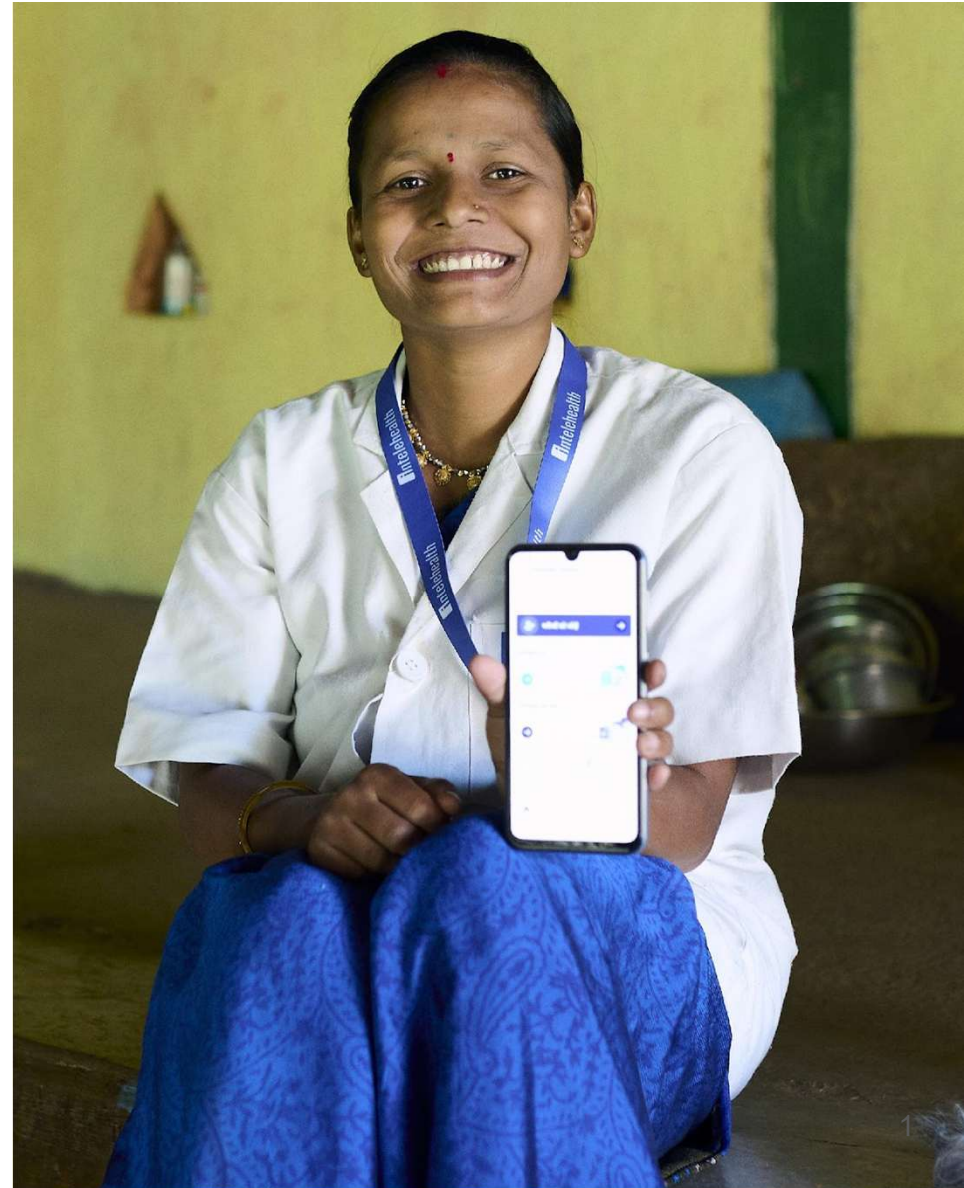# Telemedicine In Action:
Transforming healthcare in LMICs

About the Webinar Series

Intelehealth is proud to collaborate with the WHO SEARO office to drive the future of telemedicine and transform healthcare equity in low- and middle-income countries. Together, we are launching a groundbreaking webinar series that will empower governments with the knowledge and tools needed to build sustainable, standards-compliant telemedicine programs.

Total Webinars: 13, will take place online on **Zoom**

Goal: By the end of the series, health system leaders will learn to integrate telemedicine into public health systems. We will also develop videos and literature to be published after each webinar or at the series' conclusion.

Target Audience:
Healthcare policymakers, healthcare professionals, public health leaders, digital health enthusiasts, and decision-makers in the South East Asia region and Globally.

• Ministry personnel
• Private sector organizations – NGOs & Hospitals
• Healthcare professionals – nurses, midwives, community health workers, doctors, pharmacists
• Donors & aid agencies

Webinar Agenda

S.No	Time	Details	Speaker/Moderator
1	02.00 PM– 02.10 PM	Introductory Remarks	Dr. Neha Verma
2	02.10 PM– 02.20 PM	Telemedicine Policy: How Telemedicine is Regulated in Asia	Ms Arya Tripathy
3	02.20 PM– 02.30 PM	Telemedicine Policy: How Telemedicine is Regulated in Asia	Dr Uditha Perera
4	02.30 PM– 02.40 PM	Telemedicine Policy: How Telemedicine is Regulated in Asia	Mr Sukhendu Shekhor Roy
5	02.40 PM– 02.55 PM	Wrap Up	Dr. Neha Verma
6	02.55 PM – 03.20 PM	Q&A	Dr. Neha Verma
7	03.20 PM – 03.30PM	Closing Remarks	Dr. Neha Verma

Webinar Faculty

Ms. Arya Tripathy

Ms. Arya Tripathy is a Partner at Cyril Amarchand Mangaldas with over 13 years of experience in General Corporate Law, M&A, Technology, and Data Protection. She advises leading global and Indian clients on complex legal, regulatory, and privacy issues, with a strong focus on IT, emerging technologies, healthcare, and social impact sectors. Arya is a Certified Information Privacy Professional (CIPP/A) and holds leadership roles in international legal associations like ITechLaw and IAPP.

