Intelehealth

ANNUAL IMPACT REPORT

2024-2025

We Deliver Quality Healthcare Where There Is No Doctor

Our Impact: From India and Beyond

10 million teleconsultations | 3 countries | Key Government partnerships

Building a Path That Lasts: Sustaining Impact

Our validated six-step implementation methodology | Building sustainable capacity

Bridging Brick-and-Click

A Digital Public Good | Seamless interoperability with FHIR | Ayu 2.0: An AI enabled CDSS

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CEO Speaks

This year, Intelehealth crossed a major milestone—10 million teleconsultations since our inception.

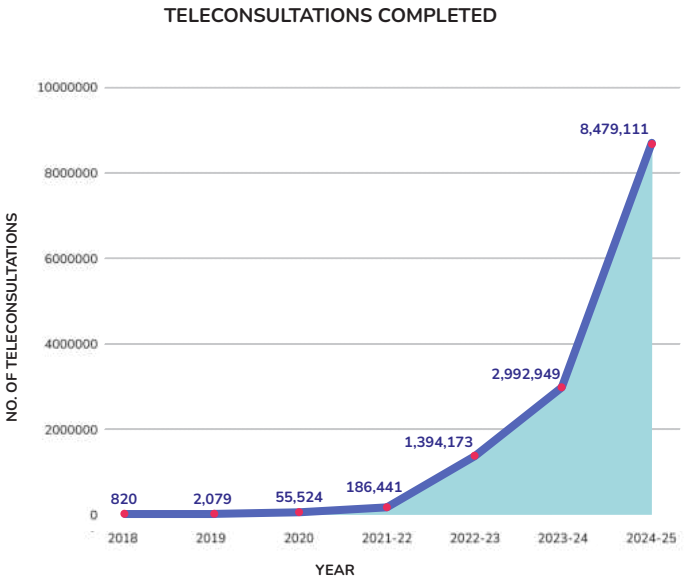
Remarkably, 8.47 million of those consultations took place just in this past impact year. That's 8.47 million moments when someone—often a woman in a remote village—was heard, helped, and healed.

From India's tribal heartlands to the mountain valleys of the Kyrgyz Republic, we're working to ensure that distance, gender, or poverty never stand in the way of quality healthcare.

But we know the work is far from done. That's why we've launched our new 5-year strategic plan, guided by a bold, collective vision: to enable 100 million teleconsultations by 2030. More than a number, this goal represents lives changed—women receiving maternal care, children treated in time, families supported by stronger, more resilient health systems.

At the heart of this effort is a simple belief: healthcare is a human right. And digital health, when done with care and efficacy, can make that right a reality for the most underserved.

We're deeply grateful to our partners, donors, and frontline health workers who walk this journey with us. Your trust fuels our mission.



Together, we're not just scaling technology—we're building a world where healthcare reaches everyone, everywhere, with compassion and dignity.

Thank you for believing in this vision with us!

Dr. Neha Verma
Co-Founder & CEO, Intelehealth

Highlights of the Year

• **Launched Our New Five-Year Strategic Plan:** Charting the path to 100 million teleconsultations by 2030, our bold new strategy focuses on scaling impact, driving innovation, and strengthening health systems in India and beyond.

• **Expanded Access & Scale:** This year alone, Intelehealth enabled 8.47 million telemedicine consultations, up from 2.99 million the previous year—a 183% year-on-year increase. This brings our cumulative total since inception to over 10 million consultations across three countries.

• **Strengthened Public Health Partnerships:** Through our partnerships with eSanjeevani in Jharkhand, Odisha, and Karnataka, Intelehealth strengthened telemedicine services across 7% of India's public health facilities, supporting 18,600 health workers and 10,000 doctors.

• **Expanding TeleMedKG in Kyrgyz Republic:** Secured funding support to expand TeleMedKG in the Kyrgyz Republic, aiming to integrate 20% of public health facilities into the national telemedicine network.

• **Drove Global Impact:** Contributed to the UN NCD Taskforce Report that highlights a return of $19 on every dollar invested in digital health solutions for health systems.

• **Partnered with WHO-SEARO:** Collaborated with the World Health Organization's South-East Asia Regional Office to launch a monthly webinar series aimed at building government capacity across 11 countries for meaningful telemedicine implementation.

• **Improved Data Standards & Interoperability:** Achieved FHIR compliance, enabling our telemedicine software to seamlessly integrate with national health registries and exchange data with other digital health systems—laying the foundation for continuity of care across platforms.

People's Choice Award at the SwissRe Foundation 2024 Entrepreneurs for Resilience Award

Graduated from the London School of Economics' 100X Impact Accelerator

• **Increased Solution Maturity:** With support from PATH Digital Square, we enhanced our software with improved configurability, deployment readiness, QA testing, and comprehensive documentation.

• **Advancing AI for Quality Care:** We're developing Ayu 2.0, an AI-powered clinical decision support tool to help frontline health workers deliver higher-quality teleconsultations. It is currently undergoing rigorous safety testing in real-world research settings.

• **Graduated from the 100x Impact Accelerator:** Recognised as a "social unicorn"—a designation reserved for ventures capable of delivering positive change at enormous scale, potentially reaching billions of lives. The 100x programme supports these impact-first organisations with catalytic capital (e.g. £150,000), policymaker engagement, and research-backed mentorship to help scale their systemic impact.

• **From Consultation to Recovery:** Our study, Impact of Telemedicine Consultations on Patient Outcomes in Nashik District, followed 318 patients, with 92% reporting full recovery — demonstrating the effectiveness of telemedicine in improving outcomes in underserved communities.

• **Proving Impact in Odisha:** An evaluation of our work in Odisha showed that Intelehealth's six-step methodology increased regular telemedicine use from 69% to 93% of facilities, while strengthening facility readiness, provider capacity, and satisfaction among patients and providers.

The Problem

3.8 billion people around the world lack access to healthcare. In nearly every country, those living in poverty and/or in rural areas struggle daily to decide when and if to see a medical professional. In many places, visiting a medical facility means hours worth of travel, money spent for public or private transport, and missing days of work. This results in not only money spent, but income lost since most people living in poverty live hand-to-mouth. In some cases, missing their daily wages could mean not being able to eat that day.

Women face additional barriers to health access, often rooted in a lack of autonomy. In India, 90% of women cannot make independent healthcare decisions, only 52% are allowed to visit a health facility alone, and 25% cite distance and limited transportation as major obstacles[1]. When referred, women often forgo or delay seeking care due to these barriers and live with entirely preventable and curable diseases. This lack of access is a global issue. More than one-third of women say they were in a lot of pain the previous day, and more than one-quarter have health problems that keep them from everyday activities – representing nearly 1 billion women[2]. Telemedicine has emerged as a disruptive solution for mitigating these barriers and delivering essential health services, especially in contexts where access remains a significant public health challenge.

