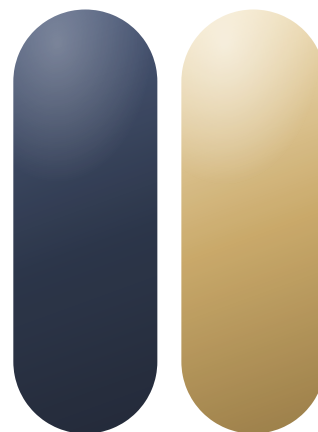


BRIEFING PACK

Preventive care, close to where people are.

Nabhya Health and the proposed Rural Health & Preventive Care pilot

■ The flagship programme is a proposed pilot. It is not yet operating. Figures describe the proposal, not results.



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Most chronic illness is found too late.

About one in three Indian adults has high blood pressure, and about one in nine has diabetes. Both are long-term conditions that need regular measurement and follow-up.

35.5%

of adults have hypertension, about 31.5 crore people

SOURCE 1

11.4%

of adults have diabetes, and another 15.3% have prediabetes

SOURCE 1

61.8%

of deaths in India were caused by non-communicable diseases in 2016

SOURCE 2

79.9%

shortfall of specialists at rural Community Health Centres

SOURCE 3

Screening has to go to people

With about 31.5 crore adults living with hypertension, waiting for people to reach a facility is not enough. Health Points bring measurement to where people already gather.

Doctors' time has to go further

With a 79.9% shortfall of specialists at rural Community Health Centres, teleconsultation and a prioritised queue let each doctor see the people who most need them first.

One reading is not enough

Hypertension and diabetes are long-term conditions. Care depends on follow-up, which depends on a record that stays with the person.

The burden is shifting

Non-communicable diseases caused 61.8% of deaths in India in 2016, up from 37.9% in 1990. Prevention has to be built for that shift.

1. Metabolic non-communicable disease health report of India: the ICMR-INDIAB national cross-sectional study (ICMR-INDIAB-17). Anjana RM et al., The Lancet Diabetes & Endocrinology 11(7): 474–489, 2023. [https://doi.org/10.1016/S2213-8587\(23\)00119-5](https://doi.org/10.1016/S2213-8587(23)00119-5)

2. Status of Non-Communicable Diseases (NCDs) in India, citing India: Health of the Nation's States (India State-Level Disease Burden Initiative, 2017). Ministry of Health and Family Welfare, via Press Information Bureau, 2022. <https://www.pib.gov.in/Pressreleaseshare.aspx?PRID=1796435>

3. Health Dynamics of India (Infrastructure & Human Resources) 2022–23. Ministry of Health and Family Welfare, via Press Information Bureau, 2024. <https://www.pib.gov.in/PressReleaselframePage.aspx?PRID=2053070>

Four parts, one system.

Built to work wherever people already gather. It starts in villages.

Health Point

A screening station where people already gather. In villages, one for every 100 families.

Health Agent

A trained local health worker, drawn from self-help groups, gram sevaks and anganwadi workers.

Clinician network

Doctors and a specialist panel at a Health Command Centre, reached by teleconsultation.

Platform

One health record per person, an AI risk engine that flags concerns for doctors, and dashboards for officials.

HOW THE PARTS CONNECT

01 Household • Health Agent	The agent explains the programme and registers each person, with consent.
02 Health Point • Health Agent	One device set records vitals and ECG against the person's profile.
03 Record and risk engine • Platform	Readings are stored, and flagged for a doctor when they need attention.
04 Health Command Centre • Doctor	A doctor reviews the case and consults by video.
05 Referral • Onward care	When needed, the person is routed to: A specialist, An empanelled lab, A Jan Aushadhi Kendra.

Follow-up: the platform schedules the next check and alerts the agent if it is missed.

From first screening to follow-up.

No one has to find the next step alone. This is the proposed design.

	HEALTH AGENT	PLATFORM
01 Outreach	Explains the programme at community meetings and home visits.	Tracks which households have been reached.
02 Registration	Registers each person, with their consent.	Creates a secure record, designed to link to ABHA.
03 Health profile	Records history, medicines and basic measurements.	Builds a digital health profile that stays with the person.
04 Screening	Measures temperature, pulse, blood pressure, blood oxygen and ECG.	Records every reading against the person's profile.
05 Risk identification	Explains results in plain language.	Flags readings that need a doctor. The AI flags; a doctor decides.
06 Consultation or referral	Connects the person to a doctor by video.	Routes to a specialist, an empanelled lab or a Jan Aushadhi Kendra when needed.
07 Follow-up	Checks in on schedule and repeats screening.	Schedules follow-ups and alerts the agent when one is missed.

