

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

**LOK SABHA
UNSTARRED QUESTION NO: 4709
TO BE ANSWERED ON 20.03.2026**

SHORTAGE OF DOCTORS IN E-SANJEEVANI SERVICES

†4709. SHRI NEERAJ MAURYA:

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

- (a) the steps being taken by the Government to address the shortage of doctors in eSanjeevani services;
- (b) whether the Government has conducted any studies to assess the quality of the eSanjeevani platform, beneficiary satisfaction and healthcare outcomes;
- (c) if so, the outcomes thereof;
- (d) the measures being implemented by the Government to address the barriers such as network connectivity, lack of training for healthcare workers and limited integration of patient health records;
- (e) the strategy of the Government to encourage doctors and healthcare providers to participate on the platform and ensure its sustainability and scalability; and
- (f) the initiatives taken by the Government to make e-Sanjeevani inclusive such as by adding regional languages and expanding its reach to remote areas?

ANSWER

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(SHRI PRATAPRAO JADHAV)**

(a) to (f): eSanjeevani is a National Telemedicine Service operational in all 36 states and UTs, and is aimed at achieving universal health coverage (UHC). It is implemented in two variants: (i) eSanjeevani AB-HWC/Ayushman Arogya Mandir – a provider-to-provider telemedicine platform rolled out in November, 2019 (ii) eSanjeevani OPD – a patient-to-provider telemedicine platform operating on hub and spoke model, rolled out in March, 2020. The services are operational across all 28 states and 8 Union Territories of India and over 45 crore consultations have been facilitated on the platform.

With a view to ensure the availability of doctors in e-Sanjeevani services, regional hubs have been established at medical colleges, community health centres, and district hospitals, staffed with teams of doctors to support the underlying spokes. Further, doctors have been allowed to conduct teleconsultations in shifts, enabling them to participate alongside their regular duties, including AYUSH practitioners for specific types of consultations, thereby expanding the pool of available healthcare providers. In addition, the Government through C-DAC Mohali conducts regular capacity building sessions for doctors and healthcare professionals for the effective use of telemedicine technology through the eSanjeevani platform.

To address network connectivity issues, under the Digital India Programme, the Government has taken initiatives like BharatNet for providing high-speed internet to rural India and supporting telemedicine services in some States. Further, State Governments have also collaborated with telecom providers to extend broadband coverage upto the Ayushman Arogya Mandir sub health centre level.

eSanjeevani – the national telemedicine service of the Ministry of Health and Family Welfare – has been designed to be inclusive and accessible across India’s diverse population. eSanjeevani web application supports 13 languages: English, Hindi, Kannada, Tamil, Malayalam, Telugu, Marathi, Gujarati, Assamese, Odia, Bengali, Punjabi, and Urdu, while the mobile application supports 12 languages: English, Hindi, Kannada, Tamil, Malayalam, Telugu, Marathi, Gujarati, Assamese, Odia, Bengali, and Punjabi. This multilingual support helps ensure wider adoption, particularly in remote and rural areas where local-language interfaces significantly improve usability and patient comfort.
