World Health Organization
Regional Office for South-East Asia

Strategy for AI in Healthcare for India (SAHI)

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Regional Adviser, Digital Health and AI

Strategy for AI in Healthcare for India (SAHI) is comprehensively structured around the – "WHY" "HOW" & "WHAT"

The "WHY" of Strategy

To highlight the rationale and need for India's AI-Health Strategy

The "HOW" of Strategy

To present the approach and methodology for SAHI

The "WHAT" of Strategy

The design, capabilities and key building blocks of Digital Health Ecosystem : The AI Enabler

Outline

World Health Organization
Regional Office for South-East Asia

"WHY" : Need for SAHI

- Global scenario
- AI generalist to AI specialist
- Pacing gap- Need for foundations
- Health AI for improving health outcome

"HOW" of the strategy : Methodology and Approach

- Inter-Ministerial Consultation
- Technical Consultation
- Regional Consultations
- Partner Consultation
- Expert peer review

"WHAT" of the strategy: Governing Principles

Five Strategic Pillars

- Governance, Regulation and Trust
- Health Data & Digital Infrastructure
- Workforce, Institutional Capacity and Change Management
- Research, Innovation & Evidence Generation
- Ecosystem enablement and global leadership

World Health Organization
Regional Office for South-East Asia

The WHY of Strategy for AI in Healthcare for India (SAHI)

Need for Strategy

Global North Countries are launching National AI Strategies for Health

01

Sep 2025

US launches AI Strategy for Health with 5 pillars

02

Sep 2025

UK announces National Commission into Regulation of Ai in Healthcare

03

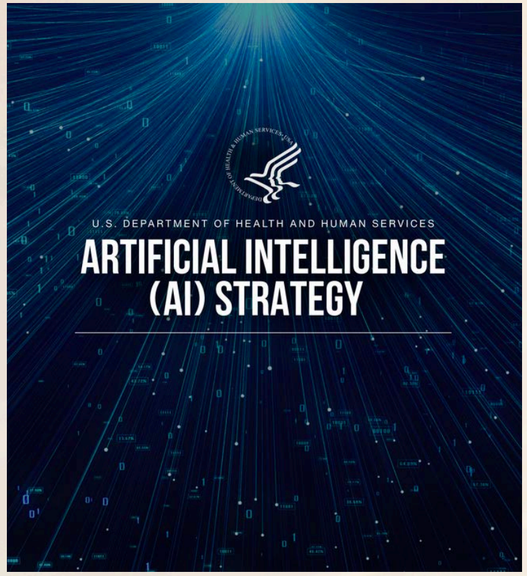
Nov 2025

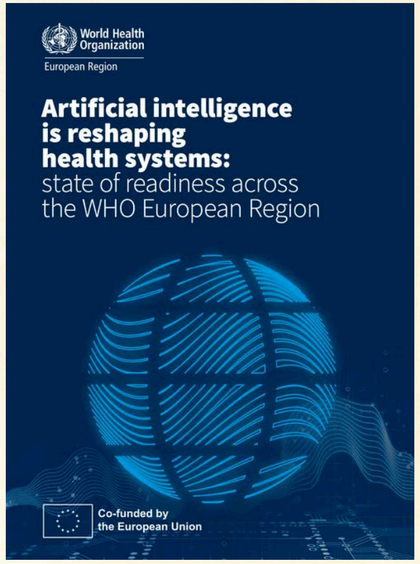
WHO-EURO report highlights only 4/50 countries have a National AI Strategy for Health

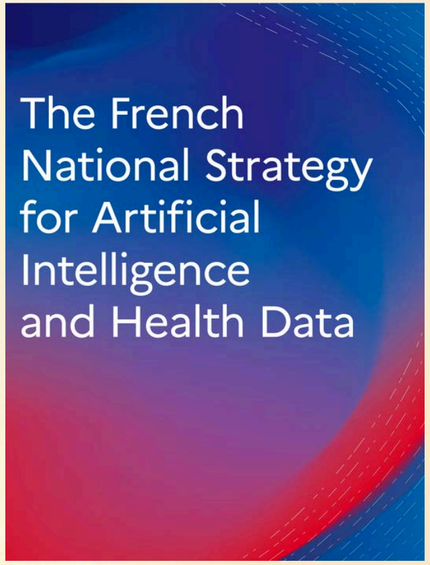
04

Dec 2025

France publishes National Strategy for AI and Health Data







Background: Snapshot of India’s journey from AI Generalist to AI Specialist

01

2018

First country in the Global South to launch a National AI Portal

02

2022

India becomes one of top 10 nations globally to release a National Strategy in AI

03

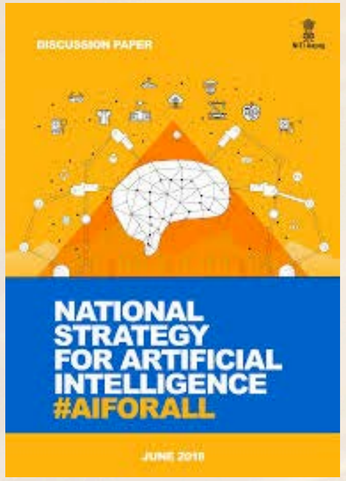
2025

With RBI paving the pathway for a sector-specific AI strategy, India is already transitioning from sector-agnostic to sector-specific