AI WITH A DOCTOR IN THE LOOP

The AI flags. A doctor decides. The risk engine changes the order in which doctors see people. It does not change who makes the decision.

15 lakh first. 1 crore only if it works.

The Rural Health & Preventive Care Programme is proposed for one state over 36 months. Each phase closes with an audited outcome report before the next begins.

YEAR 1	YEAR 2	YEAR 3
15 lakh	50 lakh	1 crore
3 lakh families · ~3,000 Health Points	10 lakh families · ~10,000 Health Points	20 lakh families · ~20,000 Health Points

Cumulative figures from the programme proposal. Health Point counts are derived from the norm of one per 100 families.

COMMITMENTS

Scoping	Agree geography, integration with existing schemes and phase-gate criteria. Decision point: Approve Phase 1 plan.
Phase 1 · Year 1	15 lakh people, 3 lakh families. Decision point: Audited outcome report, then review.
Phase 2 · Year 2	35 lakh more people, 50 lakh in total. Decision point: Audited outcome report, then review.
Phase 3 · Year 3	50 lakh more people, 1 crore in total. Decision point: Final audited outcome report.

POLICY FIT

Ayushman Bharat

Extends screening and follow-up to the household, linked to Ayushman Arogya Mandirs.

Digital health

Records designed for ABHA linkage under the Ayushman Bharat Digital Mission.

Rural livelihoods

Creates local health jobs for women from self-help groups and anganwadi pools.

National Health Mission

Feeds non-communicable disease screening data into existing programmes.

Maternal & child health

Works alongside the anganwadi networks already in place.

Nabhya Health is an independent organisation. Listing a scheme here describes alignment, not endorsement.

Every programme **shows its work.**

01 Phase gates	Each phase ends with an audited outcome report. The next phase starts only after it is reviewed.
02 Medical supervision	A specialist panel oversees clinical decisions and reviews cases.
03 Live dashboards	Officials see enrolment, screening, referrals and follow-ups as they happen.
04 Data protection by design	Built to comply with the Digital Personal Data Protection Act, 2023, and designed for ABDM and ABHA interoperability. Consent comes before any record is created.

WHAT WE REPORT

Each phase ends with an independently audited report on the same ten indicators, so progress can be compared phase to phase.

- People covered
- Health Points active
- Screening sessions
- AI risk alerts reviewed
- Referrals completed
- Families enrolled
- Health Agents certified
- Abnormal findings
- Teleconsultations
- Follow-ups completed

The first report follows the end of Phase 1.

CLINICAL GOVERNANCE

Specialist supervision	A specialist panel oversees the doctor pool and reviews cases.
Telemedicine standards	Teleconsultations follow India's Telemedicine Practice Guidelines.
Human review of AI	The risk engine prioritises; qualified doctors make every clinical decision.
Full clinical picture	Doctors see the queue, vitals, trends, ECG traces and history before each consultation.

Health data, **handled with care.**

The platform is built to comply with the Digital Personal Data Protection Act, 2023, and designed for interoperability with the Ayushman Bharat Digital Mission (ABDM) and ABHA.

01 Consent first	No record is created before a clear notice is given and consent is recorded.
02 Purpose limited	Data is used to deliver and evaluate care, not for unrelated purposes.
03 Interoperable	Records are designed to link to a person's ABHA, so their history can travel with them.
04 Access by role	Each user sees only what their role needs. Officials see programme dashboards.
05 Rights respected	People can ask to access or correct their data, and raise a grievance.

OUR PROMISE TO CITIZENS

We ask before we record.

We use your data to care for you.

We show you what we hold.

We correct it when you ask.

We protect it under Indian law.

Start with a conversation.

Three steps, and no commitment until the plan is agreed.

01

Briefing

A 30-minute walk-through of the model, the phases and the safeguards.

02

Scoping

We work with your officials on geography, numbers and links to existing schemes.

03

Phased plan

A Phase 1 plan with agreed phase-gate criteria, before any commitment.

To request a briefing, use the form on the Nabhya Health website.

Healthier Tomorrows