WHO-SEARO Global Digital Health Strategy (2028–2033) Consultation

Host Webinar Report

10 April 2026

Host Organization	Thoughtworks
Co-organizer	World Health Organization, South-East Asia Regional Office (WHO SEARO)
Date	Friday, 10 April 2026
Time (with Time Zone)	2:00 PM – 4:00 PM IST (Indian Standard Time)
Number of Participants	Approximately 50 participants
Participant Profile	Academicians, Digital health technologists, Private sector, Civil society

Introductory Remarks

The session commenced with a welcome from Resham, who introduced the webinar as a component of the WHO SEARO multi-stakeholder consultation series aimed at developing the Global Digital Health Strategy 2028–2033. Dr. Akhil Malhotra from Thoughtworks anchored the session, explaining that the objective was to collect regional insights from South-East Asia to shape the follow-up to the existing WHO digital health strategy.

The keynote was delivered by Dr. Derrick Muneene, Team Lead for Assessment Planning and Partnerships within the Department of Data, Digital Health, Analytics and AI, WHO Geneva.

Dr. Muneene described the current efforts within a historical context, noting the progression from the 2005 eHealth resolution to the 2018 resolution and the subsequent World Health Assembly decision to renew the strategy for the 2028–2033 period.

Dr. Muneene outlined several critical takeaways from global discussions, emphasizing a shift from conceptualizing a vision to actual implementation. He identified several core priorities, such as Digital Public Infrastructure (DPI), interoperability, artificial intelligence, and data governance. Furthermore, he stressed the importance of country ownership, inclusivity, and sustainable financing, while inviting attendees to participate in the upcoming Global Initiative on Digital Health meeting in Geneva.

Overview of Thematic Deliberations

Theme 1: Governance, Leadership and Equity

Key Gaps

The participants identified several critical gaps in digital health governance, leadership and equity. These challenges include an absence of dedicated leadership at both national and international levels, alongside siloed operations between various ministries that hinder cohesive policy implementation. Furthermore, a prevalent top-down design approach often excludes frontline workers and community input, leading to a mismatch between technological solutions and real-world needs. These structural issues are highlighted by digital literacy barriers among both beneficiaries and health workers, which ultimately results in the development of systems that prioritize equity as an afterthought rather than a core design principle.

Priority Actions

Priority actions suggested for this theme include establishing dedicated national digital health agencies and multi-tier governance structures, such as the RASI framework, to ensure accountability. It also emphasizes involving frontline workers and community representatives in product design from the outset and transitioning toward holistic, multi-sectoral governance to eliminate siloed operations.

Theme 2: Digital Public Infrastructure, Interoperability and Data Systems

Key Gaps

The key gaps identified for this theme include lack of clarity regarding the practical application of Digital Public Infrastructure (DPI) within diverse health contexts. This is pronounced by inconsistent interoperability standards and highly fragmented health data, which then hinder the creation of seamless longitudinal patient records. Furthermore, participants noted that emerging AI systems currently operate without adequate regulation and persistent cybersecurity threats and poor connectivity in peripheral or rural areas continue to make large-scale implementations technically and operationally difficult.

Priority Actions

Participants suggested addressing gaps in the awareness of Digital Public Infrastructure (DPIs), interoperability, and health data systems. Suggestions included mandating standards (FHIR as well as semantix standards) for digital health tools, promoting DPI as a public good, and developing national health-specific AI policies. Additionally, actions should be taken to emphasize strengthening cybersecurity through national guidelines, investing in and utilizing open standards to ensure a resilient and interoperable health data ecosystem.

Theme 3: Workforce Capacity and Competencies

Key Gaps

The participants identified several critical gaps in workforce capacity and competencies that must be addressed to ensure sustainable implementation. Challenges include a significant regional scarcity of skilled professionals proficient in digital health, further exacerbated by a "brain drain" to other sectors and persistent difficulties in retaining qualified staff in rural areas. This workforce must navigate highly fragmented systems and the absence of a cohesive, system-wide strategy, while grappling with inconsistent acceptance of emerging technologies like AI and fundamental infrastructure barriers such as poor connectivity. Furthermore, responsibilities for complex data management are frequently shifted to frontline workers, such as ASHAs and ANMs, without adequate training, technical support, or financial incentives, leading to severe burnout and compromising data integrity. These structural issues are highlighted by a notable scarcity of "bilingual" leaders capable of bridging the gap between public health requirements and digital architecture, which results in an over-reliance on external consultants and a lack of long-term internal vision.

Priority Actions

The proposed priority actions for strengthening workforce capacity emphasize a holistic, system-wide approach to digital health education and professional development by integrating digital health competencies directly into medical and nursing curricula to ensure that the future health workforce is equipped with necessary technological skills from the outset. To address the immediate needs of the existing workforce, comprehensive training workshops should be tailored for diverse roles, spanning from frontline community health workers like ASHAs to senior health managers.

Furthermore, there is a critical need to cultivate "bilingual" leaders who possess the expertise to bridge the gap between public health requirements and digital architecture. Developing specialized leadership programs will help build this internal capacity and reduce the current over-reliance on external consultants. Implementation efforts must also focus on change management programs designed to improve health worker readiness and motivation. These initiatives should be complemented by measures to reduce workloads.

