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ESanjeevani- National Telemedicine Service

Monika Kochar

Introduction

India's healthcare sector has made substantial strides over the years, but it continues to grapple with significant challenges in accessibility and equity. Despite robust economic growth, the benefits have not been equitably distributed across regions, leaving substantial gaps in health outcomes. While urban areas are home to advanced medical infrastructure, rural India—where nearly 65% of the population resides—still faces critical shortages of healthcare resources (Arora, 2024). According to the World Bank in 2022, rural regions have poor access to quality healthcare services, and this affects the health indicators in terms of infant mortality, maternal health, and immunization rates. Infant mortality in rural areas is higher than that in urban India, at 41 per 1,000 live births, as compared to urban India at 24 per 1,000 live births (World Bank, 2022). In addition, according to National Health Accounts 2021, out-of-pocket expenditures are huge in rural households, which is also a financial burden in accessing basic care because the health care service providers are mainly private (National Health Systems Resource Centre, et al., 2021).

India's health care system is divided into three tiers: primary care through Health Sub-Centres (HSCs) and Primary Health Centres (PHCs), secondary care at district hospitals, and tertiary care at medical colleges and specialized institutions. However, systemic inefficiencies such as a shortage of healthcare personnel, weak referral systems, and fragmented health records undermine the effectiveness of this structure.

The health infrastructure further comes under threat due to rising population and increase in the diseases that are of non-communicable types, thus, stretching resources still further and

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curbing access within these under serviced areas. Such inequalities in healthcare access can be met through digital health innovations such as telemedicine, EHRs, and integrated digital platforms, all of which serve as prime instruments to boost the delivery of health services. India launched the Ayushman Bharat Digital Mission (ABDM) in 2020 with a goal of building a digital health ecosystem that can link patients to providers and support easy healthcare service delivery. The core idea of this project is eSanjeevani, a telemedicine platform that allows virtual consultations across urban and rural areas, cutting down on the time taken for travel and providing better service. The eSanjeevani digital health solutions have a huge potential to enhance access, reduce inequalities, and ensure continuity of care across the country. As India moves forward in its pursuit of Universal Health Coverage (UHC), the integration of technology into healthcare systems will play a crucial role in overcoming these barriers and advancing equity in health outcomes.

eSanjeevani- Modalities and features

The World Health Organization (WHO) defines telemedicine as the use of information and communication technologies to deliver healthcare services across geographical boundaries (Pan American Health Organization, 2016.) (The American Telemedicine Association., 2006). Aligning with this vision, eSanjeevani, developed by the Centre for Development of Advanced Computing (C-DAC), is a flagship initiative of the Ministry of Health & Family Welfare, India. It supports the country's digital health agenda under Ayushman Bharat and the National Digital Health Mission.

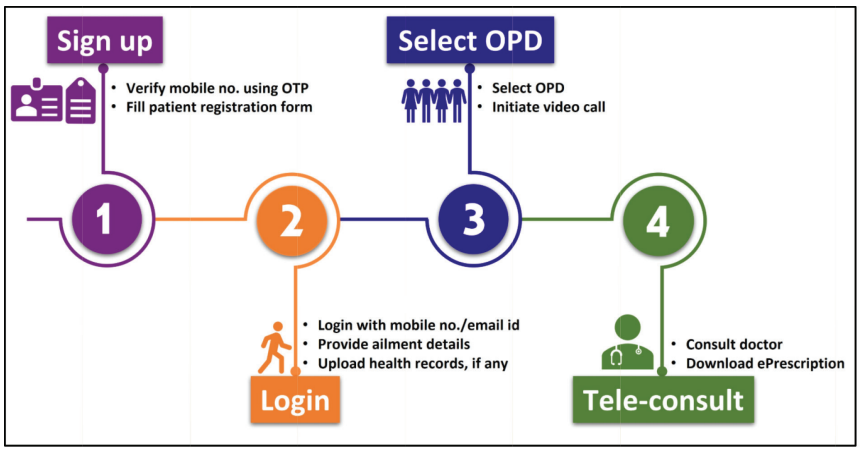
eSanjeevani operates through two core modules: eSanjeevani Ayushman Bharat-Ayushman Arogya Mandir (AB-AAM) and eSanjeevani OPD. The AB-AAM platform utilizes a hub-and-spoke model for provider-to-provider consultations, linking Community Health Officers (CHOs) at Ayushman Arogya Mandir (AAM) with specialist doctors at higher-level healthcare facilities. This setup addresses the scarcity of specialist services in rural regions, enhancing diagnostic accuracy and appropriate referrals. Complementing this, eSanjeevaniOPD offers patient-to-provider teleconsultations, enabling individuals to access outpatient services remotely. As of December 2023, over 183 million consultations had been completed across 112,093 operational AAMs (Tripathi, N., et al., 2024) (Ministry of Health and Family Welfare, 2022).

