# Use of modern technologies for promoting health at the population level in India

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Summary

India, with a population of 1.4 billion, faces health equity challenges due to inaccessible public health systems, particularly in rural areas. Modern technologies like the internet and mobile phones are being used to bridge this gap, enhancing health equity by disseminating vital health information. Health Technology Assessment (HTA) evaluates these technologies, influencing healthcare policy and improving health outcomes. Key strategies include digital health hubs, mobile health units, public-private partnerships, and digital tools for community health workers. To scale these interventions, capacity building, infrastructure development, community engagement, and monitoring are required. Policymakers are urged to prioritize investments in health technologies based on evidence, considering cost-effectiveness, health outcomes, and health equity. Addressing data privacy and security is crucial. Future research should focus on technology-based interventions for maternal and child health.

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#### Introduction

India, with a population of 1.4 billion population, has 898 million people living across 664,000 villages.<sup>1</sup> Access to the health systems in these villages is one of the major concerns in ensuring health equity in India.<sup>2</sup> Information and communication technologies are promising tools to reach communities in hard-to-access poor, rural, and isolated areas, especially in low- and middle-income countries. The World Health Organization (WHO) defines health education as learning experiences that improve health by increasing knowledge and influencing attitudes.<sup>3</sup> While healthcare providers have traditionally been the primary source of health education, there's a need for more accessible solutions to disseminate health information in low-resource settings.

The rise of modern technologies like the internet and mobile phones has revolutionized health-related information delivery. Their accessibility enables effective communication to diverse audiences. SMS reminders provide direct communication, mass media engages and educates through visual and auditory mediums, and mobile-health technologies and web platforms extend the reach of healthcare workers in primary care settings.<sup>4</sup>

At the population level, it is helpful to categorize these technologies into three main categories:

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As per the data from the Telecom Regulatory Authority of India, the total number of active wireless subscriptions in India was approximately 1.034 billion as of March 2023.<sup>5</sup> This extensive mobile network



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Published Online xxx https://doi.org/10. 1016/j.lansea.2023. 100338 coverage presents a significant opportunity for leveraging mobile technologies to reach underserved populations and improve health outcomes. Considering this coverage, especially at a population level in India, technologies that aid in increasing health promotion need to be studied, to make this communication more effective. A trained public health workforce capable of applying the latest technological advances and big data analytics using digital technologies can help in elucidating disease epidemiology and help in implementing public health interventions.

# Challenges and barriers to technology-driven health promotion

Technologies are being used to promote health at the population level across a variety of domains in India such as communicable diseases (malaria prevention). maternal health (maternal and child health schemes, antenatal care), non-communicable diseases (tobacco consumption), and mental health (prevention of suicide). Despite the potential benefits of technologydriven health promotion, there are several challenges and barriers that need to be addressed. The use of technology in promoting health at the population level includes the technology gap in resource-poor settings, economic commitments for upgrading technology, lack of reliability of information delivered by phone, lack of technology education for patients and health providers, etc. One of the challenges of using healthrelated digital technologies lies in dealing with health equity. Health equity provides a fair chance for everyone to access health by addressing differences in the quality of healthcare across different populations.<sup>6,7</sup> The challenges of utilizing health technologies include disparities in financial income, literacy rates, and cultural diversity. Digital solutions have the potential to address such inequalities barring these challenges.

Digital health literacy, the ability to seek, find, understand, and appraise health information from electronic sources, is crucial for addressing health problems. However, disparities in health outcomes can arise when individuals lack this literacy, preventing them from effectively using digital health tools and services. Internet connectivity, the backbone of digital health, is essential for realizing the benefits of digital health technologies. Yet, in contexts where internet access may be limited or non-existent, particularly in rural or remote regions, these benefits cannot be fully realized. Recently, the implications of digital health literacy and internet connectivity for the wider social determinants of health have been acknowledged. These factors, therefore, present significant challenges to the successful use of technology in promoting populationlevel health.

## **Existing evidence**

Appendix 1 provides several insights gleaned from the literature review. Research is more concentrated on early disease prevention, with less emphasis on primordial prevention. The life course approach for a healthy adult life needs to be applied to the preconception through lactation phase.8 Maternal nutrition, postpartum depression, and family planning methods are important public health issues. The rise in malnutrition and obesity necessitates public awareness about dietary diversity and healthy eating habits.9 Efforts to combat diseases like dengue and malaria need to be intensified. Despite technological advancements, immunization coverage among children under five has not significantly improved.9 Awareness of the AYUSH system of medicine, which complements modern medicine, is essential for holistic health.

