MoHFW launches Ayushman Bharat Digital Mission for creation of Digital Health IDs

In a major step towards digitizing healthcare in India, the Ministry of Health and Family Welfare ("**MoHFW**") launched the Ayushman Bharat Digital Mission on September 27, 2021, with the fundamental objective of creating a seamless online platform that will enable interoperability within the digital health ecosystem. The mission will strive to simplify the procedures involved in admission and treatment of patients in hospitals. The pilot programme for the mission was launched across six Union Territories on August 15, 2021.[1] Over one lakh unique Health IDs have already been created since the launch of the pilot programme under the National Digital Health Mission (**"NDHM"**)[2].

Under the mission every citizen will get a digital health ID free of cost, and their health records will be digitally stored and protected. The digital health ID is essentially a 14-digit number which, upon implementation of the mission, will be generated on the official website of NDHM (healthid.ndhm.gov.in). Once generated, there will also be an option to generate an alias[3] for ease of access. The digital health ID may also be generated by using the mobile number or Aadhar number of an individual. Additionally, it can also be generated physically in a health facility upon request.

Creation of digital health IDs will help store the digital health records of citizens across the country in a safe and efficient manner. It will enable easy access and exchange of long-term health records of citizens and will contain details of every test taken, disease suffered, doctor visited, medicine prescribed, and diagnosis performed, which will in turn help in efficient treatment of individuals.

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[1] Andaman & Nicobar Islands, Chandigarh, Dadra & Nagar Haveli and Daman & Diu, Ladakh, Lakshadweep and Puducherry.
[2] MoHFW has formulated the National Digital Health Mission (NDHM) with the aim to provide the necessary support for integration of digital health infrastructure in the country. It stems from the National Health Policy, 2017 and intends to digitize healthcare in India.
[3] This would be in the form of an email id and a password for accessing the digital records

The creation of digital health IDs will provide the individuals with the option of owning and maintaining a health locker.[4] The stored records can be viewed by way of a mobile application[5], a Healthcare Professionals Registry (**"HPR"**)[6] or the Healthcare Facilities Registries (**"HFR"**)[7].

To address privacy concerns in the digital storing of health records, a National Policy on Security of Health Systems and Privacy of Personal Health Records[8] is envisaged to be developed in line with the Personal Data Protection Bill, 2019[9]. The primary custodian of the data would be the individual whose records are stored. Data would be shared only on the basis of consent. Further, it will be shared only for a specific time period, on the expiry of which, the permission to access such data would automatically stand revoked.

The creation of digital health IDs is in line with the objectives of the NDHM. The NDHM requires that all government health programmes be integrated into the NDHM ecosystem. However, this is voluntary, and individuals who choose to not be a part of the digital health ecosystem would not be deprived of the entitlements or benefits under NDHM. Further, any individual can opt for an erasure of his/her records at any point in time.

CoWIN launches new API: KYC-VS

The Covid Vaccine Intelligent Work (**"CoWIN"**)[10] platform, under the Ministry of Health and Family Welfare (**"MoHFW"**), has launched a new Application Programming Interface (**"API"**) to facilitate quick verification of the vaccination status of citizens as socio-economic activities across the country begin to resume normalcy. The API has been launched by CoWIN vide MoHFW's notification dated September 10, 2021.

The CoWIN platform is already programmed to issue a digitally verifiable vaccination certificate which can be saved on digital devices or stored on DigiLocker[11] as a proof of vaccination. CoWIN has now additionally enabled the verification of a person's vaccination status without the production of the vaccination certificate. In situations where an enterprise or any employer, in order to facilitate resumption of functioning in offices or workplace, wants to know the vaccination status of its employees or the recipient of its services, such as, the railways or airlines (which require the vaccination status of passengers at the time of reservation) or hotels (that require information in relation to the vaccination status of the residents at the time of checking in or making bookings), the full certificate issued by CoWIN may not be necessary.

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[4] The health locker will provide the optional facility of storing health records in a cloud-based storage system. Every individual will have the option of uploading old paper records into the digital format.

[5] NDHM Health Records, available on Play store, IOS and other operating systems for download.

[6] HPR is envisioned to be a nationally recognized registry of healthcare professionals in various fields of medicine that operate within India's healthcare ecosystem.

[7] It is a comprehensive repository of health facilities of the country across different systems of medicine. It includes both public and private health facilities including hospitals, clinics, diagnostic laboratories and imaging centres, pharmacies, etc.

