

15039/131/2018- UT-Coord.  
Government of India/Bharat Sarkar  
Ministry of Home Affairs/Grih Mantralaya

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North Block, New Delhi  
Dated, the 18<sup>th</sup> November, 2021

**OFFICE MEMORANDUM**

**Subject: Record of Discussion (RoD) of the review meeting on the implementation of Ayushman Bharat Digital Mission (ABDM) in UTs - regarding.**

The undersigned is directed to forward the RoD of the meeting held under the Chairmanship of Union Home Secretary on 03.11.2021 at 03:00 PM on the subject mentioned for necessary action.

2. Action Taken Report may kindly be shared with this Ministry by 05.12.2021.

*Ravi Ranjan*  
18/11/2021

(Ravi Ranjan)

Second-in-Command

Ph.: 23093265

**To,**

1. The Chief Secretary, UT of Andaman and Nicobar Islands, Port Blair.
2. The Advisor to the Administrator, UT Chandigarh, Chandigarh.
3. The Advisor to the Administrator, UT of Dadra & Nagar Haveli and Daman Diu.
4. The Advisor to the Lt. Governor, UT of Ladakh.
5. The Advisor to the Administrator, UT of Lakshadweep, Kavaratti.
6. The Chief Secretary, Government of Puducherry, Puducherry.

**Copy to:**

1. Secretary, Ministry of Health & Family Welfare, GoI.
2. CEO, National Health Authority.

## Record of Discussion

### Review of progress of Ayushman Bharat Digital Mission in Union Territories

03.00 pm, 03<sup>rd</sup> November, 2021; MHA, North Block, New Delhi

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A meeting to review the progress of Ayushman Bharat Digital Mission (ABDM) in 06 Union Territories (UTs) of Ladakh, Chandigarh (CHD), Puducherry (PUD), Dadra & Nagar Haveli and Daman & Diu (DNH&DD), Andaman & Nicobar Islands (A&NI) and Lakshadweep (LKD), was held via video conference, under the chairpersonship of Union Home Secretary (HS), on 03.11.2021 in the Ministry of Home Affairs (MHA), North Block, New Delhi. The list of participants is at **Annexure-I**.

2. At the outset, Union Home Secretary welcomed the participants and set the agenda for the meeting. He thereafter invited the Additional CEO, National Health Authority (NHA) to make a presentation.

3. **Additional CEO, NHA** vide a detailed presentation, explained that the pilot of the National Digital Health Mission (NDHM), now known as ABDM, was launched by the Hon'ble Prime Minister on 15.08.2020 in 6 UTs and the roll-out was announced in September, 2021. This mission is about connecting different digital systems and solutions in various hospitals through an interoperable platform created by NHA.

4. Following issues emerged out of discussion:

#### **Additional CEO, NHA**

- i. All 6 UTs to install and use HMIS (NIC/CDAC/other solution) in all government hospitals, increase private participation and promote use of Personal Health Record (PHR) App by citizens.
- ii. As regards lack of hardware/HMIS in private facilities and lack of willingness to use ABDM in Private facilities, constant persuasion with explaining the value proposition is required along with making government schemes like PMJAY, CGHS, etc. mandatory.
- iii. Chandigarh to onboard the doctors of Postgraduate Institute of Medical Education and Research (PGIMER) along with remaining government doctors.
- iv. Puducherry to ensure registration of all the remaining government doctors, including Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER).

- v. Ladakh should also cover sub-district levels as it has only 2 district hospitals.
- vi. Offline health ID Modules will be provided to UTs of Ladakh and A&NI. As regards the issue of delay in verification of doctors in A&NI, NHA will take up the matter with the concerned States.