Dr. Uditha Perera

Dr. Uditha Perera is board-certified Medical specialist in Health Informatics. He serves as a consultant in Health Informatics at the Lady Ridgeway Hospital for Children, Colombo, one of the world's largest paediatric hospitals by bed capacity. Dr. Perera has led the hospital's transformation into a national centre of excellence for digital health, spearheading the integration of laboratory, radiology, and patient management systems across outpatient, clinic, and inpatient settings.

Mr. Sukhendu Shekhor Roy

Sukhendu Shekhor Roy, Senior System Analyst at the MIS, Directorate of Health, Ministry of Health and Family Welfare, is a key figure in driving digital health initiatives in Bangladesh. He has been deeply involved in the development and implementation of the Shareable Health Record (SHR), enabling seamless and secure access to patient data across platforms. SHR has also played a pivotal role in the nationwide Hospital Automation System using OpenMRS, improving hospital workflows and clinical data management. His contributions to scaling up DHIS2 have strengthened routine health data reporting and analysis at all administrative levels

6

Telemedicine Policy: How Telemedicine is Regulated in Asia

Objectives and Outcomes

Objectives:

The session aims to inform healthcare policymakers and professionals about the evolving legal landscape of telemedicine, offering insights from policymakers, legal experts, and telemedicine practitioners on how to navigate regulatory challenges and opportunities.

Expected Outcomes: By the end of the webinar, participants will:

● Gain a comprehensive understanding of how telemedicine is regulated across South and Southeast Asia.
● Learn about legal considerations for telemedicine, including data privacy, liability, and cross-border regulations.
● Explore case studies of successful telemedicine regulatory frameworks and understand how policymakers can navigate challenges.
● Take away key recommendations for developing or refining telemedicine regulations in their respective regions.This webinar will provide actionable insights into building a telemedicine-ready workforce, ensuring that healthcare professionals are equipped to meet the demands of digital health transformation.

A REVIEW OF

TELEMEDICINE REGULATION

IN ASIA

A comparative evaluation report of laws and policies regulating
Telehealth & Telemedicine in Asian countries

Map of Asian countries with and without a telemedicine law

45% of countries *(as on 16/12/24)* have a telemedicine law or non-binding guideline.

Telemedicine Laws
- Countries with a Telemedicine Law
- Countries without a Telemedicine Law
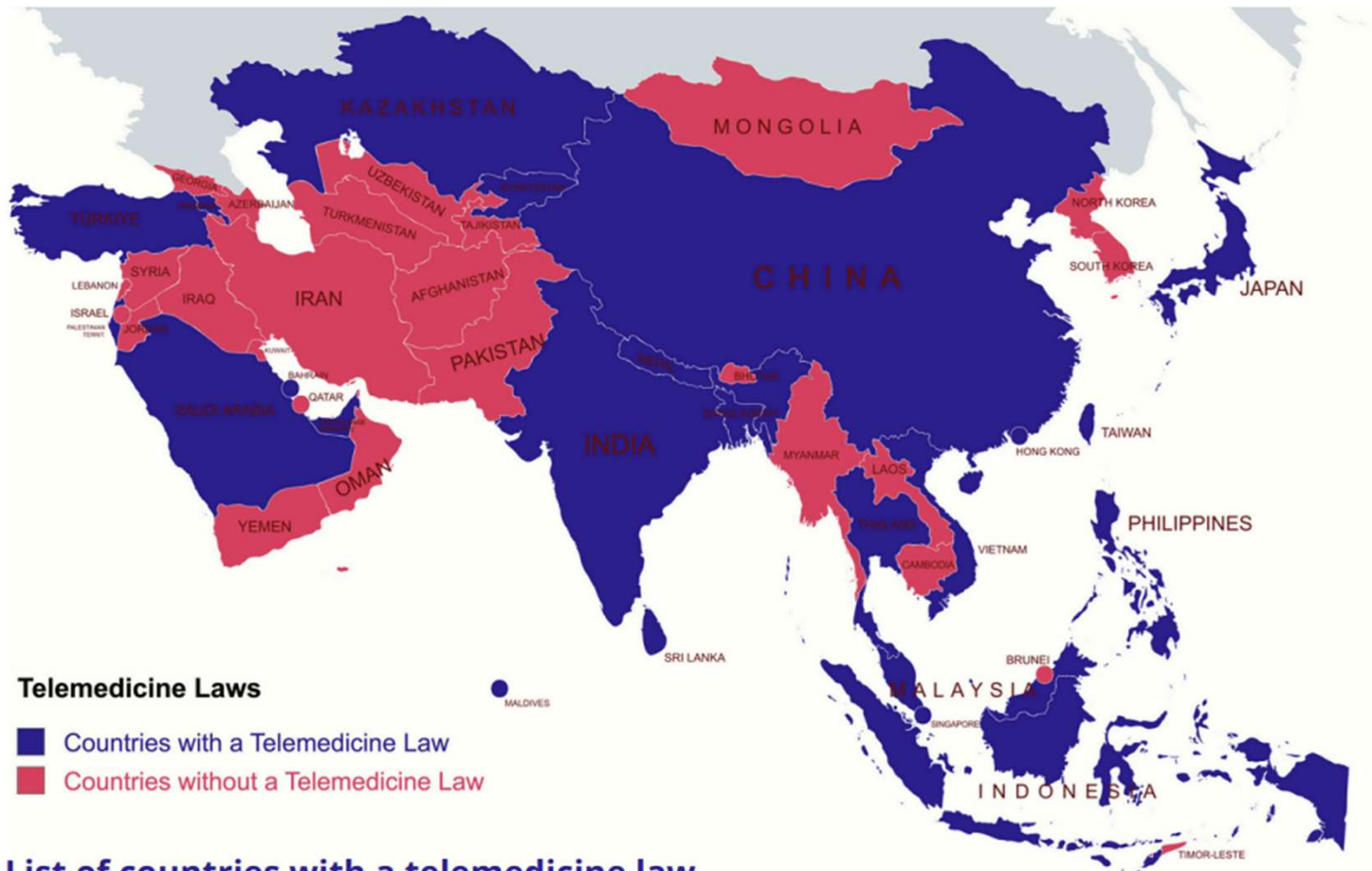
V. List of countries with a telemedicine law

