



A scheme before its time

A digital health mission needs to get all the fundamentals of the ecosystem right.

National Digital Health Mission

1. Prime Minister Narendra Modi has announced the National Digital Health Mission, the most salient aspect of which is that all citizens will have the option of voluntarily opting for a Health ID, a 14-digit health identification number that will uniquely identify every citizen and will be a repository of their medical history.
2. Illustratively, it will contain details of every test, every disease, the doctors visited, the medicines taken and the diagnosis. The portability this offers implies a person will, in theory, never have to haul around their reports.
3. The doctor who is examining the patient can give more well-informed advice because it is possible that patients may not consider aspects of their medical history relevant to share with a doctor, or sometimes may forget about them, but which may be valuable for a better diagnosis.
4. This id can be created by using a person's basic details and mobile number or Aadhaar number, and there will presumably be an app acting as a convenient interface.

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As snazzy as all of this sounds, a digital health id right now is really a solution looking for a problem. There is no clear justification that the immobility of medical records is an insurmountable obstacle to the provision of affordable, high-quality health care in India. The challenge of health care in India, as decades of research and the experience with the novel coronavirus pandemic have shown, can be expressed quite simply. There are too few hospitals with trained staff to cater to all Indians. But expanding the health-care system will not be easy. India's federal structure, the size of its population – and a large rural one at that – the cost of researching, finding and buying appropriate drugs and treatment, competing systems of medicine and the very challenging nature of health itself, mean that the issues are manifold. The graver problem is that the technocratic sheen of a digital health id hides a mammoth store of personal data, which in the absence of a privacy law and little public awareness and control over their data, could be open to misuse. There is the danger that any large private insurance company could use sophisticated algorithms across the health and other databases to construct risk-profiles for people and make access to affordable insurance difficult. Also, data mining can prioritise certain rich demographics for their services and direct public and private resources to people who can afford a high premium for their services rather than to those who need them but cannot pay as much. For a digital health ecosystem to work, it is important that the fundamentals be fixed from the ground up.



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 	<ul style="list-style-type: none"> ● Health ID ● Personal health records ● Digi Doctor ● Health facility registry ● Telemedicine ● e-Pharmacy
<ul style="list-style-type: none"> ➤ Improve quality of health data collection, storage and dissemination 	
<ul style="list-style-type: none"> ➤ Provide a platform for interoperability of healthcare data 	<h3 style="background-color: #333; color: white; padding: 2px;">GUIDING PRINCIPLES</h3> <ul style="list-style-type: none"> ● Voluntary participation ● Privacy and security by design ● Inclusivity ● Seamless portability
<ul style="list-style-type: none"> ➤ Fast-track creation of updated and accurate health registries for the entire country 	

Real Problems of Health care in India:

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4. Also, data mining can prioritise certain rich demographics for their services and direct public and private resources to people who can afford a high premium for their services rather than to those who need them but cannot pay as much.

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A fund without a care for the RTI

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PM CARES:

1. It may not be an exaggeration to say that when it comes to seeking answers and information under the Right to Information (RTI) Act, the Prime Minister's Office (PMO) is consistent in putting up a screen.
2. The manner in which the Prime Minister's Citizen Assistance and Relief in Emergency Situations (PM CARES) Fund was set up — with its acronym created to publicise the point that the Prime Minister cares for people — shows a bypassing of the statutory obligations of a public authority.

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National Disaster Response Fund (NDRF):

1. A statutorily constituted National Disaster Response Fund (NDRF), which was established under the Disaster Management (DM) Act of 2005, is deliberately ignored while a new, controversial, unanswerable, and 'non-accountable vehicle is created; its character is not spelt out till today.
2. The NDRF is mandated to be accountable, and answerable under the RTI Act, being a public authority, and auditable by the Comptroller and Auditor General of India.
3. The Government seems to consider statutory provisions for enquiry and information seeking to be embarrassing obstacles. The DM Act provided for a Disaster Response Fund — state and district level funds (besides the national level) and also to collect and use the donations at the local level, with mandatory transparency and audit provisions.
4. The PM CARES Fund centralises the collection of donations and its utility, which is not only against the federal character but also practically inconvenient.



Prime Minister's National Relief Fund (PMNRF)

1. There is the Prime Minister's National Relief Fund operative since the days of Jawaharlal Nehru. The website says: In pursuance of an appeal by the then Prime Minister, Pt. Jawaharlal Nehru in January 1948, the Prime Minister's National Relief Fund (PMNRF) was established with public contributions to assist displaced persons from Pakistan.
2. The resources ... are now utilised primarily to render immediate relief to families of those killed in natural calamities... and to the victims of the major accidents and riots. Assistance from the PMNRF is also rendered, to partially defray the expenses for medical treatment ... The fund is recognised as a Trust under the Income-Tax Act and the same is managed by [the] Prime Minister or multiple delegates for national causes."
3. The fact is that there is substantial money also left in the PMNRF. But the Narendra Modi government does not want to use it. The PMNRF has the President of India and the Leader of Opposition also as trustees.
4. The Centre now considers it as another obstacle and has created a new trust with the Prime Minister and his Ministers only.



Flaws in PM CARES:

1. While both funds, the NDRF and the PMNRF, have been relegated to the back burner, the PM CARES Fund is in the limelight. It has been created not by law, not by notification, but by the mere creation of a webpage, and

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set up last year in March to raise funds for those affected by the COVID-19 pandemic.

2. The page lists its structure, functions and duties in an arbitrary manner. The official appeals for funds are made under the emblem of the Saranath lions and 'Satyameva Jayathe', which means "Truth Alone Triumphs".
3. Therefore, the recent affidavit, where the Delhi High Court was informed that "the PM CARES Fund is not a Government of India fund and that the amount collected by it does not go to the Consolidated Fund of India", is strange.
4. The affidavit was filed by an Under-Secretary at the Prime Minister's Office (PMO), who added that the trust functions with transparency. The most significant lie of this sworn statement is that the Government has no control over the Fund.