04

2026

India could be the **First in the Global South** to pioneer a sector-specific AI strategy for Health



Background: Snapshot of India’s journey from AI Generalist to AI Specialist

01

2018

The National Strategy for Artificial Intelligence in India, NITI Aayog

02

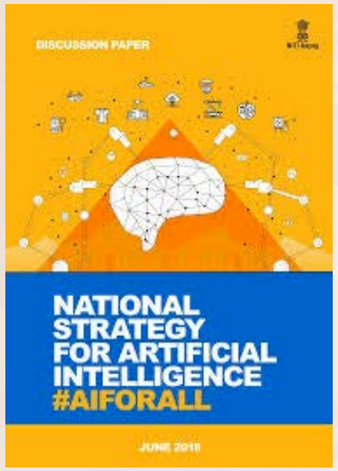
National Program on Artificial Intelligence (IndiaAI Mission) launched under the Ministry of Electronics & IT (MeitY)

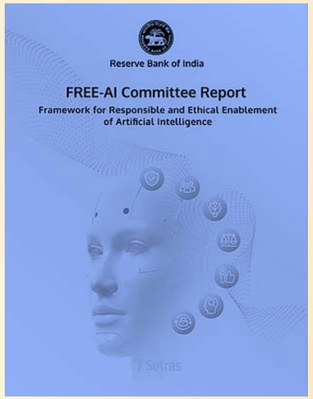
03

2025

India AI Governance Guidelines

RBI *Framework for Responsible and Ethical Enablement of AI (FREE-AI)*

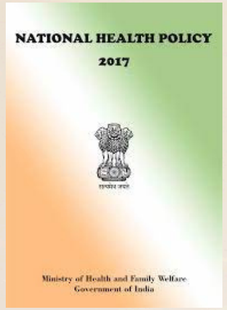




AI in Healthcare in India: Policy & System Enablers

1

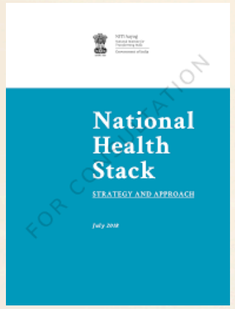
National Health Policy 2017



Aims at an integrated health information system to develop & deploy digital health across the continuum of care

2

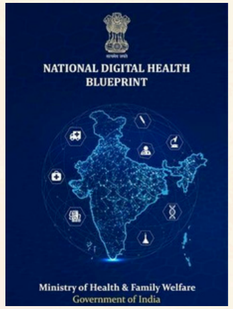
National Health Stack (2018)



Built as a Common Public Good (DPG) to avoid duplication of efforts and achieve convergence

3

National Digital Health Blueprint (2019)



Designed as a layered framework along with digital health infrastructure, digital health data hubs, building blocks, standards and regulations, and an institutional framework for its implementation

4

AI CoEs in Healthcare

Government of India has setup multiple CoEs to promote AI in Healthcare

- AIIMS Delhi
- AIIMS Rishikesh
- PGI Chandigarh
- TANUH, IISc Bangalore

5

AI Strategy for Healthcare

We are here

Looking to the future of an AI strategy which can be a lighthouse for AI innovation, and sustained use in India

Why a sector specific strategy is crucial ?

What can AI do in Healthcare

Early detection & clinical decision support *(Population scale)*

Accelerated drug discovery & trials *(Reduced R&D time/cost)*

Promoting AI in AYUSH & Traditional Medicine *(Safety, quality, global credibility)*

Shift to Preventive & Predictive Care *(Risk stratification & surveillance)*

Augment Health Workforce *(Automating routine tasks, remote supervision)*

Improve System Efficiency & Quality *(Workflow optimisation, resource planning)*

Extend Specialist Expertise *(Underserved areas via AI-triage)*

Healthcare's Distinct Characteristics

Ethical Sensitivities: Interplay of diversity, distribution, patient welfare & consent.

Regulatory Complexity: The web of existing medical data & protection laws.

Public Interest Obligations: Fundamental duty to ensure safe & equitable care.

SAHI: A Strategic Leap to Overcome the “Pacing Gap”

The Challenge

- **HealthCare Crisis:** WHO projects 10M worker shortage by 2030
- **Global Race:** US, EU, China advancing rapidly in AI-Health
- **Access Gap:** Rural India (2/3 population) has only 1/3 doctors
- **Regulatory Void:** Technology outpacing legal frameworks

Strategic Imperative for India

- India has a unique opportunity to develop **context-appropriate AI governance**.
- A strategy that balances innovation with ethical considerations, leveraging global best practices, while also addressing specific **developmental needs & cultural values**.

