

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

**LOK SABHA  
UNSTARRED QUESTION NO: 5642  
TO BE ANSWERED ON 27.03.2026**

**IMPACT OF ABDM ON PATIENT CARE**

**5642. SHRI THARANIVENTHAN M S:**

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

- (a) the total number of citizens enrolled under the Ayushman Bharat Digital Mission (ABDM) across the country, State-wise, particularly in Tamil Nadu;
- (b) the number of hospitals, clinics and health providers registered under ABDM and their geographical distribution;
- (c) whether the Government has evaluated the impact of ABDM on patient care, accessibility and efficiency of health services, especially in rural areas of the country, if so, the details thereof;
- (d) the steps taken by the Government to ensure data security, privacy and interoperability of health records under ABDM; and
- (e) the measures adopted by the Government to integrate ABDM with existing public health programmes, insurance schemes, and state health databases in the country?

**ANSWER**

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

(a) to (e): The Ayushman Bharat Digital Mission (ABDM) was launched by the Government of India in September 2021 to support the development of an integrated, citizen-centric national digital health ecosystem. As on 22nd March, 2026, a total of 86,96,38,083 Ayushman Bharat Health Account (ABHA) have been created, including 1,99,21,643 ABHA in Tamil Nadu. Under ABDM, 4,85,760 facilities have been registered on the Health Facility Registry (HFR), 8,35,477 healthcare professionals have been registered on the Healthcare Professionals Registry (HPR), including 17,645 facilities under HFR and 24,845 professionals under HPR for the state of Tamil Nadu. The state-wise details of ABHAs created is at Annexure.

A third-party evaluation study of the ABDM has been conducted and the key findings of the evaluation study are as under:

- i. ABDM has reduced waiting times, enabled cost savings, and improved service access, particularly benefiting women and underserved populations.

- ii. Considering the well-structured strategic foundation, robust digital infrastructure rollout, and effective stakeholder engagement across public and private sectors, ABDM has brought in efficiency in the health service delivery ecosystem.
- iii. ABDM has shown impact by enhancing healthcare efficiency, accessibility, and affordability, especially for underserved groups. Its interoperable infrastructure and cross-sectoral collaborations have driven systemic shifts, through broader integration and measurable health outcomes which are key to sustaining long-term success.

‘Privacy by Design’ is one of the key guiding principles of ABDM and there is no centralised repository of health data. ABDM facilitates secure data exchange between the intended stakeholders on the ABDM network after the patient’s consent. Also, before integrating with ABDM, digital health applications are validated in a Sandbox environment, and they also undergo security audits like WASA (Web Application Security Audit) to ensure data security.

ABDM enables interoperability by establishing common health data standards and developing registries for individuals, health facilities, healthcare professionals, and other necessary components. This allows various digital health systems across both public and private healthcare ecosystems to exchange data across healthcare providers, even when they use different digital platforms.

Technical support is provided for integration of any digital health solution with ABDM, including public health programs. Several national and state public health programme platforms including Pradhan Mantri Jan Arogya Yojana (PM-JAY), Nikshay portal, Reproductive and Child Health (RCH), Non-Communicable Diseases (NCD), Gujarat’s TECHO, Uttar Pradesh’s eKavach, Rajasthan’s Pregnancy, Child Tracking and Health Services Management (PCTS) have been integrated with ABDM, enabling them to create, share and access inter-operable health records.

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## State wise details of ABHAs created under ABDM

S.No.	State/UT	ABHAs Created
1.	Andaman And Nicobar Islands	468273
2.	Andhra Pradesh	49235505
3.	Arunachal Pradesh	545245
4.	Assam	23341419
5.	Bihar	62390948
6.	Chandigarh	1001131
7.	Chhattisgarh	25490248
8.	Delhi	10225376
9.	Dadar & Nagar Haveli and Daman & Diu	856736
10.	Goa	956592
11.	Gujarat	50412762
12.	Haryana	18293834
13.	Himachal Pradesh	6422516
14.	Jammu And Kashmir	11048515
15.	Jharkhand	17396572
16.	Karnataka	36856306
17.	Kerala	25854604
18.	Ladakh	410006
19.	Lakshadweep	108452
20.	Madhya Pradesh	57159490
21.	Maharashtra	69301627
22.	Manipur	1259887
23.	Meghalaya	1525257
24.	Mizoram	809305
25.	Nagaland	848316
26.	Odisha	41894494
27.	Puducherry	1205535
28.	Punjab	16960390
29.	Rajasthan	67116088
30.	Sikkim	465255
31.	Tamil Nadu	19963156
32.	Telangana	28503458
33.	Tripura	3194402
34.	Uttar Pradesh	149399915
35.	Uttarakhand	7492275
36.	West Bengal	50551713

Note - The above data does not include a total of 1,13,66,996 ABHA which was not populated according to State/UT name, is earlier capture of state and district information was not in mandatory fields during ABHA creation through demographic authentication. The state and district fields have been made mandatory since September 2023.