The platform's impact is transformative, significantly reducing the burden on healthcare infrastructure, particularly during the COVID-19 pandemic. It ensured uninterrupted healthcare services through virtual consultations, electronic prescriptions, and follow-ups, supporting continuity of care during lockdowns. Recent research highlighted eSanjeevani's contribution to healthcare equity by connecting rural and underserved populations with specialized care, thereby narrowing healthcare disparities. According to studies published in Telemedicine and e-Health (Tripathi, N., et al., 2024), teleconsultations have mitigated travel-related barriers, reduced out-of-pocket expenditures, and improved early disease management outcomes. Beyond acute care, eSanjeevani is positioned to be instrumental in the prevention and management of non-communicable

diseases (NCDs), mental health support, and chronic disease management. Its provision for follow-up consultations ensures consistent care for patients with chronic conditions, which are on the rise in India. The scalability, cost-effectiveness, and interoperability with the ABDM solidify eSanjeevani's role as a cornerstone of India's digital health framework. Strategic advancements in infrastructure, digital literacy, and regulatory support will further enhance its reach and sustainability, cementing its status as a model for telemedicine globally (Arora, 2024)(Huda, Verma, Khetan, Sangwan, & Arora, 2024).

The figure below depicts the workflow in a patient to provider telemedicine platform (eSanjeevaniOPD).

The key achievements of eSanjeevani underscored its transformative impact on healthcare delivery in India. With eSanjeevaniAAM functional at over 150,000 Health & across India, the platform has served around 25 million patients through a vast network of



hubs and spokes (Ministry of Health and Family Welfare, 2022). Notably, eSanjeevani on daily basis serves around half a million patients remotely and has capacities to serve over 1 million teleconsultations daily, demonstrating its scalability and efficiency in meeting the healthcare needs of a diverse population. The platform's emphasis on inclusivity is evident, with a significant proportion of beneficiaries being women and senior citizens (Press Information Bureau, 2021). The figure below depicts the workflow in a provider to provider telemedicine platform (eSanjeevaniAAM).

eSanjeevani's design integrates cloud-based architecture which allows the platform to handle large volumes of concurrent consultations without compromising performance. Its robust security and compliance framework implements multi-layered data protection measures, including end-to-end encryption, role-based access control, and automatic log-off features to prevent unauthorized access. The eSanjeevani app ensures the security and confidentiality of electronic personal health information (ePHI) through various measures. It allows only authorised users to access electronic personal health information (ePHI) locally or across networks using authentication protocols. Automatic log-off features prevent unauthorised access during inactivity. The app follows a framework for information security management, including access control to limit ePHI access to authorised personnel. Regular audits identify and rectify data handling vulnerabilities for ongoing improvement. Measures like audit logs, integrity verification, encryption protocols, and digital certificates strengthen data security during transmission and storage, thereby, maintaining confidentiality and ensuring secure data exchange while upholding patient privacy.

eSanjeevani ensures seamless interoperability with other digital health systems by adhering to the Electronic Health Record (EHR) guidelines of the Ministry of Health & Family Welfare and the ABDM standards. Compliance with SNOMED-CT, a comprehensive clinical terminology standard, improves the precision of medical data exchange.

