

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**LOK SABHA
UNSTARRED QUESTION NO- 888
TO BE ANSWERED ON 07.02.2025**

ESANJEEVANI SERVICES

888 SHRI BENNY BEHANAN:

Will the Minister of **HEALTH and FAMILY WELFARE** be pleased to state:

- (a) the steps taken/proposed to be taken by the Government to address the shortage of doctors participating in eSanjeevani services;
- (b) whether the Government has conducted any studies to evaluate the quality, beneficiary satisfaction, and healthcare outcomes of the eSanjeevani platform and if so, the details thereof;
- (c) the measures being implemented to overcome infrastructural barriers such as network connectivity issues, lack of training for healthcare workers and inadequate integration of patient health records into the said platform;
- (d) the Government's strategy to ensure the sustainability and scalability of eSanjeevani, including plans to incentivise doctors and healthcare providers to participate actively; and
- (e) whether the initiatives planned to make eSanjeevani services more inclusive, such as incorporating regional languages and expanding access to remote areas and if so, the details thereof?

ANSWER

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY
WELFARE**

(SHRI PRATAPRAO JADHAV)

(a) to (e) National Health Mission (NHM) provides approval through record of proceedings for hiring of doctors for purpose of implementation of eSanjeevani services. To meet the requirement of doctors for the e-Sanjveevani services, the state governments engage government doctors (regular/contractual/outsourced) as per the norms laid for the National Health Mission. Further, to ensure the availability of the doctors some states follows PPP model where doctors are paid by state governments for providing teleconsultation services.

Yes, a study on utilization of telemedicine/e-Sanjveevani in the public health facilities in India, has been conducted covering various aspects related to telemedicine such as IT support, availability of dedicated space for teleconsultation, training aspects, role of doctors and other front line workers like ASHA, health assistants, lab technician etc.; availability of uninterrupted internet services, use of mobile phone (as the most preferred device for teleconsultation services).

To address network connectivity issues, state governments are collaborating with telecom providers to extend broadband coverage upto the Ayushman Arogya Mandir sub-health centre level. Initiatives like BharatNet are providing high-speed internet to rural India and supporting telemedicine services in some states.

To strengthen effective use of telemedicine technology through the eSanjeevani platform due training and capacity building of the healthcare professionals such as virtual training sessions at CDAC-Mohali, are also conducted accordingly.

eSanjeevani has successfully integrated with the Ayushman Bharat Digital Mission (ABDM) under milestones 1 and 2.

For scalability, eSanjeevani utilizes a robust, cloud-enabled infrastructure that dynamically adjusts resources based on user demand, ensuring uninterrupted services even during peak periods. The platform's interoperability with electronic health record systems and other digital health initiatives facilitates seamless data exchange, enhancing its usability across healthcare networks. Multilingual capabilities and region-specific workflows ensure inclusivity and accessibility across India's diverse population. This integrated approach ensures eSanjeevani remains a scalable, cost-effective, and sustainable cornerstone of India's digital health ecosystem.
