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## Telehealth can help India

### Why in news?

WHO in its July 2020 survey across 105 countries revealed that essential medical services got disrupted in the majority of countries.

### What does the report say?

- Immunisation, antenatal and childcare services are the most widely affected services among them.
- 45% of low-income countries incurred at least partial disruption of over 75% of services whereas it is 4% in high-income countries & in South East Asia, 60% of services were got partially disrupted.
- In India, detection of TB cases was down by 50% in April-December of 2020 relative to the same period in 2019 and antenatal care visits were down by 56% in the first half of 2020.
- With stoppage of routine follow ups, blood sugar control for diabetics is at risk & Cancer care has been badly affected in many countries.
- Further, the pandemic has exacerbated inequalities — people living in rural areas were unable to travel to cities to seek specialist care.

### How can technology help in combating this issue?

- During the pandemic, E Sanjeevani platform offered provider-to-patient and provider-to-provider interactions, where patients visit Smartphone-equipped community health officers.
- They in turn connect to general practitioners and specialist through a hub-and-spoke model & this approach can be applied to deliver other health care services.
- In remotely shared medical appointments (SMA), multiple patients with similar medical needs meet with clinicians at once who receive individual attention which will increase telehealth capacity.
- This method is successfully adopted in the United States for over 20 years.
- SMAs enable peer support, peer-to-peer learning which can improve both productivity and outcomes for many conditions, notably diabetes.

- The Aravind Eye Hospital in Puducherry has successfully trialled in-person SMAs for patients with glaucoma and found that patients engage more and ask more questions.
- E-Sanjeevani and other telehealth platforms could offer such virtual shared medical appointments.
- Moreover this will help in building supportive bonds, enable sharing of local knowledge which can attract supplementary providers (physiotherapists, optometrists).

### **What are the challenges in it?**

- Switching to radically different care delivery models requires rigorous testing combined with mentoring, training and behaviour change for both patients and providers.
- Adoption of in-person shared medical appointments has been slow but the pandemic has created is drawing interest to virtual SMAs.
- ECHO which train primary-care providers through an online can accelerate this model of care.
- Hence trialling and acceptance of this model could amplify the impact of health systems both during the pandemic and beyond.

### **What are the future prospects of this?**

- India can ramp up the telehealth as data plans are cheaper in India than anywhere.
- It is possible to get 1.5GB of data a day for a few hundred rupees a month and Indians from all socioeconomic groups regularly enjoy group video chats with friends and relatives.
- Having a group interaction with a care provider on an appropriately secure platform is certainly conceivable.
- WHO's Global Strategy on Digital Health is a call of action for nations to rapidly expand their digital health services.
- With Innovation in systems thinking, learning, adaptation, new digital tools India can realise its goal of Health for All.

**Source: The Hindu**



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