Right to Health Information and an Example of Its Implementation

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ABSTRACT

Mousavi et al. (2013) have correctly noted the importance of information and knowledge, as mentioned in most Charters, for attaining the right to health. The practical administration also needs scientific standards, administrative instructions, and clinical guidelines designed to implement the right to health. The author, in this paper, provides an example of implementation.

Keywords: Health Information, Healthcare, India, National Health Portal, Right to Health Information, Standards Developing Organizations (SDOs)

While standards are created and maintained by Standards Developing Organizations (SDOs), clinical guidelines are mostly developed by professional societies for the respective disciplines – both international as well as national.

Active seekers of health information are likely to be healthy. However, in a big multilingual country like India, appropriate health information is not always available, especially in the native vernacular languages. Moreover, literacy rate in India is not high all through the country (Sarbadhikari, 2010). Therefore, to fill up this gap and to make use of the available and accessible information and communications infrastructure, it was envisaged to build a National Health Portal (NHP, 2013). This is a huge task with the large number of languages and not so high literacy levels in the country. The centre for health informatics has been set up with this purpose to coordinate the activities meaningfully. Within five years it is likely to be available in all the major languages of India and will be used by a vast majority of the population. However, over time it is expected to be a portal that will be able to connect the health information from the individual level to the community level and serve the purpose of a national clinical data warehouse.

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