Strategic Foundation: Critical 1st Step

- **Clear Direction:** Defines national priorities & objectives
- **Stakeholder Alignment:** Unifies diverse players around common goals
- **Regulatory Blueprint:** Provides foundation for future legislation
- **Innovation Framework:** Balances innovation with safety & ethics

Strategy for AI in Healthcare for India: Unifying AI in Healthcare with a National Vision

Present

Efficiency

- 46% faster diagnostic reporting
- 99% reduction in TB diagnosis time

Cost Savings

- 66% reduction in mammography costs

Scalability

- Telemedicine and AI-assisted screenings enable access for millions

Access & Affordability

20Mn+
Lives impacted through TB screening by Qure.AI

250K+
Breast cancer screenings by Niramai across 10K+ screening camps

7.5 Mn+
Screened timely reducing eye disease incidence rates

309 Mn+
Patients served by eSanjeevni

Future

~50% of population has limited access to quality public healthcare[1] → +18% increased access to **quality healthcare** with meaningful access to internet[2]

~50% reduction in costs leveraging AI in healthcare[3] → +22% increased access to **affordable** healthcare[4]

Empowering 1Bn+ lives

1. Based on access issues to quality healthcare reported by World Bank, Census of India, CBHI India, IMS Health Report, National Sample Survey (NSS) and National Health Authority (NHA); 2. Based on messaging app usage we estimate 75% of adult population meaningfully uses internet applications with ~50% from rural areas; 3. Based on reported outcomes by healthcare startups and expert interviews; 4. Assumes price elasticity of -0.44 for overall medical care based on Harvard study (Health care demand elasticity by type of service)

# of Strategy for AI in Healthcare for India (SAHI)

Approach & Methodology

national health authority
सत्यमेव जयते

icmr INDIAN COUNCIL OF MEDICAL RESEARCH | NIRDHDS National Institute for research in Digital Health and Data Science

World Health Organization
Regional Office for South-East Asia

ASHOKA UNIVERSITY | Koita Centre for Digital Health at Ashoka

“Science-Based”, “Evidence-Driven”
Strategy Development : Comprehensive Methodology

Evidence-Based

Grounded in rigorous scientific methodology and peer-reviewed research.

Science-Driven

Built on comprehensive data analysis and empirical findings.

Robust Foundation

Contextualized for India’s unique needs & capabilities.

Phased Methodology for Developing National AI Strategy for Health

Writing team and desk review and global best practices

Evidence Integration & formation of technical working groups

Inter-Ministerial Consultation

Zero draft followed by Strategic Consultations

Technical Consultation

First Draft Completion

Intensive one-two day workshops with structured stakeholder engagement & consensus building

North- New Delhi
South-Vijayawada
West- Mumbai
East- Meghalaya

AI drafting committee

Independent Expert Peer Review

Inter-ministerial Consultation

Final Revised Draft

Public Launch

AI Impact Summit

Phased Methodology for Developing National AI Strategy for Health

Foundation & Initial	Draft Development &	R… …er Consultation	E… …w, Inter-Ministerial
Writing team and desk review and global best practices	Zero draft followed by Strategic Consultations	Intensive one-two day workshops with structured stakeholder engagement & consensus building	Independent Expert Peer Review
Evidence Integration & formation of technical working groups	Technical Consultation	North- New Delhi South-Vijayawada West- Mumbai East- Meghalaya	Inter-Ministerial Consultation
Inter-Ministerial Consultation	First Draft Completion	**AI drafting committee**	Final Revised Draft

Inter-Ministerial Consultation

AIM

To create a coordinated national approach for National AI Strategy for Health by bringing together key ministries, regulators, and states to align on standards, governance, and implementation pathways.

Objectives

1. **Align policies** across ministries and health agencies.
2. **Standardize data & interoperability** frameworks for digital health.
3. **Streamline regulations** for digital tools, devices, and AI.
4. **Enable technology adoption** and strengthen implementation capacity.
5. **Improve Centre–State coordination** for scalable digital health solutions

Consultation took place on **15th September** where **30 members** participated, **including representatives from central ministries, state governments, and various partner institutions.**

Central Government (8)

- MoHFW
- NITI Aayog
- Ministry of Education
- DONER
- Ministry of Electronics & Information Technology

State Government (6)

- Govt. of Kerala
- Govt. of Meghalaya
- Govt. of Haryana
- Govt. of Telangana
- Govt. of Punjab
- Govt. of MP

Others (5)

- DAKSHIN
- ANRF
- NABH
- NPC
- India AI Mission

Phased Methodology for Developing National AI Strategy for Health

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South-Vijayawada
West- Mumbai
East- Meghalaya

AI drafting committee

Independent Expert Peer Review

Inter-Ministerial Consultation

Final Revised Draft

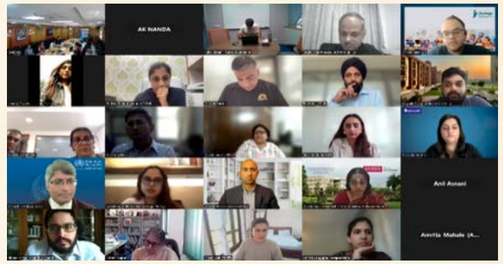
Technical Consultation

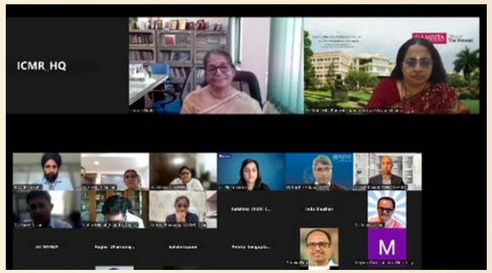
AIM

To establish a collaborative platform for a multi-sectorial dialogue, collective review, co-development and shared ownership for India's National AI Strategy for Health

Objectives

1. **Validate & refine** each pillar of the draft strategy.
2. **Identify missing policy components** across data, governance, workforce, research, and system integration.
3. **Incorporate expert perspectives** from clinical, technical, legal, policy, and public-health domains.
4. **Prioritize areas needing policy guidance** such as data standards, validation norms, liability, consent, and governance structures.