[8] Available at https://ndhm.gov.in/home/ndhm as part of the guiding principles of the mission.

[9] The Personal Data Protection Bill, 2019 was introduced in Lok Sabha by the Minister of Electronics and Information Technology on December 11, 2019. It recognizes health data as "Sensitive Personal Data."

[10] The platform was unveiled by the Union Government in January 2021 with the launch of the vaccination drive in the country. The platform was created to give the users a chance to book vaccine slots, keep a track of the overall vaccination drive in the country and download their Covid-19 vaccine certificates.

[11] DigiLocker is a secure cloud based platform for storage, sharing and verification of documents & certificates.

The API, known as *Know Your Customer's/Client's Vaccination Status* (KYC-VS) is enabled through Aadhar authentication[12], wherein an individual is required to fill in his/her name and mobile number. Thereafter, a One Time Password or an 'OTP' is received on the mobile phone for verification. Post verification of the Aadhar identification through the mobile number, CoWIN will send a response verifying the individual's status of vaccination in the following manner:

a) CoWIN will respond with the number '0' in case the concerned person is not vaccinated;

b) CoWIN will respond with the number '1' in case the concerned person is partially vaccinated (i.e. vaccinated with one dose out of the prescribed two doses); and

c) CoWIN will respond with the number '2' in case the concerned person is fully vaccinated (i.e. vaccinated with both doses within the prescribed time period).

Responses received from CoWIN will be digitally signed and can be shared in real time with the entity requiring verification of vaccination status. Further, this mechanism ensures preservation of privacy of the concerned individuals and is based on consent of the individual whose vaccination status is to be verified.

To ensure quick integration and faster adoption, a webpage[13] has been created by the CoWIN team along with the API, which can be embedded into any system at any time. The mechanism can be used by private or public service providers seamlessly for whom verifying an individual's vaccination status is critical for facilitating any requested services.

ESIC COVID-19 Relief Scheme released for dependents of employees

The Employees' State Insurance Corporation ("**ESIC**") has released the ESIC COVID-19 Relief Scheme vide its notification dated August 11, 2021 ("**Scheme**") in exercise of the powers conferred upon it under Section 97 of the Employees' State Insurance Act, 1948 ("**ESIA**"). The Scheme has been created and launched for the benefit of dependent family members of those employees who are insured under the ESIA ("**Insured Employee**") and die due to COVID-19[14].

As per the Scheme, the certain categories of dependents of an Insured Employee are eligible for availing benefits under the Scheme, provided the employee was registered on the ESIC online portal at least three months prior to the date of diagnosis of COVID-19 resulting in his/her death. Dependents of Insured Employees who had been in employment on the date of diagnosis or who have been paid or are owed

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[12]Aadhaar Authentication is a process by which the Aadhaar number along with demographic information (such as name, date of birth, gender etc) or biometric information (Fingerprint or Iris) of an individual is submitted to UIDAI's Central Identities Data Repository (CIDR) for its verification and UIDAI verifies the correctness of the details submitted, or the lack thereof, on the basis of information available with it.

[13] Available at https://apisetu.gov.in/public/marketplace/api/cowin

[14] The Scheme has been released in line with Section 19 of the ESIA which states that - the ESIC may, in addition to the scheme of benefits specified in the ESIA, promote measures for the improvement of the health and welfare of insured persons and for the rehabilitation and reemployment of insured persons who have been disabled or injured and may incur in respect of such measures, expenditure from the funds of the ESIC within such limits as may be prescribed by the Central Government.

contributions for at least 70 days during the period of one year immediately preceding the diagnosis will also be eligible for availing the benefits under the Scheme.

Dependents eligible for benefits under the Scheme include the Insured Employee's spouse, legitimate or adopted sons below the age of 25 years, unmarried legitimate or adopted daughters, widowed mothers, any person who is wholly dependent on the earnings of the employee at the time of death, and legitimate or adopted sons or daughters who have attained the age of 25 years and are infirm. In case any Insured Employee does not leave a spouse or legitimate or adopted children or a widowed mother, then a wholly or part dependent relative[15] would be eligible under the Scheme.

As per the Scheme, full rate of relief[16] will be paid to the dependents of the deceased Insured Employee in the following manner:

a) 60% of the full rate to the spouse[17] during life;

b) 40% of the full rate to each legitimate or adopted son until he attains the age of 25 years;

c) 40% of the full rate to each legitimate or adopted unmarried daughter; and

d) 40% of the full rate to the widowed mother.