[1] National Family Health Survey
[2] Hologic Global Women's Health Index

The Solution

Intelehealth helps integrate telemedicine care pathways into public health systems that serve under-resourced populations.

We support care delivery through two care pathways:

• **Provider-to-Provider (P2P):** Frontline Health Workers (FHWs) at primary health centres connect patients to remote doctors and specialists. Ayu, our AI-powered digital assistant, guides FHWs through structured history taking using 150+ evidence-based protocols. Following this, the FHW facilitates a teleconsultation and consequently supports the patients with medications, counselling and referrals.

• **Client-to-Provider (C2P):** Patients directly access doctors via telemedicine from their homes dialing into a call center without any need for internet. Ayu supports these interactions by capturing symptoms and streamlining clinical workflows—improving both efficiency and quality of care.

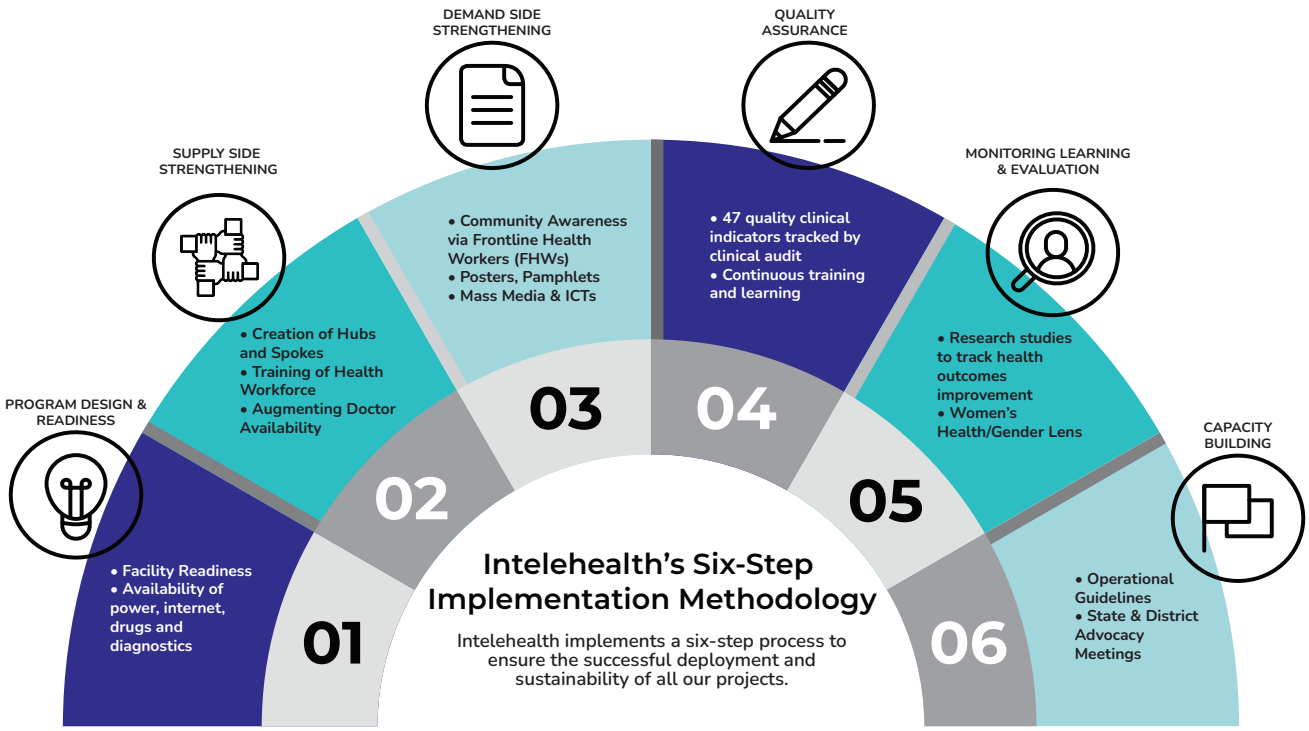
We transform traditional clinics into "brick-and-click" telehealth-enabled centres, integrating both care pathways into existing health systems through partnerships with governments, NGOs, and hospitals.

Our solution comprises two key offerings:

• **Technology:** A low-resource friendly, open-source telemedicine platform powered by Ayu, designed to improve consultation quality and decision-making. It supports multilingual, low-bandwidth video/audio calling and integrates with EMRs.

• **Methodology:** A structured six-step implementation methodology that strengthens facility readiness, builds provider capacity, drives demand, improves quality, and ensures sustainability of telemedicine at scale.

Together, our technology and methodology enable public health systems to deliver accessible, high-quality care where it's needed most.



From 10 Million to 100 Million Teleconsultations: The Journey Ahead

A Bold Idea. A Remarkable Journey.

Launching Our 2025–2030 Strategy for Telemedicine at Scale

We began our last five-year strategic plan (2020–2024) with a bold mission: to strengthen public health systems through telemedicine and reach millions of people who lack access to quality care. That plan has now come to a close—culminating in over 10 million teleconsultations delivered across India and beyond.

Along the way, we built a powerful open-source technology platform, partnered with governments in three countries, trained thousands of frontline health workers and doctors, and proved that telemedicine can improve health outcomes at scale.

Technology That Powered Transformation

With 500,000+ lines of code and 150+ feature upgrades, we built more than software. We built a globally recognised open-source telemedicine solution that is a lifeline during some of healthcare's most challenging moments.

Last year our work and data analysed was highlighted in the Lok Sabha session by Dr. Mansukh L Mandaviya, Health & Family Welfare Minister stating,

> "One teleconsultation saves ₹914 ($11) as it reduces travel for the patients and their family."

But the real success wasn't just technological,

- We built trust.
- We delivered outcomes.
- We shaped a new standard for equitable healthcare.

In the last five years, we achieved:

- 10 million teleconsultations enabled
- 86 million population covered
- 30+ groundbreaking projects across Jharkhand, Odisha, Karnataka, and beyond
- 16,000 health workers and 9,300 doctors empowered

Real Lives, Real Change

- 80% of patients reported improved health outcomes
- 21.6 km average travel saved per visit
- ₹941 ($11) saved on average per visit, a cumulative savings of $110 million!

Vision 2030

Scaling Impact, Driving Innovation

In 2025, we launched our **new five-year strategic plan (2025–2030)**—a bold commitment to scale our impact tenfold, from 10 million to 100 million teleconsultations.

OUR AMBITIOUS VISION

Advance health outcomes for women and their families by enabling 100 million teleconsultations and building resilient health systems through telemedicine.