A distinguishing feature of eSanjeevani is its user-centric interface, which includes AI-driven Clinical Decision Support Systems (CDSS) for symptom checking and diagnostic assistance. This tool enhances clinical decision-making, particularly for less experienced healthcare workers in remote settings. The platform's doctor preference selection and comprehensive dashboard analytics enables customized patient care and real-time monitoring of healthcare delivery metrics. Integration with the Ayushman Bharat Health Account (ABHA) system further enhances data portability, in alignment with the Ayushman Bharat Digital Mission (ABDM), allowing patients to access their health records across facilities.

As a testament to its success, the eSanjeevani team has executed four international telemedicine networks (supported by the Government of India) through bilateral agreements with Myanmar, Tanzania, Kyrgyzstan, and Armenia, between 2005-15 (ESanjeevani, n.d.).

Implementation approach of eSanjeevani in India

The conceptualization of eSanjeevani as a pivotal component of India's healthcare transformation under the Ayushman Bharat initiative reflects a strategic

commitment to leverage Information and Communication Technology (ICT) innovations for equitable healthcare access. With the ambitious goal of transforming 0.15 million Sub Health Centres (SHCs) and a few Primary Health Centres (PHCs) into Health and (AAMs) by December 2022, the Ministry of Health and Family Welfare (MoHFW) aimed to establish a comprehensive primary healthcare system aligned with the objectives outlined in the National Health Policy 2017. These 0.17 AAMs established till 2024, represent a paradigm shift, expanding primary healthcare services beyond traditional domains to encompass a broad spectrum of health needs, including screening and management of non-communicable diseases (NCDs), mental health ailments, ophthalmic and ENT problems, dental care, geriatric and palliative care, as well as trauma and emergency care (Ayushman Arogya Mandir, 2024). MoHFW implemented telemedicine services across all AAMs, in a phased manner, enhancing access to quality healthcare services irrespective of geographical constraints. Following rigorous evaluation and field-level auditing, CDAC's eSanjeevani Telemedicine application emerged as the preferred solution for supporting nationwide telemedicine rollout in Health & .

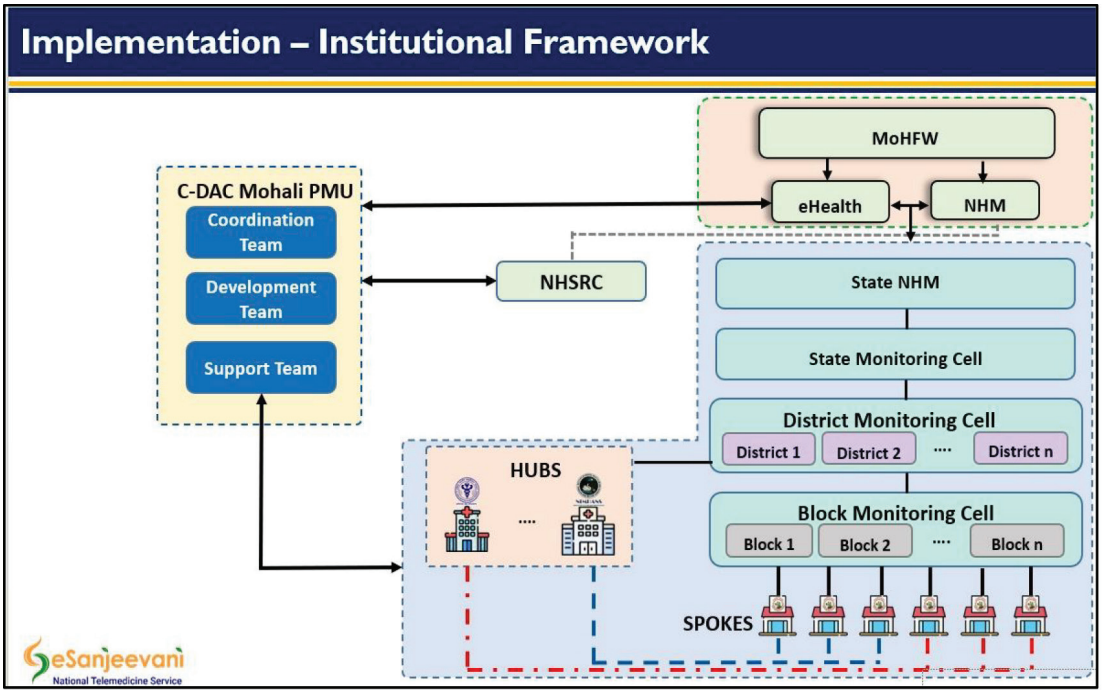
The implementation methodology of eSanjeevani in India followed a structured and comprehensive approach to ensure the seamless integration of telemedicine services into healthcare facilities.