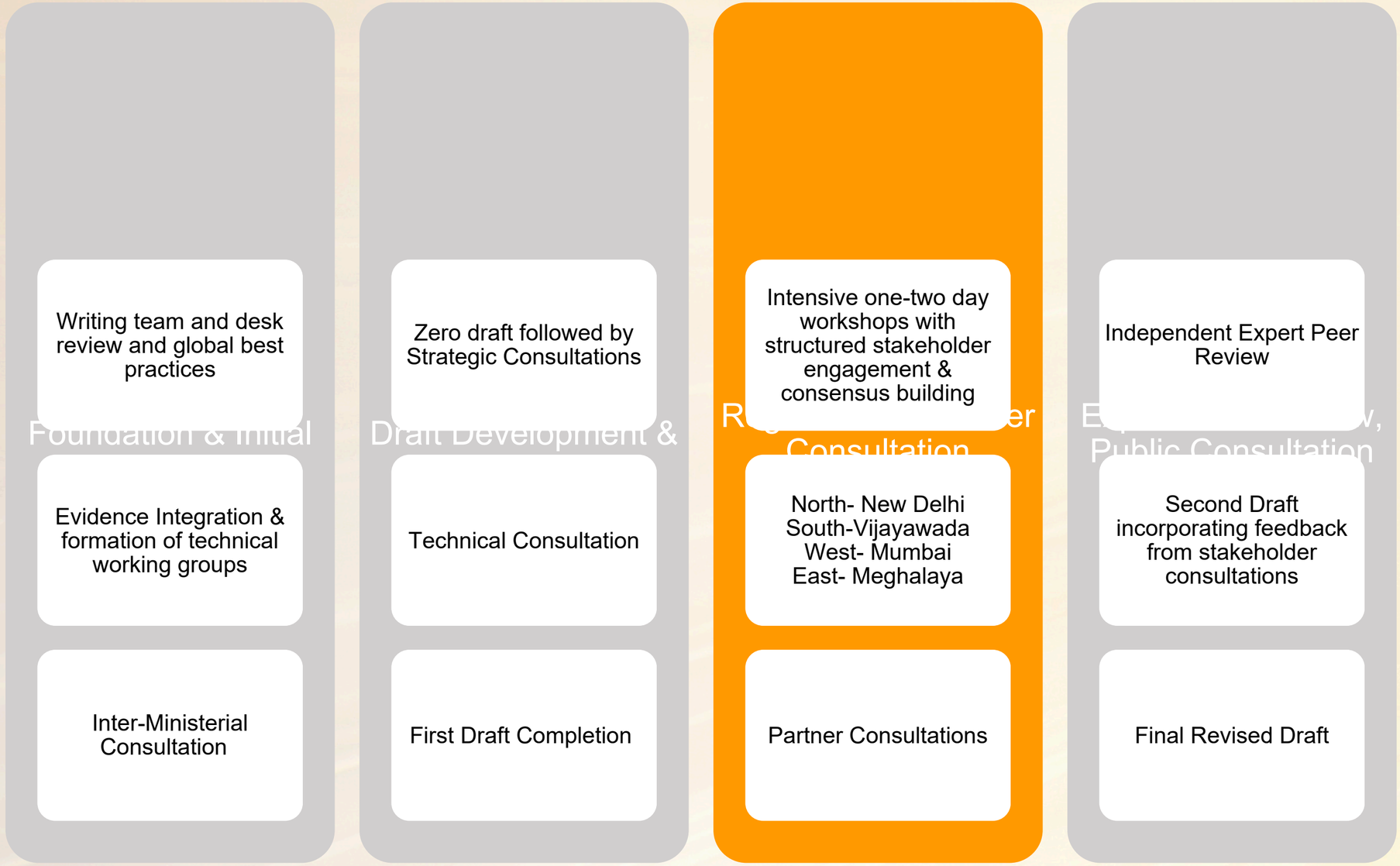
Consultation took place on **13th October** where **60 members** participated, **including representatives from –**

- Academia / Research – 13,
- Government / Multilateral – 8,
- NGOs / Foundations – 12,
- Industry / Private Sector - 10

Pillar-wise Participants

- Pillar 1: Data & Digital Infrastructure (11)
- Pillar 2: Governance, Ethics, & Policy (13)
- Pillar 3: Workforce & Capacity Building (11)
- Pillar 4: Research, Innovation & Evidence Generation (10)
- Pillar 5: Health Systems Integration & Impact (11)

Phased Methodology for Developing National AI Strategy for Health



Regional Multi-Stakeholder Convergence Workshop

AIM

To establish a collaborative platform for a multi-sectorial dialogue, collective review, co-development and shared ownership for India's National AI Strategy for Health