The effectiveness of technologies in delivering care components at the healthcare provider level is much clearer by now.<sup>10</sup> However, uneven resource allocation poses challenges at the population level. This opens opportunities for the government to use technology for targeted health education. One approach is installing LED screens or TVs in public places for health messages. To ensure equal healthcare access, technology must include all disadvantaged groups. Policy-wise, a tailored approach recognizing diversity may be more effective than a one-size-fits-all strategy.

# Assessment of technology enabled interventions at population level

Most of the articles that have studied the impact on the community or population level have reported a positive impact on health-related outcomes (Appendix 1). More studies need to assess the impact of artificial intelligence-based apps on health-related outcomes. To enhance the impact of technology-based health interventions, community involvement in their design and implementation is essential, ensuring alignment with the community's specific needs and preferences. Simultaneously, equipping healthcare providers with comprehensive training and support for leveraging technology in health promotion is crucial, enabling them to effectively deliver these interventions and educate patients about their benefits. Additionally, continuous evaluation of these interventions through effectiveness studies allows for necessary adjustments to ensure they achieve the desired impact on health outcomes.

## HTA's impact on healthcare policy

Health Technology Assessment (HTA) is a systematic approach used by the WHO to evaluate health technologies or interventions. It helps in assessing the impacts of a particular health technology or intervention.<sup>11</sup> A review conducted by Prinja et al. concluded that standard guidelines for HTA in India need to be adapted considering the diverse nature of HTAs.12 The findings of HTA studies in India have influenced healthcare policy, decision-making, and resource allocation. They have also led to the adoption of new health technologies, improved health outcomes, and cost savings in the healthcare system. A study by Chatterjee et al. on the cost-effectiveness of different strategies for tuberculosis control in India helped to inform national policy on tuberculosis control.13 Most of these studies focus on evaluating the cost-effectiveness of healthcare interventions, promoting evidence-based decision-making in healthcare, and providing technical support for HTA in India.<sup>14-18</sup> Overall, HTA has emerged as an important tool for informing healthcare decision-making in India. However, there are existing gaps in the HTA framework that need to be addressed.

# Implementation of health-promoting strategies

To leverage the potential of modern technology in health promotion, several strategies can be implemented:

Digital Health Hubs: Establish digital health hubs in rural and remote areas. These hubs can provide access to telemedicine, health education, and digital health records. They can also serve as points for data collection for public health surveillance.

Mobile Health Units: Deploy mobile health units equipped with telemedicine capabilities and digital health technologies. These units can reach underserved areas, providing essential health services and digital health interventions.

Public-Private Partnerships: Promote partnerships between public health entities and commercial agencies to utilize their technological capabilities for the delivery and advertisement of health messages. This approach can lead to innovative solutions for health promotion and disease prevention.

Community Health Workers & Digital Tools: Equip community health workers with digital tools for health promotion, disease prevention, and data collection. This strategy not only enhances their outreach capabilities but also significantly improves the overall effectiveness of their work in the communities they serve.

Incentives for Use of Digital Health Tools: Provide incentives to healthcare providers and patients for the use of digital health tools. Incentivizing the use of digital health tools in private healthcare through financial benefits and recognition can not only foster wider adoption but also bridge the health gap in hard-to-reach areas.

Regulations for Health Apps: Implement regulations for health apps to ensure they meet standards of accuracy, privacy, and security.

National Digital Health Mission Expansion: Expand the scope of the National Digital Health Mission to include preventive health and health promotion, not just curative services. Digital Literacy Programs: Strengthen the digital literacy programs under New India Literacy Programme (NILP) of Government of India to enable more people to use digital health tools effectively.

Health Technology Assessment (HTA) Body: Establish a dedicated HTA body to evaluate new health technologies and guide their implementation in the public health system.

## Scaling up of interventions

A comprehensive approach is needed to effectively scale up these interventions. This begins with capacity building, which involves training healthcare providers and community health workers on the use of digital health tools. Infrastructure development for establishing digital health hubs in rural and remote areas. Community engagement is also essential to tailor interventions to meet the community's specific needs and preferences. Monitoring and evaluation should be conducted regularly to assess the effectiveness of the interventions and ensure they are achieving the desired impact on health outcomes.

Before implementing a new digital health initiative, a health equity impact assessment could be conducted to ensure that the initiative does not inadvertently widen health disparities. This could involve assessing factors such as access to technology, digital literacy levels, and potential barriers for disadvantaged groups. By incorporating such methodologies into our planning and evaluation processes, we can ensure that our efforts to leverage modern technologies for health promotion are both effective and equitable.

#### **Ethical considerations**

To ensure privacy of personal health data in digital health systems, several measures need to be implemented such as data encryption, security audits and access controls. Anonymization of personal health data and transparent data collection practices and privacy policies can prevent the misuse of personal health data for commercial purposes, thereby fostering public trust in digital health systems. Health apps that collect patient data must have robust security measures in place to protect this data from potential breaches. Patients must have control over who can access their health data and for what purposes. Before collecting or using patient data, healthcare providers must obtain informed consent from the patients. By establishing clear standards and regulations for data governance and interoperability, privacy laws can enhance public trust and awareness of digital health interventions.