By 2030, we will:

- Deliver 100 million teleconsultations
- Save patients $1 billion in costs for access to care
- Scale in India and the Kyrgyz Republic through national level systems change
- Expand to at least two new countries in Asia and Africa

Our Strategy: Innovation Meets Scale

- Deepen AI-powered clinical decision support
- Strengthen policy influence and evidence generation
- Build scalable, replicable implementation models
- Raise $30 million to accelerate growth

THE ROAD AHEAD

We are entering the next five years with bold ambition and strong foundations. What started as a platform to serve remote communities has grown into a scalable, replicable, and evidence-backed model for digital healthcare. With our partners, funders, and frontline teams, we are confident in achieving our **Vision 2030** – creating resilient, equitable healthcare systems through telemedicine.

We thank all our partners and supporters who have made this journey possible and invite you to join us in shaping the future of healthcare—one consultation at a time. Read more here.

Voices From The Last Mile

"I'll tell everyone in the village how we got treated right here at our health center."

Ishrat Khatoon,
Service User,
Jharkhand

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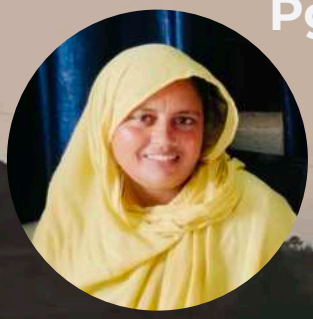

"This platform has also enhanced my experience in dealing with a diverse range of cases from remote areas."

Dr. Santosh Kumar Mishra,
Medical Officer, eSanjeevani,
Jharkhand

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"Broadening the network by registering and training more CHOs and doctors has been crucial in extending the reach of eSanjeevani services across the state."

Dr. Bijay Kumar Mohapatra,
Director of Health Services,
Government of Odisha

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"Thanks to your doorstep health service, I got the care I needed on time."

Anusuya Bharat Padvi,
Service User, Nashik

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"It makes me truly happy when I can help someone feel better and be treated with respect in return."

Asmitaben,
Health Worker, Ekal Arogya,
Gujarat

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"Intelehealth makes periodic field visits... This also helps develop close relationships and trust in both leaderships. It is a tremendous asset for our work."

Dr. Rakesh Gupta MD,
Board President,
Ekal Arogya

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Our Impact:
From India & Beyond

More than

10 Million

Teleconsultations Enabled

76,485,128

Population Covered

APRIL 2024 - MARCH 2025

8,479,111
Teleconsultations Enabled

265K
Health Service Visits by FHWs

59%
teleconsultation patients were women

17
Specialities Offered

83
Clinical Protocols Developed

>80%
patients had improved health outcomes

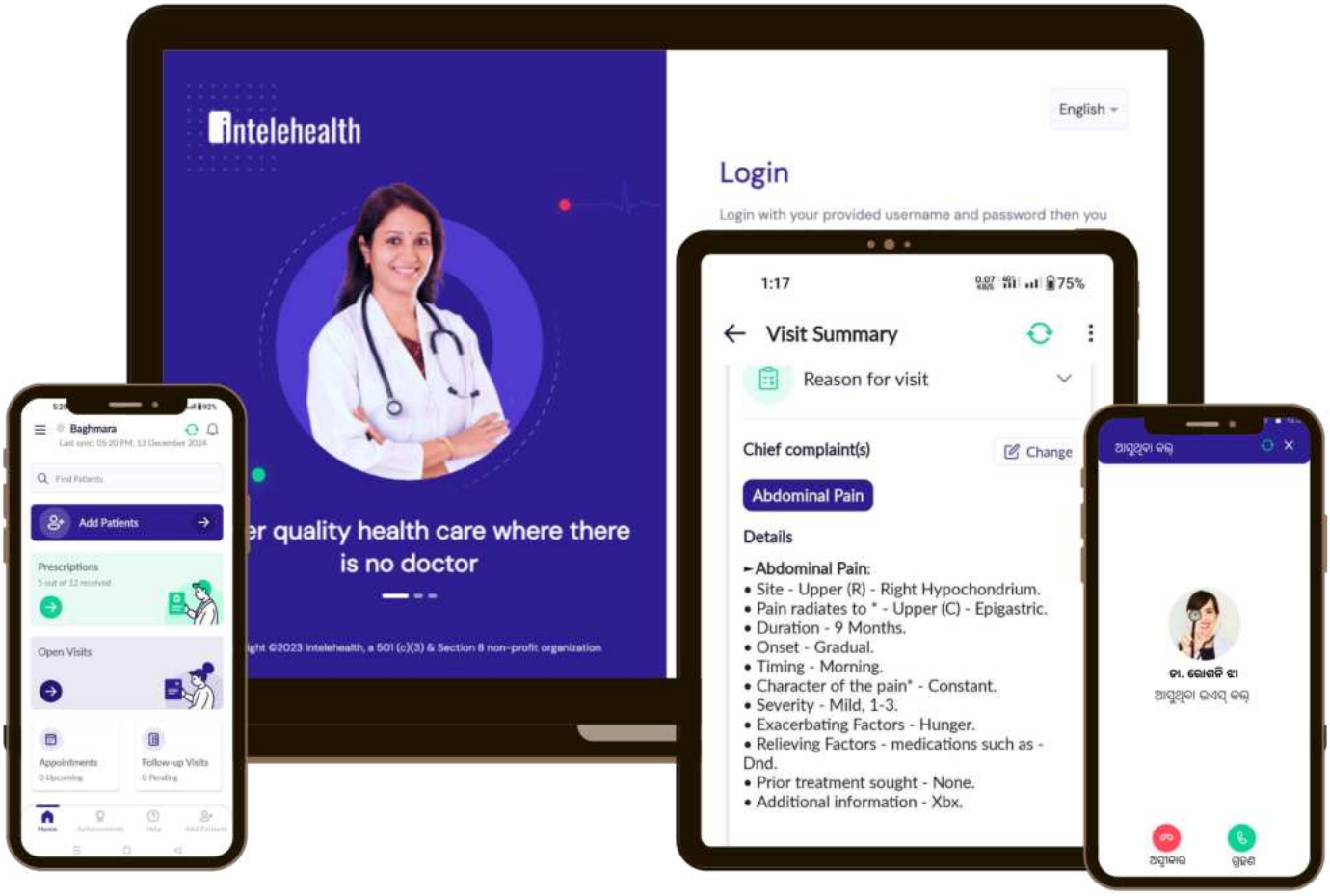
16K
Frontline Health Workers (FHW) Supported