Speaker I

Regulation of Telemedicine practices in Asia

Ms. Arya Tripathy

Partner at CAM | Forever Givester 2023 | ALB Rising Star 2022 | ALB Woman Law Awards Finalist Pro-Bono Lawyer 2023 | CIPP/A | Business Lawyer

Telemedicine Regulation Across Asia

- "Telemedicine" is generally understood as delivery of healthcare services using information and communication technologies (ICT) for diagnosis, treatment, and prevention of diseases and injuries.
  Not always synonymous with "telehealth" which is wider in connotation.

- Asian telemedicine regulation landscape is "uneven" and "evolving".

- Only 23 out of 51 Asian countries (about 45%), have some form of binding telemedicine law, or non-binding policy/guideline.

- Binding norms in 18 countries – Armenia, Bahrain, Bangladesh, China, India, Israel, Kazakhstan, Kyrgyzstan, Maldives, Nepal, Saudi Arabia, Singapore, Sri Lanka, Taiwan, Thailand, Turkey, UAE, and Vietnam (hereinafter Covered Jurisdictions)

- Common themes across telemedicine laws in Covered Jurisdictions: (i) eligibility criteria for telemedicine provider; (ii) befitting cases for telemedicine consultation and associated limitations; (iii) permissible audio-video and other communication tools; (iv) significance of patient consent; (v) application of ethical standards and medical codes of conduct; (vi) compliance with applicable information technology and data privacy laws; (v) penalties and consequences.

❏ Only registered/licensed medical practitioners can offer and provide telemedicine, which could be direct patient=doctor consultation or doctor consultation through health workers or peer-to-peer consultation between doctors

❏ Not all forms of diagnosis, treatment, and care are suitable for telemedicine; medical practitioner to sensitize about limitations and determine suitability of undertaking telemedicine consultation with consenting patient

❏ Countries like Bangladesh, India, provide specifics on what medication can be prescribed while limiting others. Almost all Covered Jurisdictions emphasize on validity of prescriptions issued during teleconsultation and require specific steps such as on letterhead, signature, etc. for recognition of such e-prescriptions

Contd.

❏ Except China and Singapore that have detailed standards for technology requirements, others do not have such stipulations, and there is flexibility as long as deployed ICT systems and tools are compliant with applicable laws and specific telemedicine regulations

❏ Patient consent, ability to withdraw or withhold are sacrosanct

❏ Significant focus on data collection, processing and protection through applicable data protection laws

❏ Penalties and consequences could extend to fines, claims of medical negligence, and revocation or suspension of license/registration to practice

❏ Many refer and advocate to curated codes of practice

● Non-binding policies or guidelines, mostly introduced in wake of COVID-19 pandemic in 5 countries – Hong Kong, Indonesia, Japan, Malaysia, and Philippines; many of these were only designed to cater to pandemic situation

● Some key challenges: (i) fragmented regulatory landscape making an international telemedicine framework difficult (notwithstanding WHO recommendations); (ii) absence of specific technology standards for ICT systems used; (iii) low patient autonomy; (iv) low data privacy awareness and implementation; (v) absence of adequate policy initiatives to encourage integration of niche technologies like AI-assisted diagnostics

Telemedicine Regulation in India – A Case Study

- Prior to 2020 – operated in a legal grey area; no dedicated legislation or regulatory framework.

- While IT Act, 2000 and its rules, and the Drugs and Cosmetics Rules, 1945 contained provisions that could be interpreted to apply to telemedicine regarding security of personal data exchanged over telecommunication means during consultation and diagnosis, and prescription protocols for RMPs, they did not explicitly address remote healthcare delivery

- **Martin F. D'Souza vs. Mohd. Ishfaq** – 2009 Supreme Court judgement – Health care providers consulting with, diagnosing, and treating patients through phone calls, video conferencing or other digital platforms was discouraged – court said tendency to give prescriptions over the telephone should be avoided unless in an acute emergency. Pertinently, court failed to describe what constitutes an "acute emergency"

- **Deepa Sanjeev Pawaskar vs. State of Maharashtra** – 2018 Bombay high court judgment – doctor was held criminally liable for prescribing medication over the phone without a physical examination. Court's decision raised concerns about the risks of remote consultations, particularly in the absence of clear guidelines on medical ethics and professional responsibility in telemedicine

- March 2020 – In response to the COVID-19 pandemic, **Telemedicine Practice Guidelines** were issued by the Ministry of Health and Family Welfare; Similar guidelines for Homoeopathy, Ayurveda, Siddha and Unani practitioners

Contd.