Theme 4: Sustainable Financing, Partnerships and Ecosystems Enablement

Key Gaps

The participants noted that digital health funding remains predominantly project-based and donor-driven. This reliance on capital funding often misses the scale-up stage and causes innovations to stall at the pilot stage. Also, since the ministries continue to function in silos, this hinders a holistic ecosystem approach to partnerships. CSR and philanthropic resources are frequently prioritizing hardware over the "digital glue" of standards and governance architecture. There is an over-dependence on external funding, that meets the capital expenses but the operational expenses are often unmet.

Priority Actions

The proposed priority actions emphasize a transition toward government-led funding through the dedicated national budget lines. Participants advocated for the development of blended financing models that effectively integrate public, private, and impact investments to ensure long-term viability. A recommendation was made to redirect CSR and donor support toward the "digital glue" of Digital Public Infrastructure (DPI) rather than hardware procurement. It was suggested to cultivate a culture of partnerships between industry, academia and tech ecosystems on the lines of NHS England to foster local innovations.

Cross-Cutting Themes

The following set of cross-cutting issues emerged across all the three breakout groups:

Digital Literacy as Foundational Infrastructure

Digital literacy was identified in every thematic discourse as a critical, cross-cutting structural gap. This deficit is affecting beneficiaries, frontline workers such as ASHAs and ANMs, mid-level management, and senior leadership. The closing synthesis specifically categorized digital literacy and training as one of the three dominant convergent gaps. Participants stressed that literacy must be addressed not just through training, but as a design imperative: systems must be engineered to accommodate the actual literacy levels of their users rather than assumptions.

Data Silos and Fragmentation

The fragmentation of health data spanning various programs, facilities, and the public-private divide was a theme across all groups. This fragmentation appears as siloes in ministries, hence governance, disconnected systems in interoperability, and inconsistent data entry within the workforce. Participants noted that dismantling these silos requires a combination of institutional mandates and technical interoperability to ensure data can be effectively linked to health outcomes.

Burden on Last-Mile Workers

Independent deliberations in all rooms identified the top-down design approach and the subsequent overburdening of frontline workers as a major systemic failure. Digital health obligations are frequently imposed on ASHA workers, ANMs, and GPs without necessary workflow redesigns or incentive structures. This creates burnout, which ultimately compromises data integrity. There is a critical need to reposition technology as a tool for workload reduction rather than an additional layer of administrative complexity.

Sustainability

The transition from donor-dependent pilots to self-sustaining national financing was emphasized as a need for the upcoming strategy. The "pilotitis" phenomenon was a recurring concern. Addressing this requires a fundamental shift from project-based funding toward systemic, long-term investments that prioritize scalability and resilience.

Data Security and Privacy

As digital health ecosystems expand, cybersecurity threats and data privacy concerns represent growing risks. Participants noted a significant lack of awareness regarding data protections among both providers and end-users. Furthermore, existing regulatory frameworks for AI and data anonymization remain inadequate.

Areas of Consensus

Digital Literacy and Workforce Training

Deliberations across all groups identified digital literacy as a foundational priority. It was emphasized that training must transition from ad-hoc project activities toward sustained institutional arrangements that are role-based, context-specific, and modular. Participants highlighted that workforce development is non-negotiable for successful transformation.

Mandate for Interoperability

While technical frameworks such as FHIR and HL7 are already established, the binding constraint remains governance and political commitment. There was consensus that the implementation of standards must be mandated.

Co-Design from the Last Mile

All groups reached a consensus that top-down design without ground-level input is one of the reasons for systemic adoption failures. Community participation and co-design with frontline personnel are considered non-negotiable requirements.

Transition to Systemic Financing

Participants across all sessions agreed that project-based, donor-driven funding is structurally insufficient for long-term digital health transformation. The path forward requires a shift toward dedicated government budget lines, blended financing models, and the redirection of CSR resources toward Digital Public Infrastructure.

Equity as a Design Principle

All groups concurred that equity, specifically reaching those currently excluded from the system, must be integrated into the upcoming global strategy.

Consolidated Regional Summary

Key Regional Priorities for SEAR

While the SEAR region has made substantial investments in digital health infrastructure and policy, the resulting benefits remain inconsistently distributed. Participants noted that governance, workforce capacity, interoperability, and financing require focus to support the next phase of digital transformation. Given the region’s inherent diversity, there is a clear demand for country-adaptable frameworks rather than standardized mandates.

Strategic Directions for 2028–2033

The consultation proposes a shift toward sustainable and inclusive digital health ecosystems. Furthermore, the strategy must prioritize people, health workers, communities, and patients, ensuring that reducing the burden on frontline workers is a primary design objective. To overcome the "pilotitis" phenomenon, participants advocated for financing and governance mechanisms that facilitate the scaling of proven innovations. Additionally, the strategy should balance global normative frameworks with support for locally adapted solutions, while making the reduction of the digital divide an explicit and measurable strategic objective.

Recommendations to Inform the Next Global Digital Health Strategy

Participants suggested creation of context-specific implementation toolkits tailored to diverse health systems and rural-urban digital divides. There is a need to establish technical support for interoperability, specifically FHIR compliance should be mandated alongside a clear value case and phased implementation assistance. To foster collaboration, structured learning mechanisms should be established within SEAR to facilitate peer exchange. Finally, developing practical blended financing frameworks will be essential for reaching underserved populations.