$11 saved
can equal upto a week's wages in some cases

5,516
Doctors Supported

21.59km
distance saved per patient

The Click in Brick-and-Click



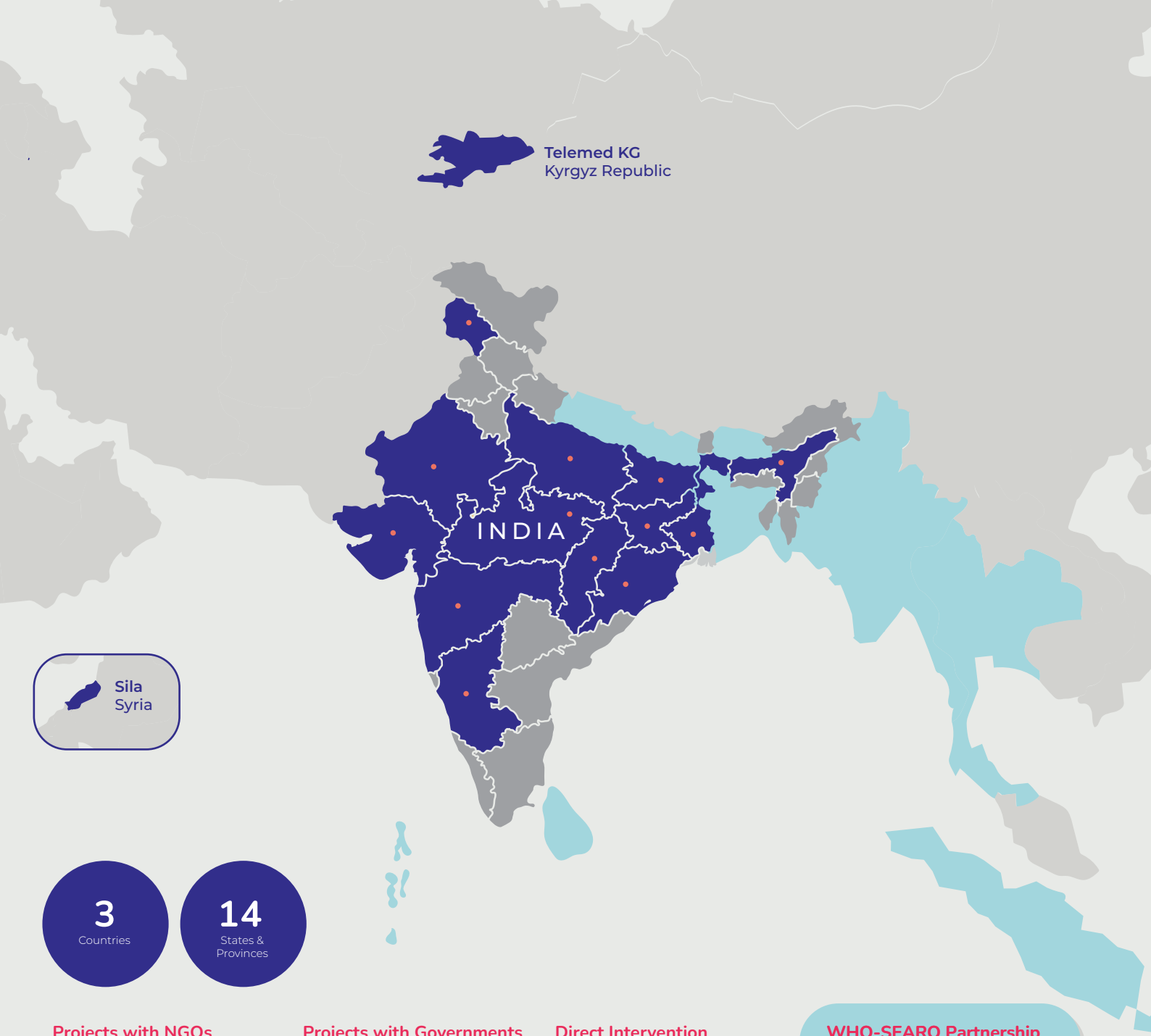
31
Code Repositories

Product Releases
109

23
Contributors

1,659,107
Lines of code

3,228
Code Commits



3 Countries

14 States & Provinces

Projects with NGOs

- **Ekal Arogya Telemedicine**
  Jharkhand, Madhya Pradesh, West Bengal, Maharashtra, Uttar Pradesh, Chhattisgarh, Assam, Odisha, Rajasthan, Karnataka, Gujarat, Jammu & Kashmir, Bihar

Sila
Syria

Namma Aarogya Kendra
Karnataka

Vikalp Helpline (Domestic Violence & SRH support)
Rajasthan, Delhi, Jharkhand

Teleoncology
Mumbai, Maharashtra

Koita Foundation Digital Health Lab
Maharashtra

Projects with Governments

eSanjeevani Jharkhand
Jharkhand

eSanjeevani Odisha
Odisha

eSanjeevani Karnataka
Karnataka

Telemed KG
Kyrgyz Republic

Arogya Path
Jharkhand

Direct Intervention

Arogya Sampada Nashik
Maharashtra

WHO-SEARO Partnership

Launched a monthly webinar series to build government capacities across 11 countries in South-East Asia for meaningful telemedicine implementation

eSanjeevani

India's National Telemedicine Initiative | eSanjeevaniHWC | eSanjeevaniOPD

The eSanjeevani National Telemedicine Initiative, led by the Ministry of Health & Family Welfare, enables teleconsultations across 28 states and 7 union territories, advancing India's Universal Health Coverage goals.

The eSanjeevani Health and Wellness Centres (Ayushman Arogya Mandirs) serve as frontline health centres. Patients meet with Community Health Officers (CHOs) about their ailments. CHOs consult with doctors and specialists at higher-level facilities for diagnosis, treatment, and referrals.

At the state level, Intelehealth supports the Jharkhand, Odisha and Karnataka State Governments with technical assistance to strengthen eSanjeevani National Telemedicine Service - supporting telemedicine delivery in 7% of all public health facilities across India.

At the National level, Intelehealth helped the eSanjeevani program integrate and scale up over 300 clinical protocols in collaboration with eHealth division MoHFW and Wadhwani AI.

THE SIX-STEP METHODOLOGY IN ACTION

Establishing, Capacitating and Exiting in a Sustainable Manner

Intelehealth implements its six-step implementation methodology to ensure successful telemedicine deployment and sustainability. Our goal is to enable local health systems to sustain the telemedicine services independently allowing Intelehealth to sustainably exit within three to five years.

- **Program Design & Facility Readiness:** Establishing a Project Management Unit (PMU) to map existing facilities and providers, and ensure critical resources such as internet access, telecommunication equipment, drugs, and diagnostics at the health centres.

- **Strengthen the Supply of Quality Telemedicine Services:** Training frontline and supporting health providers in telecare skills, ensuring they can deliver health services, follow clinical guidelines, and use the software effectively.