- **Overview of Guidelines:**
- ❏ Under Telemedicine Practice Guidelines, 2020, if consultation is initiated by the patient, consent is implied. Where initiated by RMP, caregiver, or health worker, explicit consent is required
- ❏ Allows for use of any ICT tool
- ❏ Contemplates a 3 year training of practitioners
- ❏ Consent must be documented via email, text, audio, or video record
- ❏ RMPs are obligated to inform patients of distinctive features of telemedicine, including how it works, how to schedule appointments, privacy concerns, possibility of technological failures including confidentiality breaches, protocols for contact during virtual visits, prescribing policies, coordinating care with other health professionals in a clear and understandable manner, without influencing the patient's choices
- ❏ E-prescriptions are permissible, must be signed, and doctor can directly send to pharmacy for dispensation or to patient
- ❏ Only certain medicines can be prescribed – Schedule X drugs prohibited
- ❏ Medical data qualifies as Sensitive Personal Data or Information; Collection, storage, or transfer of SPDI by body corporates triggers compliance requirements under the Information Technology (Reasonable Security Practices And Procedures And Sensitive Personal Data Or Information) Rules, 2011
- ❏ Binding on practitioners and breach viewed as professional misconduct, that can lead to disqualifications; possible to sustain claims of medical negligence as well

Contd.

- **Key Hurdles:**

- ❏ DPDPA requires data fiduciaries to obtain explicit consent of the Data Principal. As per the draft Rules, the notice to a data principal must include the purpose as well as the proposed services – readiness to comply?

- ❏ Ban on consultations outside India – limiting access for Indian citizens abroad who may prefer consulting Indian doctors due to language, cultural familiarity, or cost considerations, and hampers the potential for cross-border medical collaborations, second opinions, and continuity of care for patients who travel frequently or reside in multiple countries

- ❏ Efforts to enable use of AI-powered tools – platforms using AI are not allowed to counsel patients or prescribe medicines; AI and advanced data science-based decision support systems can be used to assist on patient evaluation, diagnosis or management

Telemedicine and Adoption of AI

- **Interesting use cases across Asia**: (a) National University Health System, Singapore uses AI to predict hospital stay durations for optimal resource allocation and personalised treatment, (b) Seoul National University Bundang Hospital, South Korea uses private cloud for real-time records and collaboration

- **Forecasts in Asia**: (a) 60% growth in AI adoption by 2026, (c) 50% of healthcare entities expected to adopt GenAI by 2027 to fix data/workflow fragmentation, (c) GenAI to contribute $100 billion in healthcare savings

- **India**: In India, over 5 million remote consultations annually; rural access aided by regional language AI interfaces
- ❏ Platforms like Practo and Apollo 24/7 use AI symptom checkers; Practo uses AI for smart doctor search, symptom-based triage, client management automation, and data structuring for better diagnosis
- ❏ Apollo Telehealth uses AI for (a) medical imaging, (b) maintaining electronic medical records, (c) acceleration of drug development, (d) chronic disease management, and (e) delivery of personalized medicine
- ❏ Although not specific to telemedicine, India has the **ICMR Ethical Guidelines for AI in Healthcare** (2023)

- **Future roadmap:**
Regulation of AI and its use in telemedicine – premature timing, but definitely requires immediate attention of policy-makers
Seek to strengthen data and information technology regulations – need for stronger implementation and enforcement
Soft codes and guidelines to gradually progress to binding norms

Speaker II

Regulation of Telemedicine practices in Sri Lanka

Dr. Uditha Perera
Dr. Gumindu Kulatunga

Board Certified Medical Specialists in Health Informatics
Ministry of Health
Sri Lanka

Background

- Telemedicine/Telehealth modality have been used frequently in Sri Lanka for healthcare delivery even before the COVID 19 pandemic.
- Since the pandemic it has become even more popular as a vital tool in overcoming barriers to healthcare access in all sectors.
- More than 30 Telemedicine service providers in the island.
- The absence of standardized guidelines related to Telemedicine poses significant challenges, both in terms of ensuring patient safety and maintaining the quality of care provided through telemedicine services.

