

Response from NHA to The Ken

Dated: 24.09.2020

To,
The Editor,
The Ken

Your story titled “*The rush and hush of India’s National Digital Health Mission*” published on 22nd September 2020 contains several factual errors and unsubstantiated inferential leaps. These might mislead the readers, which I am sure is not your intention. In addition, we find the tone of the article unduly negative and sensational, which is not in line with the facts-based journalistic reputation of your respected journal. We would urge you to correct the following facts and publish it on your website so that the readers get a more balanced view:

- 1) “...Overnight, via a 41-page document, the NDHM subsumed the government’s 2018 scheme to provide insurance to 500 million Indians, popularly known as Ayushman Bharat. At least on paper, it became a unified health system for every citizen and the central verifier of all truths in healthcare...”

This is incorrect. No scheme with 500 million beneficiaries has been subsumed in the new initiative of the National Digital Health Mission. The scheme with 500 million beneficiaries, i.e. Ayushman Bharat Pradhan Mantri Jan Arogya Yojana is still being implemented exactly as it was earlier. NDHM is not an umbrella project that will subsume all healthcare schemes. It is totally a separate initiative in which one of the components is the feature to provide Health ID to all individuals. Participation of individuals is voluntary. It is possible to link these Health IDs with various schemes like AB PM-JAY, but it is not mandatory. This shall allow the individual to create his personal health record which may get generated across various healthcare facilities including those empanelled with AB PM-JAY. These two schemes shall continue to be separate initiatives of the Government. Therefore, the National Health Authority has divisions dedicated to both the AB PM-JAY and the NDHM. Similarly, no other scheme shall be subsumed in the NDHM.

2) *“By the end of August, 55,700 individuals were made to register for a health ID.”*

This is a misleading statement. The statement implies that people are being forced to create IDs against their will. The NDHM pilot in the UTs is fully voluntary in nature and NHA has actively worked with the local authorities to educate and to ensure the same.

3) *“Except, the startup way to ‘move fast and break things’, and the ungovernment way to build or borrow technology from the private sector through the back door, is not how a country of 1.33 billion should erect its digital health infrastructure. Even more so when the Personal Data Protection (PDP) Bill is still under parliamentary discussion, some distance from becoming a law.”*

MoHFW and NHA are following all Government guidelines in order to ensure the people of India get the very best of what is available. It is surprising that those same sections that often complain about India going slow to catch up with the global trends are today complaining when the National Digital Health Mission is progressing fast. However, NDHM is progressing at a measured pace, fully ensuring that the Government processes are followed.

The statement that the Draft Health Data Management Policy is not in sync with the Personal Data Protection Bill, pending with the Parliament of India, is absolutely incorrect. This is as shown by a clause from the Policy-

This Policy is to be read along with, and not in contradiction to, any applicable law, or any instrument having the effect of any law together with the Blueprint, the information security policy, the data retention and archival policy and any other policy which may be issued for the implementation of the NDHM. This Policy is not to be interpreted or construed as giving any entity or individual rights which are greater than those that such entity or individual would be entitled to under applicable laws.”

Hence, NDHM adheres to not just the PDP Bill, but any other laws of the land that may have an effect on any part of the NDHM ecosystem. Indeed, the provisions of PDP Bill are already under implementation with flexibility to change as per the final approval of the Parliament.

It is also not correct to say that any backdoor entry is given to any private entity. All the engagements with private sector are as per laid down procedures and are being done in a transparent manner.

- 4) *“Based on the tech stack of Aadhaar, India’s unique ID programme, a health stack has been created for NDHM by software think tank iSpirt. Its building blocks include a unique health identifier, DigiDoctor, registry of healthcare facilities, consent manager, electronic and personal health record standards (which allow portability of data), and so on.”*

NDHM is based the National Digital Health Blueprint report that was finalized by MoHFW in Nov 2019. The committee that worked on the report was setup in Oct 2018. Several experts from the government and private sector were part of the committee. Extensive public consultations and comments were sought and incorporated. Many organizations including iSPIRT have been active contributors to the concepts in the report. The concept of a consent manager is based on the MeitY consent management framework that was published back in March 2017. NDHM is a culmination of extensive efforts by many players in the Industry which is why we are seeing a strong positive response from the ecosystem.

- 5) *“You can’t fault the vision—this is the Holy Grail of digital health. Healthcare systems across the world have struggled to make health records digital and interoperable.”*

NHA agrees with this statement. We are optimistic that India and NDHM will be a showcase globally on how to achieve interoperability in Healthcare.

- 6) *“The IT advisor to the NHA, who is also an iSpirt volunteer, acknowledged that he “guided” Swasth towards building a reference app for NDHM, especially for processing digital insurance claims. NHA had floated a Request for Proposal (RFP) in order to hire tech vendors like Wipro, TCS or IBM to develop its digital claims platform. However, an internal Swasth presentation sourced by The Ken shows Swasth has an inordinate level of influence over the platform: “Swasth will define specs for all key aspects of the claims platform; derive from work done so far by partners”.*

There are few volunteers working with NHA; one IT advisor is from iSPIRT. He has denied having given such a statement to the above effect. The reference mobile application for NDHM has been developed and is available on the NHA Sandbox site. SWASTH, had no role in creation of this reference application. Like many other players in the ecosystem SWASTH and its members are keen to integrate with the NDHM building blocks. All such parties are provided equal opportunity via the NDHM sandbox. All building blocks are **digital public goods** meant to serve the ecosystem. NHA would work closely with the community to work out the standards along with experts to be adopted by each building block. NDHM is committed to develop a claims platform for the industry in collaboration with IRDAI,

payers and providers. FICCI, IRDAI (Insurance Hub), Swasth alliance, Access Health and several others are actively working on standards for claims processing based on their areas of expertise. No single entity or player would have influence over any digital building block as is being alleged in the statement.