- **Nomination of State Admin / State Nodal Officer:** The process began with the appointment of State Administrators or State Nodal Officers responsible for overseeing telemedicine initiatives at Health & (AAMs), hubs, and outpatient departments (OPDs). These individuals played a pivotal role in coordinating and facilitating the implementation of eSanjeevani within their respective regions.
- **Listing Health Facilities:** Health facilities that are prepared for the operationalization of telemedicine were identified and listed. This step involved assessing the readiness of facilities to adopt telemedicine technology and determining their capacity to provide teleconsultation services effectively. The preparations included provision of internet services and IT infrastructure like PC/Laptop, printer and a Computer literate Community Health Officer (CHO).
- **Remote Training of Doctors and Paramedics:** To ensure proficiency in using eSanjeevani, doctors and paramedics undergo remote training conducted by the eSanjeevani tech support team. Training sessions were conducted remotely using staging servers or demo applications, enabling users to familiarise themselves with the platform's functionalities and features.
- **Dry Run with Dummy Patients:** Following training, a dry run was conducted with dummy patients for two days. This trial period allowed users to practise using eSanjeevani in a simulated environment, ensuring they are comfortable and proficient in conducting teleconsultation before live sessions with real patients.
- **Creation of User Profiles:** Once users completed training and the dry run phase, their profiles were created on the eSanjeevani production server. This step involved configuring user accounts and permissions, ensuring that healthcare providers can access the platform and conduct teleconsultations as required.
- **Launch and Go-Live Planning:** Upon approval from the State Nodal Officer, the official launch and go-live of eSanjeevani were planned. This included coordinating

communication and awareness efforts through electronic and print media channels to inform stakeholders and the general public about the availability of telemedicine services.

- **Tech Support Services:** Ongoing technical support services were provided to users through various channels, including WhatsApp groups and telephone help lines. This ensured that healthcare providers have access to assistance and troubleshooting resources to address any issues or concerns that may arise during teleconsultations. This ensured high efficiency and quick turnarounds as well as quick customisation and enhancements, if required.

Private sector telehealth



success stories in India

Over the years, numerous success stories have illustrated the transformative impact of telehealth initiatives across the country. From remote consultations to specialist care, these examples showcase how telehealth is revolutionising healthcare delivery in India.

One of the examples is the Apollo Telemedicine Networking Foundation (ATNF). Founded by Dr. Prathap C. Reddy, Apollo Hospitals Group's visionary founder, ATNF has become India's largest private healthcare provider in telemedicine. With over 125 peripheral centres across India and ten overseas, ATNF brings specialist consultations to remote corners of the country. Patients no longer need to travel vast distances for expert medical advice; instead, they can access timely diagnosis, treatment, and follow-up care through tele consultations. ATNF's innovative use of telemedicine technologies, including video conferencing and digital health records, has significantly improved healthcare access, particularly in underserved areas. (Department of Community Medicine, PCMC's Postgraduate Institute & YCM Hospital (PGI-YCMH), 2022)

Another notable success story is the Kerala Oncology Network (Onconet Kerala). Launched in 2001, Onconet Kerala revolutionised cancer care in the

state by integrating telemedicine with a web-enabled Hospital Information System (TEJHAS). This comprehensive approach enables early cancer detection, treatment planning, and follow-up services. TEJHAS serves as a centralised database of patients' medical records, accessible to healthcare providers across the region. Through tele oncology consultations, Onconet Kerala has improved cancer care outcomes, reduced treatment delays, and enhanced patient survival rates.

In the realm of eye care, Sankara Nethralaya and Aravind Eye Hospital have led the way with their teleophthalmology initiatives. These institutes leverage telemedicine technologies to provide remote consultations, diagnosis, and treatment for various eye conditions. By decentralising eye care services and empowering local healthcare providers, tele ophthalmology projects have expanded access to sight-saving interventions, particularly in rural and underserved areas. Through innovative teleophthalmology programs, these institutes have significantly reduced preventable blindness and vision impairment across India.