If the total relief distributed amongst the various dependents under the Scheme exceeds the full rate of relief, the share of each of the eligible dependants will be proportionately reduced, so that the total amount payable to them does not exceed the amount of relief payable at the full rate.

In situations where the deceased Insured Employee does not leave any of the aforementioned dependents, the relief will be payable to other dependants as follows: -

• 30% of the full rate to a parent other than the widowed mother or grandparent[18]; and

• 20% of the full rate to any other male dependant until he attains the age of 18 years; or any other female dependant until she attains the age of 18 years or until her marriage, whichever is earlier[19]. If there exists more than one dependant in this situation, the amount payable will be distributed equally.

The minimum relief available under the Scheme for each deceased Insured Employee is INR 1,800 per month. The Scheme will remain effective for a period of two years with effect from March 24, 2020.

India and US sign MoUs for cooperation in the field of healthcare

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[15] A wholly or part dependent relative will include a parent other than a widowed mother, a minor illegitimate son, an unmarried illegitimate daughter, or a daughter - legitimate or adopted or illegitimate if married and a minor or if widowed and a minor, a minor brother or an unmarried sister or a widowed sister if a minor, a widowed daughter-in-law, a minor child of a pre-deceased son, a minor child of a pre-deceased daughter where no parent of the child is alive, or a paternal grand-parent if no parent of the insured person is alive.

[16] Equivalent to 90% of the average daily wages of the deceased IP.

[17] If there are two or more widows, the amount payable to the spouse will be divided equally between the widows.

[18] If there are two or more parents (other than widowed mother) or grand-parents, then the amount payable to the parents (other than widowed mother) or grand-parents as aforesaid will be equally divided between them.

[19] If widowed, she is allowed relief until she attains 18 years of age or re-marries, whichever is earlier.

The 4th Indo-US Health Dialogue 2021 was hosted by India at the Ministry of Health and Family Welfare ("**MoHFW**") in New Delhi on September 27 and 28, 2021. The dialogue served as a platform to deliberate upon multiple collaborations that are ongoing in the healthcare sector between India and United States. Several pertinent issues, such as, strengthening of epidemiological research and surveillance, One Health[20], vaccine development, zoonotic and vector-borne diseases, health systems and health policies of both countries were discussed at length during the meet.

Two Memorandum of Understandings (**"MoU(s)"**) were signed between the countries. The first MoU was signed between the MoHFW and the Department of Health and Human Services of United States for cooperation in the field of health and biomedical sciences. The second MoU was signed between the Indian Council of Medical Research (ICMR) and the U.S. National Institute of Allergy and Infectious Diseases[21] (NIAID) for cooperation on International Centre for Excellence in Research (ICER)[22].

The dialogue aimed to solidify the Indo-US partnership and strengthen all active collaborations in the field of healthcare. The meeting also served as a step towards facilitation of active engagement with other Indo-Pacific nations on COVID responses, development of vaccines, sharing of best practices, management of supply chain and revival of economies. Both India and the United States identified managing health emergencies, supporting digital health and innovations, mental health interventions, therapeutics[23] and vaccine development as areas that require attention of the nations in the Indo-Pacific.

The necessity of focusing on emerging areas like health safety and security, communicable & non-communicable diseases, health systems and health policies to ensure prevention and control of infectious diseases through well-designed and validated scientific approaches was recapitulated in the dialogue. It was also proposed that the public and private sectors work together with their combined strengths while battling the inequities of the health systems through innovations in the field of healthcare.

Both sides reiterated that India and United States are global partners and must work collaboratively, with constructive and positive cooperation, to reform the global health infrastructure, whose fault lines have now become visible due to the ongoing COVID-19 pandemic.

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[20] 'One Health' is an approach towards designing and implementing programmes, policies, legislation and research in which multiple sectors communicate and work together to achieve better public health outcomes. The areas of work in which a One Health approach is particularly relevant includes food safety, the control of zoonotic diseases and combatting antibiotic resistance.
[21] The National Institute of Allergy and Infectious Diseases (NIAID) conducts and supports basic and applied research to better understand, treat, and ultimately prevent infectious, immunologic, and allergic diseases.
[22] ICER was launched in 2002 by the Division of Intramural Research (DIR) to develop and sustain research programs in disease-endemic countries through partnerships with local scientists in the United States.
[23] Relating to the branch of medicine that is concerned with the treatment of disease and the action of remedial agents.

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