- **Strengthen Demand for Telemedicine Services:** Utilising Behaviour Change Communication (BCC) strategies to create awareness and address barriers to telemedicine acceptability among patients.

- **Quality Monitoring:** Conducting comprehensive audits that track 47 clinical quality indicators, with targeted training to enhance teleconsultation quality in a continuous improvement cycle.

- **Monitoring & Evaluation:** Tracking program outcomes and conducting impact evaluations to measure outcomes related to health access, health outcomes, and healthcare costs.

- **Capacity Building & Sustainability:** Building state telemedicine capacities to help make them accountable for the telemedicine program's success — through state and district level tools and meetings.

Proving What Works: Impact of Intelehealth's Six-Step Methodology in Odisha

We assessed the effectiveness of our six-step implementation methodology through a study in Odisha across 487 health facilities, conducted in partnership with the state government. The evaluation used repeated cross-sectional surveys at baseline (2022) and midline (2024) to measure improvements in program functioning. Facilities were selected using stratified random sampling.

The results show a marked improvement in program functioning:

- Facilities regularly using telemedicine increased from 69% to 93%.
- At midline 86% of facilities reported it was easy to connect with a doctor, as compared to 64% at baseline.
- Prolonged wait times at facilities reduced from 64% to 38% – less patients were turned back every single day.
- Facilities with a government provided internet connection increased from 9% to 70%.
- Facilities with all essential medications available increased from 34% to 41%.
- Patients asking for telemedicine services increased from 63% to 76%.
- 86% of nurses and 89% of doctors rated Intelehealth's technical support as "Effective" or "Very Effective".
- FHW belief in telemedicine as a viable alternative improved from 79% to 93%.

Read more here,

- Facility Readiness Assessment and Provider Preparedness
- Client Satisfaction Survey

eSanjeevani Odisha

Key Insights & Initiatives

• Achieved 1.46 million consultations in the year 2024-25, a 9.3% increase compared to 1.34 million consultation in the year 2023-24.
• Trained 2,406 health workers (CHOs) and 230 doctors on quality of telemedicine and integrating 12 Comprehensive Primary Health Care (CPHC) services.
• Enabled the establishment of 5 new specialist hubs at newly launched medical colleges in Odisha and designed a structured training roadmap to operationalize high-quality teleconsultation services.
• Completed baseline study for Clinical Quality Assessment research.
• Contributed in revision and strengthening of financial guidelines for the eSanjeevani telemedicine program in collaboration with the Government of Odisha, to enhance its operational sustainability.

IMPACT AT A GLANCE

TELECONSULTATIONS ENABLED	1,465,808
FRONTLINE HEALTH WORKERS SUPPORTED	6,827
DOCTORS SUPPORTED	2,460
HUBS	442
SPOKES	6,751
NUMBER OF TRAININGS	44
NUMBER OF DISTRICT SUPPORTED	30

Voices From The Last Mile

Dr. Bijay Kumar Mohapatra
Director of Health Services
Government of Odisha

I am delighted to witness the remarkable success of eSanjeevani telemedicine in our state. Over the past two years, Odisha has experienced a substantial increase in telemedicine consultations through the Health and Wellness Centre (HWC) model, reaching an impressive 2.34 million consultations. This significant improvement stands as a testament to the effectiveness of the eSanjeevani program in enhancing healthcare accessibility across remote areas of Odisha.

I would like to express my sincere gratitude to Intelehealth, a key partner whose collaborative efforts have been critical in strengthening eSanjeevani services and achieving these milestones throughout Odisha. Their contributions have been essential in equipping our healthcare workforce with the necessary skills to effectively utilize the eSanjeevani platform through training Community Health Officers (CHOs) and doctors. Broadening the network by registering and training more CHOs and doctors has been crucial in extending the reach of eSanjeevani services across the state. The supportive supervision and monitoring have provided continuous guidance to healthcare providers, ensuring optimal service delivery and adherence to best practices. Moreover, prompt troubleshooting support has swiftly addressed technical issues, thereby maintaining the seamless operation of the telemedicine platform.

These combined efforts have fostered a robust network comprising over 6,343 CHOs and Medical Officers serving as spokes, connected to 2,509 specialist practitioners acting as hub practitioners. This network now offers a comprehensive range of specialized healthcare services, significantly bridging the gap between healthcare facilities and the people of Odisha.

The partnership with Intelehealth has been integral to our efforts in leveraging telemedicine to bring essential healthcare closer to the doorstep of every citizen.

eSanjeevani Jharkhand

Key Insights & Initiatives

• Trained 2,198 health workers and 411 doctors on quality of telemedicine and integrating 12 CPHC services.
• Despite a temporary disruption in field operations during Q2 and Q3, the program recorded 934,593 consultations—84% of the previous year's total (1,117,323), showing its strong resilience in maintaining continuity of care.
• Developed 15 Ayushman Arogya Mandirs as Centres of Excellence for eSanjeevani in Ramgarh, Godda, and Simdega districts.
• Helped set up a District-Level Technical Advisory Group for eSanjeevani, involving key stakeholders at the local district level for decentralised planning and decision making.

IMPACT AT A GLANCE

TELECONSULTATIONS ENABLED	934,593
FRONTLINE HEALTH WORKERS SUPPORTED	3,342
DOCTORS SUPPORTED	974
HUBS	34
SPOKES	3,412
NUMBER OF TRAININGS	89
NUMBER OF DISTRICT SUPPORTED	24

Voices From The Last Mile

Ishrat Khatoon
Service User, Jharkhand

Bringing Dignity and Care Closer to Home: Ishrat's Story From Rural Jharkhand

> "I got a better solution to my health problems and am feeling much better after speaking to a doctor from another district on the phone through eSanjeevani. I didn't have to go anywhere. I'll tell everyone in the village how we got treated right here at our health centre."

Ishrat Khatoon, 35 years, lives in Nayanagar village, Mahagama block, Godda district, Jharkhand. She faced major barriers to healthcare—poverty, distance, and limited mobility. Her husband is a daily wage labourer, earning a modest income through India's Mahatma Gandhi National Rural Employment Guarantee Act (MNREGA), which offers short-term rural employment through public works. He cannot leave work to escort her to a health facility. The family would lose the only income they have.

After a miscarriage and complications from a contraceptive injection, Ishrat suffered prolonged bleeding and weakness. A village health worker referred her to the Ayushman Arogya Mandir (Sub Health Centre), where a Community Health Officer connected her via eSanjeevani to a qualified doctor. She received a diagnosis and a treatment plan.

With regular medication and support, Ishrat regained her strength within weeks. She now speaks with renewed confidence and encourages other women to seek help early.

This story is a testament to how telemedicine is breaking barriers—of distance, cost, and silence—and empowering women like Ishrat to seek the care they deserve, with dignity and confidence.