Objectives

1. Present the **first draft of the National AI Strategy for Health (Action Plan)**
2. **Conduct pillar-wise discussions** through focused breakout sessions to identify key gaps.
3. **Validate alignment** with national and state priorities, AI transformation goals, and stakeholder perspectives.
4. **Gather actionable feedback** on implementation steps, timelines, and resource requirements.
5. **Map roles and responsibilities** across pillars to strengthen coordination and reduce duplication.
6. **Build consensus on key strategies** for a sustainable, inclusive and safe AI for Health ecosystem

Overview of Regional Convergence Workshops

AIM

To capture **regional priorities, innovations, and governance experiences** and to inform and localize the National AI Strategy for Health, ensuring regional diversity, contextual relevance, and operational feasibility

North
Ashoka University
- 18th & 19th December 2025

East
Govt. of Meghalaya
13th Jan 2026

West
IIT Bombay
7th January 2026

South
Govt. of Andhra Pradesh
15th December 2025

Why it Matters?

1. India's health system **is diverse and decentralized,** requiring context-specific strategies across regions.
2. AI adoption in health demands **coherence across ministries, strong data governance, and capacity building** at multiple levels.
3. Regional consultations ensure that **state and local perspectives** shape national policy — making it grounded in real-world health delivery contexts.

Regional Convergence Workshop-West

7th January

Location – Mumbai

Host – IIT Bombay

Day 1: December XX 2025		
Time	**Session**	**Stakeholder**
A. Convergence Workshop Opening		
09:00 – 09:15 (15min)	Registration	All participants
09:15 – 09:30 (15min)	• Welcome and context setting • Objectives of the workshop	KCDH/ICMR
09:30 – 09:55 (25min)	Overview of the National AI Strategy for Health	WHO-SEARO
B. Breakout Session: Pillar-wise Feedback Discussions		
09:55 – 10:05 (10min)	Instructions for breakout sessions and structure	
10:05 – 12:50 (1 hr. 45 min)	Breakout session: 1. The facilitator identifies the group's agenda, prompts, note-taker, and timekeeper. 2. Each working group collectively decides on rules for engagement. 3. Working groups to identify gaps, critique, and provide feedback for respective pillar. 4. Synthesize inputs and begin drafting the group's Day 2 presentation. 5. For all groups: Discussion on Mission and Principles, and the implementation strategy	
	Working Group 1	
	Pillar 1: Data & Digital Infrastructure	• Facilitator: Ms. Preeti Syal • Notetaker: Ms. Sahaj Vaidya • Working group participants
	Working Group 2	
	Pillar 2: Governance, Ethics & Policies	• Facilitator: Dr. Karthik Adapa • Notetaker: Ms. Garima • Working group participants
	Working Group 3	
	Pillar 3: Workforce & Capacity Building	• Facilitator: Dr. Anurag Agrawal • Notetaker: Dr. Mayank • Working group participants
	Working Group 4	
	Pillar 4: Research, Innovation & Evidence Generation	• Facilitator: Dr. Saif Khairat • Notetaker: Ms. Debarati • Working group participants
	Working Group 5	
	Pillar 5: Health Systems Integration & Impact	• Facilitator: Dr. Mona Duggal • Notetaker: Dr. Anshul • Working group participants
12:50 – 13:30 (40min)	**Working Lunch in Respective Groups**	
13:30 – 14:15 (45min)	Breakout sessions (continued): Working groups collate feedback for their respective pillar and prepare a short presentation for all participants	All participants in their respective working groups
14:15 – 16:15 (2 hrs.)	Presentations on strategy feedback and gaps by each working group, in the following order (20 min each): 1. Working Group 1 2. Working Group 2 3. Working Group 3 4. Working Group 4 5. Working Group 5	Representative of each working group
16:15 – 16:45 (30min)	Open discussion and convergence	Moderator: WHO-SEARO
16:45 – 17:15 (30min)	Summary of key priorities identified through the multi-stakeholder workshop and next steps	WHO-SEARO/ICMR/KCDH
17:15 – 17:45 (30min)	**Coffee Break / End of Workshop**	

SAHI Drafting Committee

Government of India has constituted **a drafting committee** for **SAHI** to formulate an **India-specific AI strategy** that is **population-scale, inclusive, ethical**, and **aligned with national digital public infrastructure.**

3rd Floor, Tower-1, Jeevan Bharti Building,
Connaught Place, New Delhi-110001
Date : 08.01.2026

OFFICE MEMORANDUM

Subject: Constitution of the Committee for creating the Strategy for AI in Healthcare for India-regarding.

Artificial Intelligence (AI) has the potential to transform healthcare delivery across the continuum of care, ranging from prevention, diagnosis and treatment in the health sector, health systems management and research. There is a need for a coherent, future-ready and India-specific AI strategy that is population-scale, inclusive, ethical, and aligned with existing national digital public infrastructure.

