Building a Foundation for Better Health: The role of the Aadhaar number

Perhaps one of the most important signs that a country has effectively responded to its governance issues is in the management of its healthcare challenges. Healthcare presents a particularly complex situation for governments, one that is not easy for developing nations to tackle. Healthcare goals cannot be reached through funding and budgets alone. Rather, they require a coordinated effort from both the government and a network of service providers; they require programmes and policies that connect with individuals throughout their lives, from birth to death.

These requirements are not easy to fulfil in developing nations because of the informal nature of their markets. Also, it is difficult for multiple service providers to keep track of a particular individual’s needs and medical history as he moves between doctors, hospitals and states. As a result, health programmes in India must usually limit themselves within villages or a state, are available for a short period of time, and focus on a particular vertical such as maternal care or child health. If an individual moves out of the village or requires a different kind of health service, the programme is usually unable to provide it. Recent government initiatives, such as the Rashtriya Swasthya Bima Yojana (RSBY), have attempted to serve people as they migrate and move across hospitals, but have yet to provide residents with a complete, end-to-end approach to healthcare.

The Aadhaar number offers, for the first time, a tool for governments and policy-makers to knit together disparate solutions to our healthcare challenges. While the number is not a single-dose panacea, it is a powerful mechanism for governments and healthcare providers to deliver health services more effectively and thoroughly to the Indian resident. It gives us the opportunity to view healthcare services from the perspective of a resident’s life cycle: the Aadhaar could be a unique health identifier (UHID) which can be used to channel a variety of healthcare services, in terms of preventive, palliative and emergency treatment, from the individual’s birth to his death. It can also help to effectively coordinate the services offered by various stakeholders in healthcare: government health programmes, hospitals, insurance providers, drug distributors and health research agencies.

Clear identification through the Aadhaar number

Today, different service providers and state governments in India have their own identity infrastructures in place, including voter identity lists, PAN cards and driving licences. The identification that the Aadhaar number provides, however, has some key differences: it is a universal identification number that will be verifiable anywhere in India with any service provider. It will also work in real-time, enabling residents to establish their identity to a service provider within a few seconds. And lastly, it offers a resident multiple means to establish his identity: by providing just his demographic information, such as name and age; by providing demographic data along with a PIN; or by providing biometric data, such as a fingerprint or iris image.

Such easy, universal confirmation of individual identity opens up the possibility of a large number of potential applications in healthcare. And it would help us progress towards the ultimate goal: better health for the individual.

From birth to death

One of the concerns for the Central and State Governments has been the documentation of children and their births to ensure their access to effective healthcare. According to Unicef estimates, fewer than 30% of Indian children under the age of 5 years have a birth certificate. The Aadhaar number would provide a way to address this problem, since the child’s identity can be documented at the time that she is first issued the Aadhaar number. This would happen when the child is brought to receive a particular service, which could be immunization, health treatment or enrolment in a school.

The service provider would at this time be able to check if the child has received
his/her unique Aadhaar number. If not, the service provider would be able to either enrol the child for the Aadhaar number, or direct the parent to an enrolling agency before providing an Aadhaar-related service. The date of birth would be recorded during the issue of the Aadhaar number. This process would enable governments to verify whether the child has received requisite immunization and other age-appropriate health check-ups. It would also enable health service providers to build a uniform health record, linked to the Aadhaar, for a patient from a young age.

The Aadhaar number would enable governments to document children within the first few years of their birth and allow the state, in conjunction with service providers, to address the healthcare services that the child has failed to receive before receiving the Aadhaar number.

**Better functioning of government-funded health programmes**

The Aadhaar number would also help governments and service providers to clearly identify beneficiaries for health programmes such as the National Rural Health Mission (NRHM) and Janani Suraksha Yojana (JSY), and deliver benefits more transparently to them. Instant identity verification would also enable the individual to confirm that he has received the cash benefit or health treatment that was intended for him through the programme.

Identification such as through the Aadhaar number makes it possible for benefits to follow individuals rather than institutions. Today, for example, governments subsidize healthcare for the poor through public hospitals; this, however, reduces the choice of service providers for the poor, especially during an emergency or life-threatening health crisis. Since the Aadhaar is a universal number, a below poverty line (BPL) patient can, for example, verify his identity in real-time and be subsidized for healthcare wherever he goes, anywhere in the country, be it a public or private hospital.

**Sharing data among the health provider network**

Another challenge has been the provision of effective healthcare to individuals as they move between doctors, hospitals and regions. In such cases, it becomes difficult for health providers to access a patient’s medical history and take it into account for future treatments; it also limits a patient’s access—particularly for a poor individual—to effective insurance coverage and to cost-effective healthcare.

The Aadhaar number, linked to a patient’s uniform health record, would allow the provision of healthcare tailored to the patient’s medical history and pre-existing conditions, by enabling a trusted network of service providers to share the health history with the consent of the individual. It would also enable poorer residents to access insurance schemes and government-funded health benefits anywhere in the country, and potentially from any hospital or health service provider.

**Enabling early responses to health crises**

A uniform, accessible health record linked to an Aadhaar number becomes particularly useful during a health emergency, such as in the case of accidents, and in the case of unidentified victims at hospitals. During such emergencies, health service providers would be able to access the patient’s health history by providing their biometric information.

**Compiling better data**

One of the problems with limited documentation during health treatments has been the lack of availability of accurate, aggregated health information for governments and researchers. For example, it is not easy to make accurate assessments of maternal mortality rates due to the large number of home births and home-based health treatments. Similarly, disease prevalence is difficult to estimate due to the lack of data on the afflicted populations.

The Aadhaar number would bring networks of healthcare providers together, and identify patients uniquely with their consent. This, in turn, would make it possible to compile accurate information on disease prevalence, child and adult mortality, and
pharmaceutical use, enabling us to track the use and effectiveness of various medications. It would also make it possible to build an epidemiological database for researchers, which would help compile better illness and health statistics, and accordingly take more preventive health measures within particular populations, regions and cities. This is essential in a country which is still working to improve the health indicators of its population. While we have achieved much in terms of reducing maternal mortality rates, the level of child malnutrition and the prevalence of diseases such as tuberculosis remain stubbornly high. Preventable diseases still cause considerable mortality, particularly in rural India.

The Aadhaar number would thus serve as a foundation for next-generation healthcare efforts. This is of particular urgency in a country that faces a mix of challenges—poverty-related malnutrition and mortality for women and children, as well as the increasing prevalence of lifestyle-related illnesses in the urban centres and among the middle class. Addressing these issues thoughtfully and well requires a broad perspective on ensuring health and wellness, and the ability to cross-manage services for individuals, across distances, years and illnesses. The Aadhaar number helps pave the way for this approach and is part of a more coherent effort in the area of health in India.

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