Voices From The Last Mile

Dr. Santosh Kumar Mishra
Medical Officer,
eSanjeevani Jharkhand

"The eSanjeevani Program of the Government of India is a remarkable initiative, particularly for rural patients. Many of them arrive at Ayushman Arogya Mandirs in critical condition from areas lacking in adequate healthcare infrastructure and doctors. As a teleconsultation doctor, I feel it is my duty to provide appropriate healthcare services to such patients. CHOs from various districts and even different states connect with me via eSanjeevani with the hope of receiving expert medical support for their patients. I feel immense satisfaction in being able to assist those in need while working right from my home. This platform has also enhanced my experience in dealing with a diverse range of cases from remote areas."

Dr. Santosh Kumar Mishra, a retired Chief Medical Officer, continues to serve the community as a telemedicine practitioner through the eSanjeevani platform. Dr. Mishra has been engaged since 2021 as a Hub doctor, delivering nearly 9,647 teleconsultations through May 2025 as part of Intelehealth's support to the Government of Jharkhand.
Through this collaboration, we are strengthening the eSanjeevani program in the state, and Dr. Mishra has helped expand access to healthcare for underserved communities, and mentored Community Health Officers (CHOs) across Ayushman Arogya Mandirs (Sub Health Centres). His dedication reflects how Intelehealth's six-step implementation methodology can activate experienced professionals to bridge critical care gaps in rural health delivery.

eSanjeevani Karnataka

Key Insights & Initiatives

• Established a Project Management Unit (PMU) at the state level office the National Health Mission of Karnataka state to strengthen eSanjeevani services to support eSanjeevani Health and Wellness Centre (HWC) services in 31 districts and the OPD model in Bengaluru.
• Improved accuracy and efficiency by streamlining and validating hub-and-spoke facilities and user data on the eSanjeevani platform.
• OPD teleconsultations rose by 23%, from 72,363 to 89,159.
• Trained 616 doctors and 219 health workers on quality of telemedicine and integrating 12 CPHC services.
• HWC consultations in Karnataka increased by 3% from 5.77 million to 5.92 million; relatively slow growth compared to our other state partnerships since we had introduced and enforced new quality measures.

IMPACT AT A GLANCE

TELECONSULTATIONS ENABLED - HWC CONSULTATION	5,924,058
OPD CONSULTATION	89,159
FRONTLINE HEALTH WORKERS SUPPORTED	7,659
DOCTORS SUPPORTED	6,907
HUBS	39
SPOKES	6,198
SPOKE CUM HUBS	2,936
NUMBER OF TRAININGS	37
NUMBER OF DISTRICT SUPPORTED	31

TelemedKG

Telemedicine Enables Quality Care for Children with Disabilities

Launched in 2022 by Intelehealth, in partnership with UNICEF and the Ministry of Health of the Kyrgyz Republic, TelemedKG connects family doctors in rural Family Medicine Centres (FMCs) in difficult to access mountainous regions with specialists at tertiary hospitals in Bishkek and Osh. The program promotes early identification and intervention for children with developmental delays and disabilities through a multi-level teleconsultation network. Health workers manage conditions like neonatal jaundice, cerebral palsy, autism, diabetes, and HIV in children.

IMPACT AT A GLANCE

TELECONSULTATIONS ENABLED	245
HEALTH SERVICE CONSULTATIONS ENABLED	285
NUMBER OF SPOKES (FAMILY MEDICINE CENTRES) SUPPORTED	5
FAMILY DOCTORS SUPPORTED	22
SPECIALIST DOCTORS SUPPORTED	8
PROVINCES COVERED	4
DISTRICTS COVERED	5
SPECIALITIES OFFERED	8
CLINICAL PROTOCOLS DEVELOPED	12

In 2024, the program expanded from 4 to 5 FMCs, now reaching 24% of district level FMCs nationwide (5 district level FMCs out of 21).
In 2025, TelemedKG began linking maternity hospitals with tertiary centres, for specialised care during high-risk pregnancies— highlighting the platform's adaptability across health areas; this linkage was supported by the UNFPA.
TelemedKG will also expand to 6 more FMCs in 5 new districts, enhancing clinical protocols, integrating public insurance reimbursement, and strengthening the Kyrgyz Republic's digital health ecosystem with support from the UN SDG Fund.

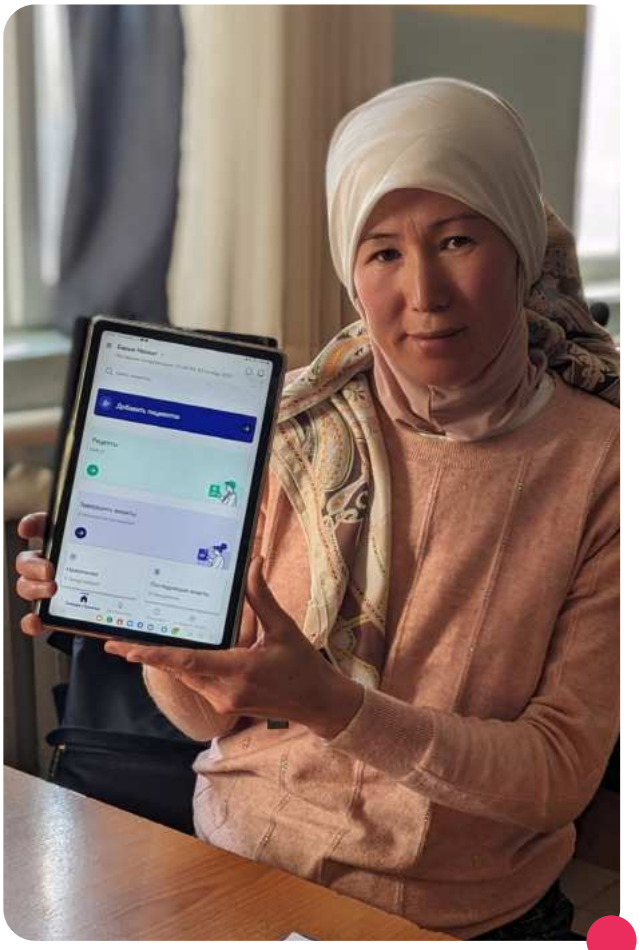
Key Insights & Initiatives

- Expanded into maternal and child health services.
- Developed telemedicine guidelines for maternity wards.
- Customised the TelemedKG platform for reproductive and maternal health services.

The Click in Brick-and-Click

- Intelligent Triaging System - A rule-based triage engine now provides real-time referral guidance based on key patient data (age, symptoms, duration), enabling frontline health workers to make faster and more accurate care decisions.