2. To formulate the Strategy for AI in Healthcare for India, which will provide strategic direction, and guiding principles for responsible adoption of AI in the health sector, the Government of India has decided to constitute a Committee under the Chairmanship of CEO NHA with the following members:

1. Dr. Sunil Kumar Barnwal, CEO NHA - Chairman
2. Ms. Aradhana Patnaik, AS & MD (NHM), MoHFW
3. Shri Madhukar Kumar Bhagat, Joint Secretary (eHealth), MoHFW
4. Dr. Rajeev Raghuvanshi, Drug Controller General of India
5. Dr Karthik Adapa, Regional Adviser, Digital Health, WHO SEARO
6. Dr. Mona Duggal, Director, ICMR - National Institute for Research in Digital Health and Data Sciences
7. Shri Varun Singh, Consultant, Health & Family Welfare Division, NITI Aayog
8. Prof Balaraman Ravindran, Head, CeRAI and Professor, IIT Madras
9. Prof. Rajeev Kumar, Professor of Urology, AIIMS Delhi
10. Ms. Ameera Shah, President, NATHEALTH and Promoter & Executive Chairperson, Metropolis Healthcare Ltd
11. Shri Rahul Matthan, Partner, TriLegal
12. Shri Harsh Dhand, APAC Lead, GenAI, Research, Labs & Core Partnerships, Google
13. Shri Kiran Gopal Vaska, JS & MD (ABDM), NHA - Member Secretary

Phased Methodology for Developing National AI Strategy for Health

Writing team and desk review and global best practices

Evidence Integration & formation of technical working groups

Inter-Ministerial Consultation

Zero draft followed by Strategic Consultations

Technical Consultation

First Draft Completion

Intensive one-two day workshops with structured stakeholder engagement & consensus building

North- New Delhi
South-Vijayawada
West- Mumbai
East- Meghalaya

Partner Consultations

Independent Expert Peer Review

Inter-ministerial consultation

Final Revised Draft

Public Launch

AI Impact Summit

Independent Expert Peer Review

AIM

To ensure India’s National AI Strategy for Health is scientifically robust, globally benchmarked, and refined through independent, expert feedback.

Objectives

1. **Validate rigor** by reviewing the strategy’s technical soundness and evidence base
2. **Benchmark globally** against leading international standards, ethics frameworks, and best practices.
3. **Ensure contextual relevance** while strengthening applicability to broader LMIC settings.
4. **Integrate multidisciplinary expertise** across AI, public health, regulation, and ethics.
5. **Identify gaps and risks** to strengthen feasibility, safety, and long-term sustainability.
6. **Enhance credibility and build global confidence** in the strategy's design and direction.

Overview of Consultations for Developing National AI Strategy for Health

Timeline

15th September 2025
Inter-ministerial Consultation

13th October 2025
Technical Consultation

3rd November 2025
Completion of first draft of the strategy

December 2025 / Early January 2026
- **South:** Vijayawada – 15th December
- **North :** New Delhi – 18th & 19th December + Govt. Consultation (20th Jan)
- **West:** Mumbai – 7th January
- **East :** Shillong (13th Jan)
- Partner Consultation

January 2026
- Expert Peer Review
- Public Review

February 2026
Public Launch at AI Impact Summit 19-20 February

# of Strategy for AI in Healthcare for India (SAHI)

Review the design, capabilities and key building blocks of India's Digital Health Ecosystem to answer one key question:

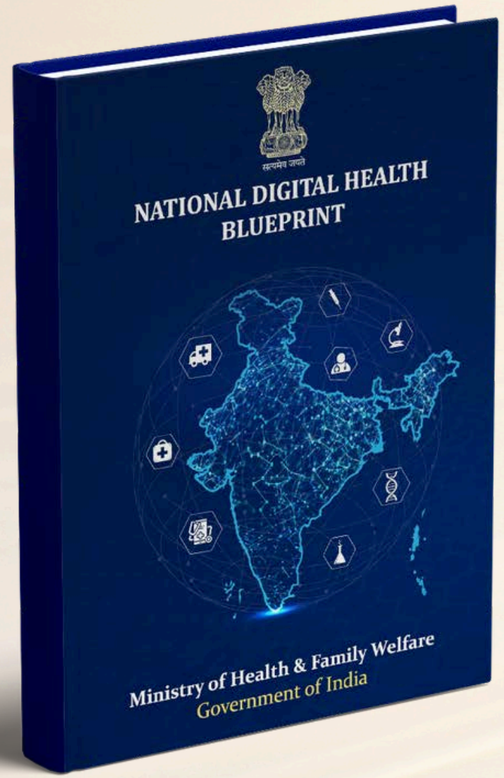
Vision
Governing Principles
Strategic Pillars

national health authority
सत्यमेव जयते
icmr INDIAN COUNCIL OF MEDICAL RESEARCH
NIRDHDS National Institute for research in Digital Health and Data Science
World Health Organization Regional Office for South-East Asia
ASHOKA UNIVERSITY
Koita Centre for Digital Health at Ashoka

Draft Vision for SAHI

To enable the safe, ethical, evidence-based, and inclusive use of artificial intelligence across India's healthcare system, leveraging digital public infrastructure and institutional strengths to **drive responsible innovation, expand access to high-quality and affordable care,** improve health outcomes, while positioning India as a global leader in responsible AI for healthcare.