Narayana Health (formerly Narayana Hrudayalaya) has spearheaded telemedicine-enabled cardiac care services. By establishing tele-cardiac care units in district hospitals across India, Narayana Health has brought expert cardiac consultations and diagnostic services closer to patients' homes. Leveraging telemedicine technologies such as real-time video consultations and remote monitoring devices, these units have enhanced access to life-saving cardiac interventions, thereby reducing mortality rates and improving patient outcomes nationwide.

In addition to these examples, several other tele health initiatives across India have demonstrated their effectiveness in transforming healthcare delivery. From remote consultations to remote monitoring, telehealth is facilitating better access to healthcare services, improving patient outcomes, and reducing healthcare disparities across the country.

Global Telemedicine Models and eSanjeevani's Unique Approach

Several countries have implemented telemedicine models to address rural healthcare gaps. For instance, Brazil's Telehealth Program links primary care units with specialists using teleconsultations to improve diagnosis and treatment decisions (Nakayama, Binotti, Woite, & Regatieri, 2023). However, challenges such as technological fragmentation and limited interoperability have restricted its scalability.

Similarly, South Africa's Vula Mobile streamlines referrals between primary care providers and specialists but lacks comprehensive data integration (The Future Of Medical Work in Southern Africa, 2022). In contrast, eSanjeevani's interoperability with national health databases and its robust data management infrastructure offer better scalability and continuity of care.

In Bangladesh, the Digital Healthcare Solutions (DHS) platform offers teleconsultations for urban and peri-urban populations, but rural outreach remains constrained by infrastructure deficits (Khan, M. H., Cruz, V. O., & Azad, A., 2019). In Latin America, Chile's REUNA Telemedicine Network connects rural hospitals to specialty centers using high-speed internet, but the cost of maintaining this infrastructure remains a significant barrier (Vidal-Silva, C., et

al., 2024). Mexico's National Telehealth System aims to improve rural healthcare delivery; however, inconsistent internet penetration limits its reach (Omboni, S., et al., 2022). Thailand's Smart Health Initiative, driven by 5G technology for telemedicine, shows promise but remains in early implementation stages (Aumnuysin, Thetbanthad, & The Universal Service Bureau, 2022).

Compared to these systems, eSanjeevani's cost-effective deployment and integration with a robust digital health mission highlight its comprehensive, scalable approach to national telehealth. eSanjeevani addresses limitations evident in these models by integrating strong government support, comprehensive data interoperability, and a phased implementation strategy that aligns with national digital health missions. Unlike programs with limited outreach due to infrastructure costs or fragmented systems, eSanjeevani utilizes a cost-efficient cloud-based model, leveraging existing health infrastructure. Its interoperability with ABDM ensures seamless health record portability and scalability, overcoming the siloed data systems observed in initiatives like Vula Mobile and Chile's REUNA. Furthermore, its broad-based user training framework ensures continuity of care and maximizes the impact of telehealth interventions, directly addressing the constraints of internet penetration in regions like Mexico and infrastructure challenges in Bangladesh.

eSanjeevani demonstrates how a holistic, government-integrated telemedicine model can drive equitable healthcare outcomes across diverse geographies, by bridging systemic gaps.

Proposed implementation in Global South

Global South countries share several similarities with India in terms of healthcare challenges, including limited healthcare infrastructure, shortage of medical personnel, and disparities in access to quality care, particularly in rural and remote areas. In this context, eSanjeevani, India's telemedicine initiative that has evolved into the world's largest document telemedicine implementation in primary healthcare, presents a valuable model that could be adapted and implemented to address similar healthcare needs in Global South countries.

The proposed model of implementing telemedicine services in Health and (AAMs) using a Hub and Spoke model, along with the integration of existing medical colleges and public-private partnerships (PPP), can serve as a blueprint for implementation in Global South countries.

