



# The Big Picture: National Digital Health Mission & Data Compliance

## 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.

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