Blueprint Before Scale: Foundational Digital Health Blueprint Enabled ABDM's Rapid Scale



2019

ABDM's Technology Stack

Digital Health Applications

U-WIN · Poshan Tracker · eSanjeevani National Telemedicine Service · HMIS Health Management Information System · Integrated Health Information Platform, Ministry of Health and Family Welfare

Health-Specific DPIs

ABHA · Healthcare Professional Registry · National Health Claims Exchange

Foundational DPIs

AADHAAR · UPI Unified Payments Interface · DigiLocker Your documents anytime, anywhere

Physical Infrastructure

Data Centers · Compute · Devices

2021-2025

SAHI’s Governing Principles

The Ministry of Electronics & IT (MeitY), through the IndiaAI Governance Guidelines has articulated a set of **foundational, cross-sectoral governance principles** for AI in India- centred on

01	02	03	04	05	06	07
Trust is the Foundation	**People First**	**Innovation over Restraint**	**Fairness and Equity**	**Accountability**	**Understandable by Design**	**Safety, Resilience and Sustainability**

SAHI is fully aligned with the national principles and translate these ideas into health-system–specific guidance.

Five Strategic Pillars

A comprehensive framework for transforming India's healthcare system through artificial intelligence, built on robust foundations and measured outcomes

national health authority
सत्यमेव जयते
icmr INDIAN COUNCIL OF MEDICAL RESEARCH
NIRDHDS National Institute for research in Digital Health and Data Science
World Health Organization Regional Office for South-East Asia
ASHOKA UNIVERSITY
Koita Centre for Digital Health at Ashoka

Five Strategic Pillars

Pillar 1

Governance, Regulation, and Trust

Establishes enforceable regulations, ethical safeguards, procurement integrity, and citizen redress mechanisms

Pillar 2

Health Data & Digital Infrastructure

Create a unified secure and interoperable health data ecosystem

Pillar 3

Workforce, Capacity, and Change Management

Launches a national upskilling mission and integrates AI into health education curricula.

Pillar 4

Research, Innovation & Evidence Generation

Fosters a robust research-to-deployment pipeline with open science principles and real-world validation

Pillar 5

Ecosystem Enablement and Development

Fosters a robust research-to-deployment pipeline with open science principles and real-world validation

Pillar I: Governance, Regulation, and Trust

This pillar establishes the governance anchor across the AI life cycle-from development to deployment, ensuring safe and responsible AI adoption in healthcare.

GAPS

1. Fragmented and limited governance across the AI lifecycle
2. Need for AI specific certification mechanisms for deployment
3. Limited post-deployment monitoring and oversight
4. Unclear expectations for human oversight and decision rights

Pillar I

Governance, Regulation & Trust

Risk, Safety and Accountability

Recommendations

- Establish a risk-based governance approach for AI in healthcare, wherein AI systems may be classified based on clinical context, level of autonomy, and potential impact, including consideration of risks.
- Measures should be put in place to ascertain the accountability of different actors in the AI healthcare ecosystem so that liability for harms caused, can be appropriately allocated.
- Safety should be embedded into all stages of the AI lifecycle based on clear domain-specific standards duly that are clinically relevant.

Pillar I

Governance, Regulation & Trust

Equity, Inclusivity and Autonomy

Recommendations

- Training and validation data for healthcare AI systems should be representative of the populations and settings in which they are intended to be used.
- High-impact AI applications should assess and mitigate potential equity impacts as part of design, evaluation, and deployment decisions.

Pillar I

Governance, Regulation & Trust

Transparency, Monitoring and Continuous Oversight for adoption

Recommendations

- AI applications should be transparent and explicitly communicate use, limitations, and risk in a form that intended users can understand.
- AI applications should be monitored post deployment for performance changes, model drift, bias and other unintended consequences.

Pillar I

Governance, Regulation & Trust

Cross sector governance

Recommendations

- Institutionalise formal cross-sector and centre–state coordination mechanisms across health, technology, legal, and regulatory authorities to reduce duplication, support smaller states/facilities, and ensure coherent governance across the health AI lifecycle.

Pillar II: Health Data and Digital Infrastructure

This pillar focuses on making the health data ecosystem 'AI ready' by prioritizing digitisation and interoperable architectures for a data ecosystem

GAPS

1. Weak data quality assurance across the ecosystem
2. No trusted, repeatable pathways for responsible data access
3. No clear operational rules for reuse of health data
4. Public and Private sector operating in silos

Pillar II

Health Data & Digital Infrastructure

Data Coverage, Representativeness, and Participation

Recommendations

- Enable public & private sector participation in the national data ecosystem through minimum datasets specifications, interoperability obligations, and incentives for high-value contributors, while ensuring equitable population and geographic representation.

Pillar II

Health Data & Digital Infrastructure

Data lifecycle governance

Recommendations

- Leverage DPDP for defining purpose limitation and proportionality in health data use.
- Create privacy-preserving access standards (de-identification/anonymisation proportional to risk and rarity), along with traceability, access logging, and accountability across organisational boundaries for AI development and deployment.
- Defining minimum cybersecurity standards, incident response protocols, and continuity planning for health data.

Pillar II

Health Data & Digital Infrastructure

Data quality, integrity, and AI readiness

Recommendations

- Define and implement a Health Data Quality Framework tailored to AI use cases, specifying minimum standards for completeness, consistency, fitness-for-use across public and strategically relevant datasets for datasets used in AI development and deployment.