## **Future directions**

Building on the proven benefits of technology in healthcare and the recognition of existing research gaps,

policymakers have a unique opportunity to craft policies that foster a positive shift in attitude towards health. To effectively prioritize investments in health technologies and interventions, governments should adopt an evidence-based approach, which includes assessing the cost-effectiveness of the digital interventions, their impact on health outcomes and health equity, and potential risks and benefits. This might have a synergistic effect on India's attempt to attain universal health coverage.

Challenges such as data privacy and security need to be addressed for the effective implementation of these technologies. More research is needed to evaluate the effectiveness of technology-based interventions for improving maternal and child health outcomes which are more critical in terms of public health relevance in India. To maximize the impact of digital technologies, it is imperative to fortify the capacity of healthcare systems by training the frontline workers on using these technologies.<sup>19-38</sup>

#### Declaration of interests

No conflicts of interest to declare.

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#### Appendix A. Supplementary data

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#### References

- 1 Bank W. Population, total India. 2022.
- 2 Kapur R. The public health system in India. 2018.
- 3 World Health Organization, Regional Office for the Eastern Mediterranean. Health education: theoretical concepts, effective strategies and core competencies: a foundation document to guide capacity development of health educators. 2012.
- 4 Yang Y, Wang H, Jiang R, Guo X, Cheng J, Chen Y. A review of IoT-enabled mobile healthcare: technologies, challenges, and future trends. *IEEE Internet Things J*. 2022;9(12):9478–9502.
- 5 TRAI. Note to the press. Highlights of telecom subscription data as on 31st March, 2023; 2023. https://trai.gov.in/sites/default/files/PR\_ No.46of2023\_0.pdf. Accessed November 17, 2023.
- 6 Sieck CJ, Sheon A, Ancker JS, Castek J, Callahan B, Siefer A. Digital inclusion as a social determinant of health. NPJ Digit Med. 2021;4(1):52.
- 7 Kickbusch I, Piselli D, Agrawal A, et al. The Lancet and Financial Times Commission on governing health futures 2030: growing up in a digital world. *Lancet.* 2021;398(10312):1727–1776.
- 8 Taneja S, Chowdhury R, Dhabhai N, et al. Impact of a package of health, nutrition, psychosocial support, and WaSH interventions delivered during preconception, pregnancy, and early childhood periods on birth outcomes and on linear growth at 24 months of age: factorial, individually randomised controlled trial. *BMJ*. 2022;379:e072046.