The model could be adapted and implemented in the following manner:

Identifying Hub and Spoke Centres: Global South countries can identify existing healthcare facilities, such as medical colleges or specialised hospitals, to serve as Hubs. It is worth inclusion that geographically dispersed practitioners too can be grouped together to set up virtual hubs. The spokes could be health facilities in underprivileged or isolated or rural areas, which traditionally work as, primary health clinics, and community health posts.

Upgrading Infrastructure: Investment in upgrading infrastructure at both Hubs and Spokes is essential. This includes ensuring reliable internet connectivity, equipping Spokes with necessary IT infrastructure (e.g., laptops,

desktops with printers and point of care diagnostic devices), and providing training to healthcare personnel on telemedicine technology and protocols.

Public-Private Partnerships (PPP): Governments in Global South countries may explore PPP models for establishing and operating telemedicine Hubs. While considering PPPs, prioritising non-profit entities to run Hubs ensures alignment with the goal of providing affordable and equitable healthcare services. Engaging private sector expertise can complement government efforts and expand service coverage.

Training and Capacity Building: Training existing healthcare workers at Spoke centres is crucial for the successful implementation of telemedicine services. Training programs should cover teleconsultation protocols, use of telemedicine technology, patient data confidentiality, and effective communication with specialist doctors at Hubs. Continuous capacity building programs can help maintain proficiency and ensure quality care delivery.

Centralised Telemedicine Platform: Implementing a centralised telemedicine application, like eSanjeevani or a customised version of eSanjeevani can streamline service delivery and facilitate access to specialised health services remotely across all Spoke centres. This platform should be designed for ease of use, interoperability with existing health information systems, and compliance with data privacy regulations.

Monitoring and Evaluation: Developing a comprehensive monitoring and evaluation framework is essential for tracking the progress and impact of telemedicine implementation. This includes establishing dashboards at various levels (district, state, central) to monitor key performance indicators, such as consultation volume, patient outcomes, and user satisfaction. Integration with existing health information systems enhances data-driven decision-making and improves accountability.

Adopting a phased approach and customising the implementation model to suit local contexts, Global South countries can effectively leverage telemedicine to expand access to healthcare services, especially in remote and underserved areas. Collaboration between governments, healthcare providers, technology vendors, and civil society organisations is crucial for successful implementation and sustainable impact.

Support from India

Telehealth, exemplified by India's eSanjeevani initiative, presents a transformative solution for healthcare delivery in resource-constrained settings. India is uniquely positioned to support Global South countries in adopting telehealth systems like eSanjeevani, thereby improving healthcare access and outcomes. This support can be realized through knowledge exchange, technology transfer, and collaborative partnerships.

India can establish knowledge-sharing platforms and capacity-building programs to disseminate best practices from the implementation of eSanjeevani. This includes providing technical assistance through training workshops, webinars, and other interactive formats to enhance the telehealth competencies of healthcare professionals in partner countries. Such initiatives will help build a skilled workforce capable of effectively

using telemedicine technologies.

In terms of technology transfer and infrastructure support, India can facilitate agreements to deploy telehealth platforms like eSanjeevani in other countries. This may involve providing financial and technical assistance to build the required infrastructure, such as internet connectivity, telecommunication tools, and software systems. Additionally, India can assist in the development, implementation, and management of telemedicine platforms, ensuring their sustainability and operational efficiency. Regular upgrades and technical support can further enhance the platform's effectiveness.

Policy and regulatory support are another critical area where India can provide guidance. By assisting countries in formulating telehealth policies and regulations aligned with international standards, India can promote the ethical and effective use of telemedicine. Furthermore, advocating for regulatory harmonization and mutual recognition agreements will facilitate cross-border collaborations in telehealth.

Collaborative partnerships are essential for success. India can work with telehealth institutions, government agencies, and stakeholders in partner countries to design and implement tailored telehealth solutions. Strengthening South-South cooperation and fostering regional networks can leverage collective expertise and resources for sustainable implementation.

Finally, India can help develop monitoring and evaluation frameworks to assess the impact and scalability of telehealth programs. Collecting and analyzing data on utilization, patient outcomes, cost-effectiveness, and satisfaction will enable evidence-based decision-making and continuous improvement in telehealth delivery systems globally.