- WebRTC Integration - We integrated Web Real-Time Communication (WebRTC) to deliver seamless, high-quality video consultations and chat features within the app, reducing latency and enhancing virtual care delivery.



Easy in!

OFF-THE-SHELF DEPLOYMENT OF INTELEHEALTH

Intelehealth provides a streamlined, off-the-shelf deployment process designed to facilitate rapid implementation of its telemedicine platform. This approach enables organisations to launch a fully functional system with minimal customisation, ensuring quick time-to-value.

Key Features:

- Essential pre-configured modules (e.g. registration, scheduling, branding) allowing for immediate use upon deployment.
- Scalable architecture for growing needs without significant reconfiguration.
- Intuitive interface for navigating the system efficiently and faster adoption.
- Integration support for Laboratory Information System (LIS), pharmacy, and other digital health systems providing flexibility for future enhancements.
- End-to-end support to ensure system reliability and resolve operational issues.

This deployment model is ideal for organisations seeking a quick and efficient telehealth solution without the need for extensive customisation, enabling them to focus on delivering quality healthcare services.

Arogya Sampada

Intelehealth Innovation Site, Nashik

Intelehealth's direct implementation is reimagining how tech can transform last mile healthcare

India's tribal population accounts for 8.6% of the country, around 104 million people. In Peth and Surgana—two tribal areas on the Gujarat-Maharashtra border—communities face poverty, seasonal migration, and limited access to healthcare.

Intelehealth's Nashik initiative addresses the challenge of healthcare access in tribal areas through a scalable telemedicine model, covering 30 remote villages across four clusters. Trained Community Health Workers (CHWs) use mobile-based telemedicine to capture patient data and connect with remote doctors. These health workers go door-to-door providing diagnostics, consultations, and medicines, strengthening local access to primary care.

IMPACT AT A GLANCE

TELECONSULTATIONS ENABLED	5,367
HEALTH SERVICE CONSULTATIONS ENABLED	5,777
PATIENTS RECEIVING FREE MEDICINES	5,142
FRONTLINE HEALTH WORKERS SUPPORTED	5
COMMUNITY HEALTH ASSISTANT	3
DOCTORS SUPPORTED	2

Key Insights & Initiatives

- Introduced point-of-care diagnostics, standardised CHW training, instant prescription printing, and free medicine delivery.
- Partnered with NAMCO Trust Hospital to enhance referrals and access to specialist care.
- Common morbidities treated are RTI, Pharyngitis, Rhinitis, Gastritis, Osteoarthritis, Tinea Corporis, Arthritis, Migraines.
- Achieved a Clinical Quality Audit score of 98.52/100 — a 6.09-point improvement from baseline, reflecting stronger adherence to protocols, documentation, and service delivery.
- Developed multilingual videos and user manuals for patients, health workers, and doctors to increase teleconsultations and improve quality of care.

Read more here: **Voices from the Village**

The Click in Brick-and-Click

- **AI-Powered Differential Diagnosis** - A large language model (LLM)-based differential diagnosis feature is currently under development to assist doctors during consultations. It synthesizes visit data to generate probable diagnoses, reduce documentation load, and improve clinical accuracy.

- **Initial Sync Optimization** - To address performance challenges caused by large data volumes in the project, initial sync workflows have been moved to a dedicated screen, improving load management, reducing app crashes, and significantly enhancing user experience for field health workers.

Voices From The Last Mile

Anusuya Bharat Padvi
Service User, Nashik

Timely Care at the Doorstep: Anusuya's Story from Palshi Village

> "Thanks to your doorstep health service, I got the care I needed on time. We often can't travel when there's an emergency, but this time, the doctor and medicine came to me."

In the remote village of Palshi, Peth Block of Nashik District, 33-year-old Anusuya Bharat Padvi suffered a painful burn while lighting her stove. With no transport available, she waited, hoping it would heal on its own.

During her weekly visit, a health worker noticed Anusuya's discomfort and connected her to a remote doctor via video call using the Intelehealth app. The doctor diagnosed a primary burn and prescribed helpful ointments, and recommended a Tetanus injection.

The health worker ensured Anusuya received all medicines and the injection at the nearest facility, and explained how to use the ointments. By the next week, Anusuya's wound had completely healed.

What could have been a prolonged injury was resolved swiftly— thanks to timely care, digital access, and a dedicated frontline worker.

Arogya Path

Community-based triaging by women micro-entrepreneurs to improve patient care-seeking pathways

Arogya Path serves over 25,000 households in Jharkhand's Lohardaga district, addressing deep-rooted barriers to timely and appropriate healthcare in the Kuru and Kisko blocks. Communities here often face confusing care pathways, long travel distances, poor-quality services, and limited health awareness leading to delays in care, inappropriate treatment, and financial hardship.

At the core of the problem is poor health-seeking behavior and a lack of proper triage. Many patients either delay seeking care, land at the wrong facility, or resort to expensive private providers because the public system is too complex to navigate.

Arogya Path breaks this cycle.
We've introduced a tech-assisted triaged model led by Swasthya Sakhis—trained women health agents from local Self-Help Groups. Using a mobile app, they gather symptoms and apply a decision-support tool to triage patients to the appropriate level of care and the nearest appropriate public health care facility for their health issue. A referral coordinator at each facility ensures patients are seen and supported at their referred destination.

This proof-of-concept combines technology and women's empowerment to improve access, reduce delays, and enhance trust in the public health system, especially for women and vulnerable groups.

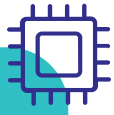
IMPACT AT A GLANCE

HEALTH SERVICE CONSULTATIONS	28,429
PATIENT TRIAGED	2,826
FRONTLINE HEALTH WORKERS SUPPORTED	10

Key Insights & Initiatives

- The Arogya Path mobile app launched in April 2024, supports triaging and real-time monitoring of health-seeking behaviour and outcomes.
- Swasthya Sakhis carried out household visits and awareness sessions on diabetes, hypertension, and malnutrition for 25,000 households.
- 84% of patients complied with the referral and received care.
- 11% of the patients triaged are suffering from NCDs like diabetes and hypertension and are under follow-up care, showing improved treatment adherence.

The Click in Brick-and-Click



- **SNOMED CT Diagnosis Standardisation** - Diagnostic workflows now use SNOMED CT codes, improving standardisation, cross-system interoperability, and the quality of clinical data. This also supports stronger clinical decision support and analytics.

Ekal Arogya Telemedicine

Women micro-entrepreneurs powering last mile healthcare in tribal areas

The Ekal Arogya Telemedicine Project, a joint initiative by Arogya Foundation of India (AFI) and Ekal Abhiyan supported by Intelehealth, delivers quality healthcare to tribal and remote communities across 13 Indian states. Launched in 2020, it is led by Arogya Sevikas – trained local women health workers who serve as the first point of contact in their villages. They conduct teleconsultations using smartphones and point of care diagnostic kits, take patient histories, and provide follow-up care. Recruited locally, they are educated at least till the secondary level and are fluent in regional languages. Beyond clinical care, they promote hygiene, nutrition, home remedies, and kitchen gardening, improving health outcomes and reducing costs for rural families.