- 9 Ministry of Health and Family Welfare (MoHFW), Government of India, UNICEF, Population Council. Comprehensive National Nutrition Survey (CNNS) national report. New Delhi: Ministry of Health and Family Welfare-Government of India; 2019.
- 10 Gonçalves-Bradley DC, Maria ARJ, Ricci-Cabello I, et al. Mobile technologies to support healthcare provider to healthcare provider communication and management of care. *Cochrane Database Syst Rev.* 2020;8(8):Cd012927.
- 11 WHO. Global survey on health technology assessment by national authorities. 2015.
- 12 Prinja S, Rajsekhar K, Gauba VK. Health technology assessment in India: reflection & future roadmap. *Indian J Med Res.* 2020; 152(5):444–447.
- 13 John D, Chatterjee P, Murthy S, Bhat R, Musa BM. Cost effectiveness of decentralised care model for managing MDR-TB in India. *Indian J Tuberc.* 2018;65(3):208–217.
- 14 Upadhyay S, Kumar AR, Raghuvanshi RS, Singh BB. Impact of nutrition education on knowledge and haemoglobin status of hill women in Uttarakhand State of India. *Malays J Nutr.* 2011; 17(3):347–357.
- 15 Sharma R, Hebbal M, Ankola AV, Murugabupathy V. Mobilephone text messaging (SMS) for providing oral health education to mothers of preschool children in Belgaum City. J Telemed Telecare. 2011;17(8):432–436.
- 16 Prasad S, Anand R. Use of mobile telephone short message service as a reminder: the effect on patient attendance. *Int Dent J.* 2012;62(1):21–26.
- 17 Gupta A, Tyagi M, Sharma D. Use of social media marketing in healthcare. J Health Manage. 2013;15(2):293-302.
- 18 Chandra PS, Sowmya HR, Mehrotra S, Duggal M. 'SMS' for mental health—feasibility and acceptability of using text messages for mental health promotion among young women from urban low income settings in India. Asian J Psychiatr. 2014;11:59–64.
- 19 Priyaa S, Murthy S, Sharan S, Mohan K, Joshi A. A pilot study to assess perceptions of using SMS as a medium for health information in a rural setting. *Technol Health Care*. 2014;22(1):1–11.
- 20 Anjum S, Reddy PP, Monica M, Rao KY, Abbas I, Sushma M. Effectiveness of short message service reminder scheme in Greater Hyderabad Municipal Corporation for children's vaccination: a telephonic survey. J Indian Assoc Public Health Dent. 2015;13(4):509-513.
- 21 Agarwal A, Hamdallah M, Swain SN, et al. Implementation of a confidential helpline for men having sex with men in India. *JMIR Mhealth Uhealth.* 2015;3(1):e17.
- 22 Sharma P, Rani MU. Effect of digital nutrition education intervention on the nutritional knowledge levels of information technology professionals. *Ecol Food Nutr.* 2016;55(5):442–455.
- 23 Sharma M, Banerjee B, Ingle GK, Garg S. Effect of mHealth on modifying behavioural risk-factors of non-communicable diseases in an adult, rural population in Delhi, India. *Mhealth.* 2017;3:42.
- 24 Mohan B, Sharma S, Sharma S, et al. Assessment of knowledge about healthy heart habits in urban and rural population of Punjab after SMS campaign-a cross-sectional study. *Indian Heart J.* 2017;69(4):480–484.
- 25 Shinde K, Rani U, Kumar NP. Assessing the effectiveness of immunization reminder system among nursing mothers of South India. Res J Pharm Technol. 2018;11(5):1–7.
- 26 Mohan S, Jarhyan P, Ghosh S, et al. UDAY: a comprehensive diabetes and hypertension prevention and management program in India. *BMJ Open.* 2018;8(6):e015919.
- 27 Nagar R, Venkat P, Stone LD, Engel KA, Sadda P, Shahnawaz M. A cluster randomized trial to determine the effectiveness of a novel, digital pendant and voice reminder platform on increasing infant immunization adherence in rural Udaipur, India. Vaccine. 2018;36(44):6567–6577.
- 28 Bassi A, John O, Devarsetty P, Maulik PK, Panda R, Jha V. Current status and future directions of mHealth interventions for health system strengthening in India: systematic review. BMC Public Health. 2020;6(10):e11440.
- 29 McHenry MS, Fischer LJ, Chun Y, Vreeman RC. A systematic review of portable electronic technology for health education in resource-limited settings. *Glob Health Promot.* 2019;26(2):70–81.
- 30 Carmichael SL, Mehta K, Srikantiah S, et al. Use of mobile technology by frontline health workers to promote reproductive, maternal, newborn and child health and nutrition: a cluster randomized controlled Trial in Bihar, India. J Glob Health. 2019;9(2): 0204249.

- **31** Mechael P, Kaonga NN, Chandrasekharan S, et al. The elusive path toward measuring health outcomes: lessons learned from a pseudo-randomized controlled trial of a Large-Scale Mobile Health Initiative. *JMIR Mhealth Uhealth.* 2019;7(8):e14668.
- 32 Suryavanshi N, Kadam A, Kanade Š, et al. Acceptability and feasibility of a behavioral and mobile health intervention (COMBINED) shown to increase uptake of prevention of mother to child transmission (PMTCT) care in India. BMC Public Health. 2020; 20(1):752.
- 33 Suryavanshi N, Kadam A, Gupte N, et al. A mobile health-facilitated behavioural intervention for community health workers improves exclusive breastfeeding and early infant HIV diagnosis in India: a cluster randomized trial. J Int AIDS Soc. 2020;23(7):e25555.
- 34 Latha K, Meena KS, Pravitha MR, Dasgupta M, Chaturvedi SK. Effective use of social media platforms for promotion of mental health awareness. J Educ Health Promot. 2020;9:124.
- 35 Samuel SP, Chinnaraju S, Williams HF, et al. Venomous snakebites: rapid action saves lives-a multifaceted community education programme increases awareness about snakes and snakebites among the rural population of Tamil Nadu, India. *PLoS Negl Trop Dis*. 2020;14(12):e0008911.
- 36 Nanditha A, Thomson H, Susairaj P, et al. A pragmatic and scalable strategy using mobile technology to promote sustained lifestyle changes to prevent type 2 diabetes in India and the UK: a randomised controlled trial. *Diabetologia*. 2020;63(3):486–496.
- 37 Scott K, Ummer O, Shinde A. Another voice in the crowd: the challenge of changing family planning and child feeding practices through mHealth messaging in rural central India. BMJ Glob Health. 2021;6(Suppl 5):e005868.
- 38 Dixit S, Nandakumar G. Promoting healthy lifestyles using information technology during the COVID-19 pandemic. *Rev Cardiovasc Med.* 2021;22(1):115–125.