### **Secretary, Ministry of Health & Family Welfare (MoHFW)**

- i. Installing HMIS in UTs would require funds, capacity training and manpower. Funds for the same can be utilised under India COVID-19 Emergency Response & Health Systems Preparedness Package-II (ECRP-II). 50% of the funds have already been released.
- ii. Advisors to Administrators/Chief Secretary of CHD and PUD to meet with the Directors of PGIMER and JIPMER to address the concerns/hesitation regarding onboarding.
- iii. Once HMIS is in place in all hospitals, government doctors will have to be trained as to writing an e-prescription. Funds required for such training are available under ECRP-II.
- iv. As regards private participation of doctors under the Mission, those having larger clinics can be pushed and promoted to make e-prescriptions and digitise the system.
- v. The basic conditionality is that the beneficiary's health records should be linked to his health ID. Standalone health records are of no use unless they are linked. States/UTs have been advised that such creation of health record should begin at the earliest opportunity. For example, when an infant is taken for immunisation, that may form the first health record of the child and all subsequent medical interventions may be recorded to finally create a longitudinal health record of the patient.

### **Union Territories**

- i. **Ladakh:** Lack of internet connectivity is hampering the pace of progress in some areas, for which it is requested to make offline application available to the UT. Most private doctors run standalone clinics in the UT. In case the UT has to take the system to sub district and Community Health Centre level, manpower and infrastructure would be required.
- ii. **A&NI:** Lack of internet connectivity in the southern islands is an issue, for which offline application would prove useful. Verification of a few doctors is pending with the Medical Council of India (MCI), which is hampering the pace of progress of the UT as regards health professional registry. Old records of patients may also be added to the system to make it effective. *(To this, CEO, NHA clarified that old records of patients can be uploaded by the patient himself, or, if the HMIS permits, by the doctors too).*

- iii. **PUD:** UT is pursuing the matter of non-registration of doctors with JIPMER. The verification of doctors by MCI takes a long time which hampers the pace of registration of doctors. Additionally, doctors have some apprehensions regarding registration.
- iv. **CHD:** UT is encouraging persons who come for COVID-19 vaccinations to get their Health IDs generated. UT Administration has held multiple meetings with PGI to convince them to onboard the doctors. It is requested that the Central Government may take up the matter with PGI.
- v. **LKD:** 08 doctors remain unregistered, which the UT will expedite. e-Hospital software has been customised for the UT; hardware procurement is ongoing. Internet connectivity is a major hurdle.

**5. Based on the deliberations, Union HS made the following observations/directions:**

- I. While progress in creation of Health IDs is satisfactory, creation of Health records is an issue as doctors are yet to get used to it. This hesitancy needs to be addressed.
- II. UT of PUD to intensify its IEC campaigns to increase the number of Health IDs issued.
- III. In furtherance of Hon'ble Prime Minister's vision of making UTs models for good governance for the rest of the States to emulate, periodic review of the ABDM to be done at the level of MoHFW and NHA with the Health Secretaries of UTs. Additionally, adequate infrastructure, software and training & capacity building to be ensured for the smooth implementation of the scheme in UTs.
- IV. ABDM scheme shall be one of the flagship schemes being regularly reviewed at the level of MHA.

The meeting ended with a vote of thanks to the Chair.

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**List of Participants**

**Ministry of Home Affairs**

1. Sh. Ajay Kumar Bhalla, Union Home Secretary In Chair
2. Sh. Ashutosh Agnihotri, Joint Secretary (UT)
3. Sh. Praveen Kumar Rai, Director (UT)
4. Sh. Ravi Ranjan, Second-in -Command, UT Division
5. Sh. Kanishk Chaudhary, Assistant Commandant, UT Division

**Ministry of Health and Family Welfare**

1. Shri Rajesh Bhushan, Union Health Secretary

**National Health Authority (through VC)**

1. Dr. Praveen Gedam, Additional CEO & Mission Director (ABDM)

**Union Territories (through VC)**

1. Shri Jitendra Narain, Chief Secretary, A&NI
2. Shri Arun Kumar, Principal Secretary (Health), Chandigarh
3. Shri. Anil Kumar Singh, Advisor to Administrator, DNH&DD
4. Shri Umang Narula, Advisor to LG, Ladakh
5. Shri A Anbarasu, Advisor to Administrator, Lakshadweep
6. Shri Ashwani Kumar, Chief Secretary, Puducherry

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