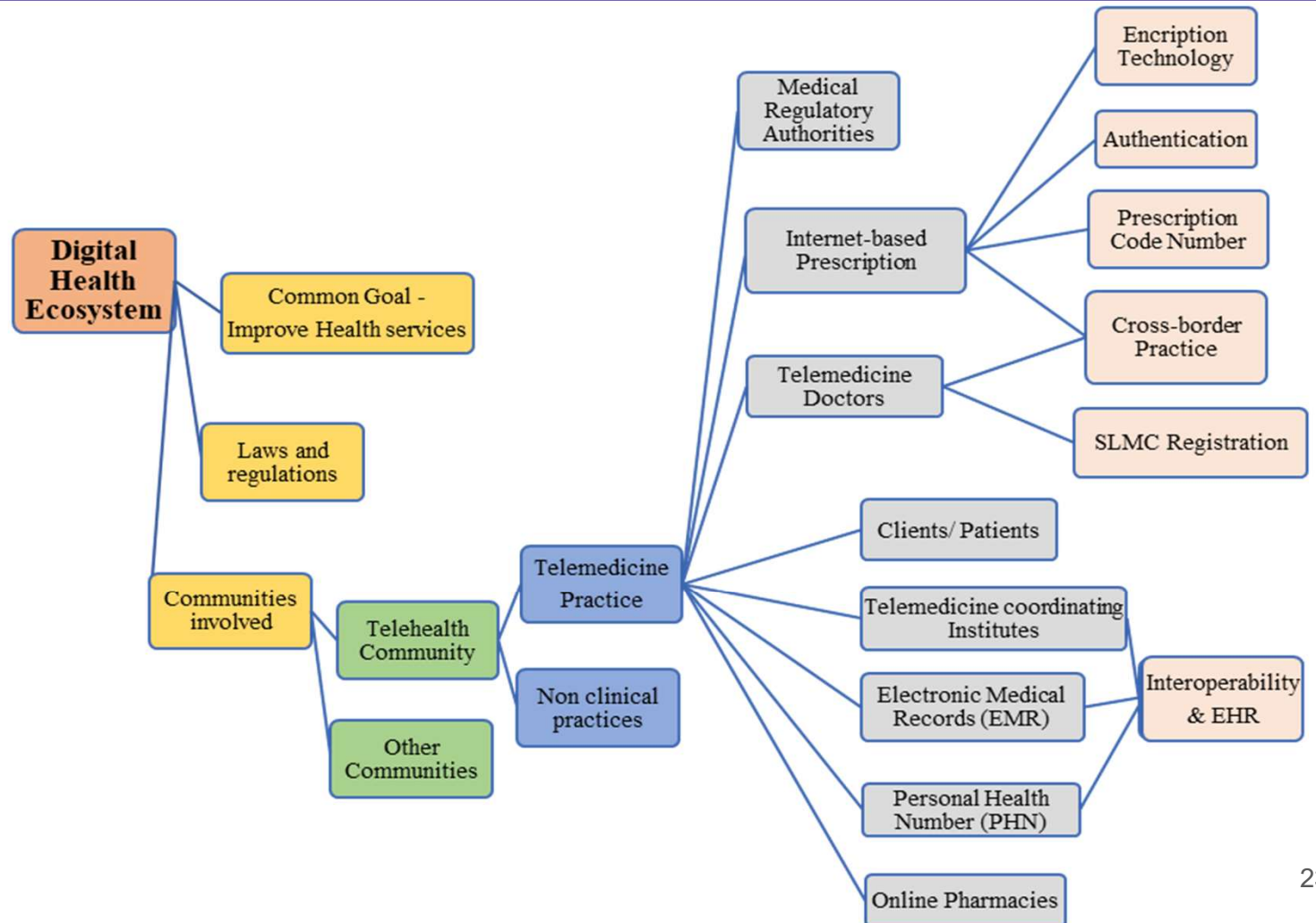# Telehealth related Applications in Sri Lanka (State and Private sector)

Sri Lankan Telehealth Ecosystem

a. Regulatory authorities
b. Health Professionals
c. Vendors
d. Consumers

Overall Key Objectives of Telemedicine Guidelines

Ensure	Ensure Quality of Care: Maintain high clinical standards.
Protect	Protect Patient Privacy and Confidentiality: Compliance with local and international regulations
Facilitate	Facilitate Interoperability: Ensure compatibility between different telehealth systems.
Promote	Promote Accessibility and Usability: Ensure services are user-friendly and accessible to all patients.

Telemedicine Guidelines Sri Lanka 2024

Circular Number: 01 - 17/2024

All Additional Secretaries,
Director General of Health Service,
All Deputy Director Generals of Health Service,
All Provincial Directors of Health Service,
All Regional Directors of Health Service,
All Directors,
All Heads of Health Institutes/Heads of Specialized Campaigns,

National Telemedicine Guidelines

Telemedicine/Telehealth modality have been used frequently in Sri Lanka for the healthcare delivery process since the COVID 19 pandemic. Also, Sri Lankan healthcare landscape continues to evolve, driven by advancements in technology and changing patient needs. Telemedicine/Telehealth has emerged as a vital tool in enhancing availability of healthcare services. However, the absence of standardized guidelines related to Telemedicine practices in Sri Lanka poses significant challenges, in maintaining the quality of health care provided to patients through Telemedicine platforms. Ministry of Health has drafted National Telemedicine Guidelines through collaborative efforts involving multiple stakeholders, including administrative, clinical and regulatory authorities. These guideline aims to ensuring patient safety, standardize practices and enhance regulatory compliance of Telemedicine practices in the country.

Therefore, it is advised to follow the Telemedicine guidelines 2024 V 1.0 attached here with (Annexure 01) for the planning, implementation and maintenance of Telemedicine/Telehealth related digital health projects. For further information please communicate with the Health Information Unit of the MDPU.

Dr. P. G. Mahipala
Secretary
Ministry of Health
"Suwasiripaya"
385, Rev. Baddegama Wimalawansa Thero Mawatha,
Colombo 10. Sri Lanka.

Dr. P.G. Mahipala
Secretary Health, Ministry of Health

Annexure 01
Telemedicine Guidelines for Sri Lanka Version 1.0 2024
Health Information Unit, Ministry of Health.

Introduction to the necessity for Telemedicine Guidelines in Sri Lanka

Telehealth is the provision of healthcare remotely by means of telecommunications technology. Telehealth includes both curative and preventive aspects of healthcare delivery. Telemedicine, on the other hand, is the curative or the clinical part of Telehealth.

Telemedicine applications rapidly grew globally as well as in Sri Lanka following the COVID-19 Pandemic situation. It became a solution to the delivery failures of traditional healthcare delivery models to comply with social distancing and travel restrictions. Even after the pandemic ended, the trend continued due to its convenience for patients as well as healthcare providers.