- 7) *“Owing to this backdoor activity, the India chapter of HIMSS, an international association of global health information and technology communities, issued a letter to the NHA in late July. It listed gaps and technical recommendations, specifically calling out the lack of transparency in how the NHA moved away from its stated RFP and adopted a closed-door strategy...”*

No such letter was received from HIMSS in the last week of July on the emails of CEO, NHA, Additional CEO, NHA and NDHM. However, NHA has accessed a copy of the letter on social media sites (Twitter & LinkedIn).

The allegation that NHA moved away from its stated RFP is false. The RFP for PMJAY IT 2.0 was developed prior to the NHA getting the responsibility for implementation of NDHM. The industry has been communicated in several forums that NHA will now separately source components for PMJAY and NDHM via separate RFPs. This is already in progress and NHA has already re-released the PMJAY IT 2.0 RFP and the NDHM Tech PMU RFP aligned with this communication.

The allegation that the NDHM consultation process is not transparent is false. Thousands of people from the healthcare sector from across India, participated in the various NDHM consultation meets involving small hospitals, medical councils, central and state government officials involved in healthcare among others. NHA has received thousands of comments/feedback by various other means also. It may be reiterated that NDHM is implementing the NDHB, which was the outcome of more than a year-long consultative process.

- 8) *“In Chandigarh—one of the UTs where a pilot for enrolment of citizens to digitise all their health records is underway—an order was issued by the teaching hospital Post Graduate Institute (PGI) Chandigarh. The 28 August order stated that “the registration for generating Health IDs is mandatory for all citizens of our country.”*

As soon as the PGIMER circular was brought to the notice of NHA, NHA contacted Chandigarh UT Administration and PGIMER, and the said circular was withdrawn. Instructions were repeatedly given to all six Union Territories implementing the pilot phase that the participation in NDHM is voluntary. Dr. Indu Bhushan, CEO, NHA had already clarified regarding this, and health ID was never mandatory in PGIMER. Moreover, if anybody is being compelled to register by their higher-ups,

they should reach out to NHA as a whistleblower and NHA will take appropriate action. In the coming days, the functionality to opt-out from the ecosystem will also be provided to further allay such concerns.

- 9) *“In its July letter to the NHA, HIMSS asked why iSPIRT was allowed to develop health stack solutions while there was a formal RFP already in place.”*

All components in NDHM are based on the recommendations of the National Digital Health Blueprint (NDHB). NDHB was finalised by reputed experts led by Shri J Satyanaraya, IAS (retd) after several rounds of consultation with all stakeholders including various state governments, research institutions, experts in the field of digital health and private players. One of the volunteers with NHA is also an iSPIRT volunteer. He has been giving technical inputs, which may or may not be accepted by NHA and MoHFW. His engagement has been as per volunteer guidelines of NHA. In fact, any expert can choose to apply to be a volunteer with NHA. iSPIRT has not developed any of the components of NDHM. Components have been developed by contracting with developers through Government processes and by adopting Open Source solutions where relevant, in alignment with the MeitY’s Open source and Open API policies.

- 10) *“Startups, though, are drooling over the data on offer.”*

No data is being offered by NHA to anyone. The NDHM’s federated architecture does not allow access to any data as is being alleged in this statement. The health data is stored even now, in the absence of NDHM, at various health data repositories. Only connectivity and interoperability between these repositories is being planned so that an individual can access his/her health data from anywhere and give consent to other healthcare providers to see that data. Unless institutions participating in the NDHM adhere to all the rules of participation, they will not be able to access any data and even for the participating organizations, personal data sharing will be strictly based on the consent of the individuals. Personal data shall be accessible only to the individual concerned (data principal) and to the healthcare professional with the informed consent of the data principal or his legal nominee.

- 11) *“Karnataka is the only state that has notified draft rules for regulating the NDHM sandbox.”*

MoHFW is the sole authority for formulating the rules for implementation NDHM. No communication from Government of Karnataka has been received by NHA related to regulating NDHM sandbox so far.

12) *“The question is whether NHA—which is not under the scrutiny of Parliament or the Right to Information (RTI)—and iSpirt/Swasth, a club of tech enthusiasts and affluent professionals accountable to no one, are creating a level playing field.”*

Again, these are false statements. NHA is accountable to the Parliament, and regularly submits information as desired by the Parliament. It is also false to state that unlike other Government agencies, RTI is not applicable to NHA. Comments about iSPIRT/SWASTH may be sought from those organisations. As far as, interaction of NHA with them is concerned, it is as per the due process. Any other organisation in the field may also choose to give its feedback and comments.

Sincerely,

National Health Authority

Government of India

New Delhi