken into account the **confidentiality and privacy of every individual,** it could result in India having the most accessible and affordable health care system.
- The policy should rather have a **staggered launch and not a full fledged one;** firstly the results of the 6 union territories should be taken into consideration, then probably some other villages and cities and gradually increasing the coverage areas.
- **Awareness campaigns** that also advertise the benefits of opting for the policy must be organised in order to encourage a larger section of population to opt for the policy.

Conclusion

- The health ID will undoubtedly give a much-needed technological impetus to a sector that has long been found wanting, more so amid the ongoing Covid-19 pandemic.
- The digital technology during the pandemic has been fast tracked and has shown great results. Helped the front line workers carry out their work more efficiently.
- Data is the new gold, hence it should be preserved and secured.