Until the time of developing this document, there was no specific published framework, Guidelines, or legislation to guide the practice of Telemedicine, through video, phone, or web-based platforms in Sri Lanka. The common legal act which is used in the practice of all modalities of digital health including Telemedicine within Sri Lanka is the Electronic Transactions Act - No. 19 of 2006. This Act authorises the use of electronic filing of documents and assists domestic and international electronic commerce. Even the latest amendment on the Electronic Transactions (Amendment) Act, No. 25 of 2017 does not say any on medical document exchange.

The healthcare provider needs to be registered with the relevant regulatory council (eg. Sri Lanka Medical Council (SLMC), Sri Lanka Nursing Council (SLNC), Ayurvedic Council etc) for the legal practice of healthcare in Sri Lanka. Healthcare providers who practice Western Scientific Medicine need to be registered under SLMC and SLNC. For example, SLMC section 29 of the Medical Ordinance mentions that a medical practitioner should be registered with the Sri Lanka Medical Council (SLMC) to provide patient treatment including prescriptions. Also, Cosmetics Devices and Drugs (CDD) Act no 27 of 1980 and the National Medicines Regulatory Authority Act, No. 5 Of 2015 are the legal laws for the use of drugs and medications within Sri Lanka. Further, patient information is protected indirectly by a few general acts. The Personal Data Protection Act No 9 of 2022 is the latest and the rest are more

Health Information Unit, Ministry of Health, Sri Lanka — Page 1 of 17

Guide for the Healthcare providers

- Information for the patient:
  - Options available, costs, and complaint procedure
- Informed consent:
  - Implied: When initiated by patient
  - Explicit: When initiated by provider
  - Explicit: If the session is recorded
- Selecting the correct patient for telemedicine
- Monitoring and evaluation

Contd.

- Internet-based prescription

- Who are authorised to issue prescriptions?

- Mode

- Mandatory data elements

- Restrictions on prescribing controlled substances

Guide for the Platform administrators

➢ Enlisting of Telemedicine platforms

➢ Managing patient identities

➢ Guidelines on hardware

➢ Guidelines on onboarding healthcare providers

➢ Training requirements

➢ Personal indemnity and insurance

Guide for the Consumer/Patient

➢ Equipment

➢ Maintaining a conducive environment

➢ Lighting, background noise etc

➢ Maintaining privacy and comfort

Sector specific guidelines

- The current guidelines are general, meant to set the foundation
- Sector specific guidelines are being developed
- Collaborative effort between clinical colleges, administrators and health informaticians

Other acts and guidelines impacting Telemedicine

General legislation
- Electronic Transactions Act – No. 19 of 2006
- Information and Communication Technology Act – No. 27 Of 2003
- Computer Crime Act – No. 24 of 2007
- Intellectual Property Act – No. 36 of 2003
- Right to Information Act, No. 12 of 2016
- Personal Data Protection Act, No. 9 of 2022

Medical Legislation

- Medical Ordinance
- National Medicines Regulatory Authority Act, No. 5 Of 2015

Digital Health policies and guidelines
- National Digital Health Guidelines and Standards v2 – 2021
- Information Security Guideline for Healthcare Institutions –2021
- National Policy on Health Information – 2017
- Sri Lanka Digital Health Blueprint – 2023
- Telemedicine Guidelines 2024

Way forward

➢ Updating Medical Ordinance – It is proposed to update the 100–Year–Old Medical Ordinance with contents related to Telemedicine practices in Sri Lanka.

➢ Leveraging the NeHR to support guidelines

Summary

✓ These guidelines (v1) primarily address Patient-to-Provider telemedicine consultations

✓ Provider-to-Provider telemedicine consultations for a patient on specialized care will be covered by separate guidelines.

✓ Made in collaboration with medical specialists

✓ Will be updated with sector specific guidelines

Thank you

Speaker III

Evolving Legal Landscape of Telemedicine in Bangladesh

Sukhendu Shekhor Roy
Sr. System Analyst
MIS, Directorate of Health
Bangladesh

Bangladesh at a glance

- ❑ Bangladesh is the densely populated small riverine country

- ❑ Total Population: 170 Million

- ❑ Area of the country: 148460 square KM

- ❑ 8 (Eight) Divisions

- ❑ 64 (Sixty-Four) Districts

- ❑ 493 (Four hundred ninety-three) Sub-Districts

Definitions

- **Telemedicine:** is the curative or clinical part of Telehealth, involving the exchange of medical information via electronic communications to improve a patient's clinical health status.

- **Telehealth:** is the delivery of healthcare at a distance using telecommunication technologies, encompassing both preventive and curative aspects

- Used interchangeably in Bangladesh

Health care challenges and Telemedicine necessity in Bangladesh

- Rural–urban healthcare gap
- Limited Govt. healthcare facilities in rural areas
- Shortage of Healthcare Professionals
- High patient load in public hospitals leading to long wait times
- Overcome geographical barriers, connecting Telehealth users who are not in the same physical location.
- Significant financial burden on citizens for medical expenses
- Prevalence of Communicable & Non–Communicable Diseases

Telemedicine Status in Bangladesh

234 telemedicine centers with 1 (one) central monitoring center

- Sub District Hospital–194
- District Hospital–12
- Medical College Hospital–13
- Tertiary Hospital–13

Telemedicine System

Virtual private Network (VPN)