Conclusion

India, through initiatives like eSanjeevani, has demonstrated the transformative potential of telehealth in expanding healthcare access and improving patient care. The success stories of telehealth in India underscore its transformative potential in revolutionizing healthcare delivery. Through innovative initiatives and collaborative efforts, telehealth is bridging geographical barriers, enhancing access to specialist care, and improving patient outcomes nationwide. By leveraging its expertise, resources, and collaborative networks, India can play a pivotal role in supporting Global South countries in implementing telehealth schemes tailored to their specific needs and contexts. Such partnerships have the potential to enhance healthcare resilience, equity, and sustainability, contributing to the achievement of Universal Health Coverage and the Sustainable Development Goals.

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RIS specialises in issues related to international economic development, trade, investment and technology. It is envisioned as a forum for fostering effective policy dialogue and capacity-building among developing countries on global and regional economic issues. The focus of the work programme of RIS is to promote South-South Cooperation and collaborate with developing countries in multilateral negotiations in various forums. Through its following centres/forums, RIS promotes policy dialogue and coherence on regional and international economic issues.

The word "DAKSHIN" (nf{k.k½ is of Sanskrit origin, meaning "South." The Hon'ble Prime Minister of India, Shri Narendra Modi, inaugurated DAKSHIN – Global South Centre of Excellence in November 2023. The initiative was inspired by the deliberations of Global South leaders during the Voice of the Global South Summits. DAKSHIN stands for Development and Knowledge Sharing Initiative. Hosted at the RIS, DAKSHIN has established linkages with leading think tanks and universities across the Global South and is building a dynamic network of scholars working on Global South issues.

AIC at RIS has been working to strengthen India's strategic partnership with ASEAN in its realisation of the ASEAN Community. AIC at RIS undertakes research, policy advocacy and regular networking activities with relevant organisations and think-tanks in India and ASEAN countries, with the aim of providing policy inputs, up-to-date information, data resources and sustained interaction, for strengthening ASEAN-India partnership.

CMEC has been established at RIS under the aegis of the Ministry of Ports, Shipping and Waterways (MoPS&W), Government of India. CMEC is a collaboration between RIS and Indian Ports Association (IPA). It has been mandated to act as an advisory/technological arm of MoPSW to provide the analytical support on policies and their implementation.

FITM is a joint initiative by the Ministry of Ayush and RIS. It has been established with the objective of undertaking policy research on economy, intellectual property rights (IPRs) trade, sustainability and international cooperation in traditional medicines. FITM provides analytical support to the Ministry of Ayush on policy and strategy responses on emerging national and global developments.

BEF aims to serve as a dedicated platform for fostering dialogue on promoting the concept in the Indian Ocean and other regions. The forum focuses on conducting studies on the potential, prospects and challenges of blue economy; providing regular inputs to practitioners in the government and the private sectors; and promoting advocacy for its smooth adoption in national economic policies.

FIDC, has been engaged in exploring nuances of India's development cooperation programme, keeping in view the wider perspective of South-South Cooperation in the backdrop of international development cooperation scenario. It is a tripartite initiative of the Development Partnership Administration (DPA) of the Ministry of External Affairs, Government of India, academia and civil society organisations.

FISD aims to harness the full potential and synergy between science and technology, diplomacy, foreign policy and development cooperation in order to meet India's development and security needs. It is also engaged in strengthening India's engagement with the international system and on key global issues involving science and technology.

As part of its work programme, RIS has been deeply involved in strengthening economic integration in the South Asia region. In this context, the role of the South Asia Centre for Policy Studies (SACEPS) is very important. SACEPS is a network organisation engaged in addressing regional issues of common concerns in South Asia.

Knowledge generated endogenously among the Southern partners can help in consolidation of stronger common issues at different global policy fora. The purpose of NeST is to provide a global platform for Southern Think-Tanks for collaboratively generating, systematising, consolidating and sharing knowledge on South South Cooperation approaches for international development.

DST-Satellite Centre for Policy Research on STI Diplomacy at RIS aims to advance policy research at the intersection of science, technology, innovation (STI) and diplomacy, in alignment with India's developmental priorities and foreign policy objectives.

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