Pillar II

Health Data & Digital Infrastructure

Interoperability, and Standards based Infrastructure

Recommendations

- Aggressive adoption of ABDM-aligned interoperability standards in the public and private sector.
- The data architecture should be capable of supporting secure, multi-modal data exchange for evolving AI use cases.

Pillar III: Workforce, Institutional Capacity, and Change Management

This pillar focuses on building foundational, role-appropriate AI literacy across the health workforce, strengthening institutional capacity, and ensuring that AI-enabled tools are integrated into routine clinical and public health workflows through deliberate change management.

GAPS

1. No shared baseline of AI literacy across roles
2. Limited institutional capacities
3. Limited user acceptability towards AI technology
4. Limited interdisciplinary collaboration and training

Pillar III

Workforce, Institutional Capacity & Change Management

Workforce Capacity and AI Literacy

Recommendations

- Promote role-based AI competency framework for the health sector, defining expected levels of AI understanding and responsibility across clinical, administrative, frontline, and leadership roles.
- Integrate AI and digital health competencies into relevant formal education and skilling pathways (including medical, technical, and public administration education).
- Strengthen AI capacity leveraging iGOT among regulators, auditors, and supervisory authorities to enable effective evaluation, monitoring, audit, and enforcement across the AI lifecycle in healthcare.

Pillar III

Workforce, Institutional Capacity & Change Management

Institutional Capacity within Government and Health Systems

Recommendations

- Create designated AI units or nodal cells within health departments and health institutions to lead AI strategy, use-case prioritisation, tool assessment, deployment oversight, and lifecycle management.
- Establish structured collaboration and knowledge-exchange mechanisms to enable continuous learning, research, and cross-jurisdictional sharing in support of ethical, context-appropriate AI adoption in healthcare.

Pillar III

Workforce, Institutional Capacity & Change Management

Change Management, Workflow Integration, and Trust

Recommendations

- Embed AI tools within existing clinical and public health workflows to support decision-making without increasing burden or fragmentation.
- Clearly define roles and responsibilities for human and AI in workflows, including oversight and escalation mechanisms, to ensure safe and trustworthy use.

Pillar IV: Research, Innovation, and Evidence Generation

This pillar addresses the need to build a strong research and innovation ecosystem to enable AI adoption in health backed by robust evidence.

GAPS

1. Lab-to-Pilot gap in AI solutions
2. Limited access to India specific quality datasets for research and innovation
3. Limited guidance for evaluation and evidence generation
4. Limited funding to move solutions safely from research to real-world use

Pillar IV

Research, Innovation & Evidence Generation

Responsible and Trust-Anchored Research

Recommendations

- Strengthen institutional ethics committees to become AI-ready as part of ethical review for AI research and deployment.
- Align research incentives, approvals, and funding mechanisms with national and state health priorities.

Pillar IV

Research, Innovation & Evidence Generation

Evidence, Validation and Performance Assurance

Recommendations

- Develop standardized evaluation frameworks for health AI that go beyond accuracy to include fairness, usability, safety, and clinical relevance, with evaluation rigor explicitly linked to risk classification.

Pillar IV

Research, Innovation & Evidence Generation

Translation from Research to Real World Impact

Recommendations

- Encourage stage appropriate funding mechanisms that support health AI from research to pilot testing, deployment, and scaling within public health systems.
- Enable trial designs suited to evolving AI systems, and integrate post-market monitoring, drift detection and feedback loops to support continuous learning and improvement.

Pillar V: Ecosystem Enablement and Global Leadership

This pillar focuses on strengthening the institutional, collaborative, and knowledge-sharing environment required for the responsible adoption of AI in healthcare

GAPS

1. Lack of coordination and shared direction across the ecosystem
2. Uncertainty around healthAI deployment
3. Limited shared data, sandboxes, and infrastructure for safe experimentation
4. No clear, predictable pathway from innovation → pilot → adoption

Pillar V

Ecosystem Enablement & Global Leadership

Market Stewardship and Demand Shaping

Recommendations

- Adopt outcome-oriented public procurement frameworks for health AI and define clear pilot-to-scale adoption pathways within public health systems, ensuring that evidence generation, safety validation, and system readiness are embedded into procurement decisions.

Pillar V

Ecosystem Enablement & Global Leadership

Industry Enablement and Pilot to Scale Pathways

Recommendations

- Promote cluster-based AI-for-health ecosystems anchored in public institutions (medical colleges, public hospitals, research centres) to reduce entry barriers for startups and MSMEs and align innovation with real system needs.
- Define and institutionalise clear pilot-to-scale pathways for health AI adoption within public health systems, supported by testbeds, sandboxes, and real-world validation environments to support safe experimentation, evaluation, and transition to scale.

Pillar V

Ecosystem Enablement & Global Leadership

Public–Private–Academic Partnerships

Recommendations

- Support structured public–private–academic partnerships focused on pilot to scale innovation, co-development, and real-world deployment of health AI, with clear governance, IP, and data-sharing arrangements.

Pillar V

Ecosystem Enablement & Global Leadership

Ecosystem Learning and Global Cooperation

Recommendations

- Establish institutionalized platforms for ecosystem-level learning and knowledge exchange and to strengthen India’s engagement in global cooperation and norm-setting for responsible AI in healthcare.

Thank you