Video Conferencing Camera

Tele-stethoscope

Pulse Oximeter

Tele Microscope

Tele-ECG

Tele-Spirometer
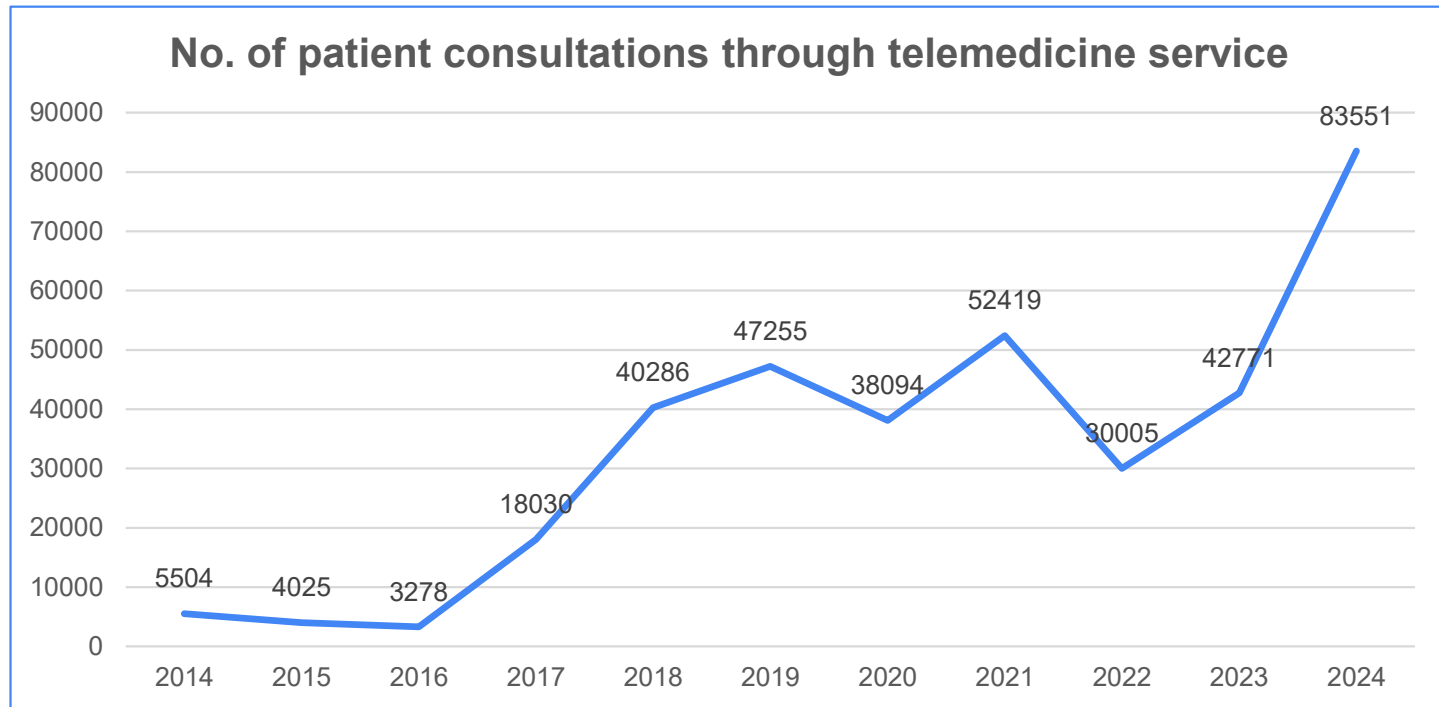
Electronic Thermometer

Tele-Ultrasound

Tele-BP machine

Tele Glucometer

Tele-Ophthalmoscope

Telemedicine Services in Bangladesh

No. of patient consultations through telemedicine service

Legal Foundations of Telemedicine in Bangladesh

National Telehealth Guidelines 2023

National Health Policy 2011

ICT Policy 2018

Digital Health Strategy 2023-2027

BMDC Act 2010

Rise of Telemedicine/Telehealth in Bangladesh

❑ Bangladesh has recognized the importance of ICT, e-Health, and Telehealth since the National Health Policy 2011.

❑ The National ICT Policy 2018 further outlined the application of ICT in health sectors, recommending its use for electronic medical records, telehealth, and medical education.

❑ The COVID-19 pandemic significantly accelerated the adoption of digital tools and technologies in healthcare delivery, with many doctors providing services through voice calls, video calls, chat, and document sharing via social media.

❑ The Digital Health Strategy includes a strategic objective to develop a safe and robust Telemedicine/telehealth system for all citizens.

❑ Telemedicine/telehealth system is guided by Telehealth Guideline 2023

Licensing & Regulatory Requirements

- Only BMDC/BNMC registered professionals may offer clinical services

- Foreign doctors require Bangladeshi licensure for patient consultations

- All Apps, platforms, call centers must obtain licenses

- Licensing governed by Ministry of Health & Family Welfare

- A three–member Telehealth governance council, chaired by the Director General of Health Services (DGHS) or a nominated representative, is responsible to give the license.

Onsite Telemedicine Centers (TMCs):

- ❏ Must ensure privacy and confidentiality of patient data.
- ❏ Operated by a registered Doctor or Dentist, with nurses/midwives/other health professionals assisting.
- ❏ Remote service providers must be BMDC registered physicians.
- ❏ Overseas physicians in cross-border practice require a license to practice in Bangladesh.
- ❏ Must have an HMIS with electronic health records and an authentication system.
- ❏ Valid informed consent must be obtained from the patient.
- ❏ Limitations of telehealth methodology should be properly notified.
- ❏ Records should be retained and uploaded to shared electronic health records.
- ❏ Must be safe, secure, and compliant with fire safety and building codes.

Web Applications for Telehealth Services:

- ❑ Must ensure privacy and confidentiality of patient data; cybersecurity is a major concern.

- ❑ Must have a built–in system to authenticate the practicing doctor and service receiver.

- ❑ Content must be supported by medical science.

- ❑ Web application providers are responsible for smooth and secured operation of technology; medical practitioners are responsible for medical advice/prescriptions.

Telehealth Mobile APPs:

- ❑ Independently operating apps need licensing.

- ❑ Clinical services by BMDC registered doctors only; diet/nutrition by graduate nutritionists; mental health by registered professionals.

- ❑ Must have minimum modules like registration, appointment, prescription engine, electronic health record.

- ❑ Must ensure privacy and confidentiality of patient data and not collect unnecessary data

Telehealth Call Centers:

- ❑ Call center agents cannot provide medical or clinical advice; only BMDC registered doctors/dentists can.

- ❑ Network should be secured with effective firewalls and internal processes.

- ❑ Calls may be recorded, with clear notification to callers.

- ❑ Customer data, especially health data, must not be shared with third parties, except for mandatory transmission to NDHIE and SeHR.

- ❑ Must be equipped with technology and software for transparency and accountability, with audit trails.

Consent, Liability & Standards

- Informed consent (implied or explicit) required before service delivery

- Standard of care must match in-person expectations

- Practitioners are fully liable under existing laws

- Clinical documentation must be maintained and auditable

- Telemedicine/Telehealth systems/applications must adopt international and BDHA e-health standards.

Data Privacy & Security Regulations

- ❏ Health data must reside within Bangladesh's jurisdiction

- ❏ No use of foreign cloud services unless they host data locally

- ❏ Cybersecurity and patient confidentiality are mandatory

- ❏ Methods for depersonalization of data for research will be guided by the Digital Health Strategy

Thank
You

WHO SEARO + Intelehealth webinar series

www.intelehealth.org/webinars

Objectives:

Learn how telemedicine can address challenges and enhance health systems

Expected Outcomes:

By the end of the session, participants will:

- Gain a foundational understanding of telemedicine and its key components.
- Learn from successful case studies of national and sub-national public sector telemedicine implementations.
- Understand key policy and regulatory considerations for integrating telemedicine into national health systems.
- Be equipped with practical insights to explore and implement telemedicine solutions in your contexts.

Telemedicine in Action: Transforming healthcare for LMICs

Telemedicine Policy: How Telemedicine is Regulated in Asia

July 17th, 2025, 14.00 IST

Context: As telemedicine rapidly transforms healthcare delivery across Asia, governments are adapting regulations to address issues related to licensing, data privacy, reimbursement, and cross-border care. This webinar will explore the current state of telemedicine regulations in South and Southeast Asia, highlighting best practices and regulatory frameworks.

Objectives: The session aims to inform healthcare policymakers and professionals about the evolving legal landscape of telemedicine, offering insights from policymakers, legal experts, and telemedicine practitioners on how to navigate regulatory challenges and opportunities.

Expected Outcomes: By the end of the webinar, participants will:

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- Explore case studies of successful telemedicine regulatory frameworks and understand how policymakers can navigate challenges.
- Take away key recommendations for developing or refining telemedicine regulations in their respective regions.

LIST OF SPEAKERS

Ms. Arya Tripathy
Business lawyer with focused practice in General Corporate, M&A, and Data protection & Privacy laws

Dr. Uditha Perera
Consultant in Health Informatics at Lady Ridgeway Hospital for Children, Colombo, Sri Lanka

Engr Sukhendu Shekhor Roy
Senior System Analyst, MIS, Directorate of Health, Ministry of Health and Family Welfare, Bangladesh

Click here to register for the webinar: https://bit.ly/4kBZO7j

For inquiries, please contact: sindhura@intelehealth.org +91 96770 92865

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Webinar Topics and Dates

Sno	Date	Topic
1	06 March 2025	What is Telemedicine and How Are Health Systems Using It Globally? A Primer for Health System Leaders
2	10 April, 2025	Brick-and-mortar to Brick-and-click – Designing & Implementing Quality, Effective, and Impactful Telemedicine Programs
3	08 May, 2025	Evaluating telemedicine interventions: Evidence so far, and Methodologies
4	5 June, 2025	Creating a Telemedicine-Ready Healthcare Workforce: Training for Healthcare Providers
5	10 July, 2025	Telemedicine Policy: How Telemedicine is Regulated in Asia
6	7 August, 2025	Choosing a Telemedicine Software: The case for standards-compliant, interoperable & open-source Digital Public Goods (DPGs)
7	11 September, 2025	Ensuring Quality of Care & Patient safety in Telemedicine
8	9 October, 2025	Telemedicine Adoption by Communities – How Might We Drive Uptake of Telemedicine (TM) by Citizens?
9	6 November, 2025	Artificial Intelligence and Machine Learning in Telemedicine
10	4 December, 2025	Financing Telemedicine and ROI – The Business Case for Telemedicine
11	8 January, 2026	Telemedicine use cases to advance the SDGs – Part 1 Applications for Non-Communicable Diseases (Diabetes, Hypertension, Cardiovascular disease, Cancer and Mental Health)
12	5 February, 2026	Telemedicine uses to advance the SDGs – Part 2 Applications for Communicable Diseases (Tuberculosis, HIV)
13	12 March, 2026	Telemedicine use cases to advance the SDGs – Part 3 Applications for Primary Healthcare

Webinar Evaluation and Feedback

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Please take a few minutes to fill out our feedback form – your input is invaluable!

https://forms.gle/6uM2Tb7TztwrYKvA8

Q&A Session

Thank You For Joining Us!