Key Insights & Initiatives

- The program has expanded to 1,784 villages, reaching 132,227 households.
- 88.6% increase in teleconsultations compared to last year.
- Conducted 45 field visits to provide hands-on implementation support.
- Developed NCD screening protocols for patients
- Created tracking tools for Sevikas, village locations, and training to streamline monitoring and operations.

IMPACT AT A GLANCE

TELECONSULTATIONS ENABLED	59,371
HEALTH SERVICE CONSULTATIONS ENABLED	230,491
FRONTLINE HEALTH WORKERS SUPPORTED	766
DOCTORS SUPPORTED	17
STATES	11
CLINICAL PROTOCOLS	58

Voices From The Last Mile

Asmitaben

Health Worker, Ekal Arogya, Gujarat

Breaking Barriers in Kharsana: Asmitaben's Journey of Purpose and Leadership

> "It makes me truly happy when I can help someone feel better and be treated with respect in return. It gives me the strength to keep going every day"

In Kharsana village, Gujarat, where many married women still live behind a veil, Asmitaben is quietly transforming her community through care, compassion, and leadership. After marriage, she had to discontinue her bachelor's studies, but her curiosity and desire to serve never faded. With support from her family, especially her mother-in-law, she became a Sevika under the Ekal Arogya Telemedicine Project.

Asmitaben visits homes, listens to health concerns, and identifies early symptoms of illness. Using the Ekal telemedicine app, she connects patients with doctors, explains the advice, and ensures the patients receive the correct parchi (doctor's prescription). Her dedication has made her a trusted health resource in the village.

Beyond individual care, Asmitaben has addressed broader community issues. Noticing an increase in waterborne illnesses linked to poor drainage, she advocated for soak pit solutions (a method for managing wastewater) in coordination with the Sarpanch (village head). Her persistence led to improvements in sanitation and community health.

Today, Asmitaben exemplifies how empowering women with tools like telemedicine can foster grassroots leadership and drive sustainable health improvements in remote communities.

The Click in Brick-and-Click

- **Admin Portal Configuration** - A centralised admin web portal now allows dynamic configuration of features, settings, and content across mobile and web apps—enabling faster updates and minimising the need for redeployment.

- **ABDM Compliance** - The platform is nearing full compliance with India's national health data system, Ayushman Bharat Digital Mission (ABDM), including ABHA ID creation, secure consent-based data sharing, and interoperability with the broader national health ecosystem.

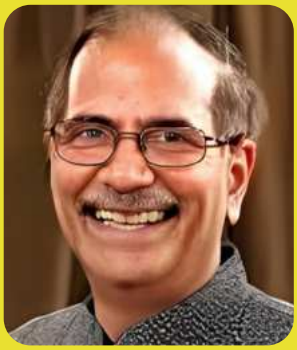
Voices From The Last Mile

Dr. Rakesh Gupta MD
Board President, Ekal Arogya

I have been volunteering for the Ekal Arogya program from the USA for more than 4 years. We are providing preventive health and telemedicine services to the remote villages especially in tribal rural communities. We have weekly zoom meetings between Intelehealth team, leadership team from Arogya Foundation of India, and USA Ekal team. Intelehealth has been a very important partner in our journey for the past 7 years. With Intelehealth's partnership and active participation, we now have expanded the presence of our telemedicine program in 13 states in India with capabilities in 8 regional languages in more than 2000 villages. We have robust plans for future expansion on a yearly basis.

We have found Intelehealth to be a true partner in our goal to serve the target population. They are always there to resolve issues and problems as they arise. Intelehealth is also involved in daily and weekly monitoring of the field teams and assists actively in problem solving. Most importantly, Intelehealth and our Arogya field teams and leadership work together in a very cordial manner to resolve ongoing issues in a timely manner with a positive attitude leading to mutual growth.

In addition to regular tracking and close monitoring on a continuous basis, Intelehealth makes periodic field visits to identify and resolve ground level issues facing our village sevikas. This also helps develop close relationships and trust in both leaderships which is a tremendous asset for our work.



Because of this close cooperation and understanding, the telemedicine app is continuously getting better. It is still a work-in-progress, as we keep adding requirements and updates in our workflow. Some of these include close monitoring of our data, and engagement with our mid-level managers, active sevikas and state coordinators.

I can say with confidence and sincerity that Intelehealth is a great organisation and we're fortunate to have found them as our partner in our NGO and healthcare work in the remote rural tribal areas in India.

Tele-oncology at TATA Memorial Hospital

Designing the Future of Tele-Oncology

India's premier public cancer hospitals like Tata Memorial Hospital (TMH) face a growing burden: thousands of patients—many from low-income households—travel long distances for follow-up visits and second opinions, often incurring high out-of-pocket costs. This not only causes significant financial and emotional strain for families but also overwhelms already stretched oncology teams and infrastructure.

To address this challenge, we partnered with the Koita Center for Digital Oncology (KCDO) under the National Cancer Grid (NCG) and with support from the Koita Foundation, conducted a Proof of Concept (PoC) at TMH. The goal was to design and test a scalable, user-friendly tele-oncology model that could ease patient journeys while strengthening the health system's capacity.

Key Activities

- Seamlessly integrating tele-oncology into TMH's existing systems and workflows.
- Reducing patient and provider burden through streamlined case summaries, workflow optimisation, and intuitive design.
- Developing a teleconsultation platform tailored for oncology care.
- Enhancing patient education and engagement in virtual consultations.
- Generating insights to support scale-up across NCG hospitals nationwide.

Key Insights & Initiatives

- 70 Teleconsultations
- Doctors averaged a rating of 4 out of 5
- Average Turnaround Time (TAT) for second opinion: 13 mins 42 seconds
- Average TAT for follow-up cases: 8 mins 55 seconds

This initiative lays the groundwork for a more equitable, efficient cancer care system, bringing expertise closer to patients and easing the pressure on India's flagship cancer institutions.

Becoming A Best-in-Class Digital Public Good

PATH Digital Square

As part of PATH's Digital Square Initiative Phase II, Intelehealth advanced its open-source telemedicine platform to become a best in class Digital Public Good. We also improved our platform's maturity on the Global Goods Maturity Model, a framework that assesses how scalable, sustainable, and adaptable digital health tools are. Our score rose from 11 to 17 out of 30 (Global Utility 4→5, Community 3→4, Software 4→8), reflecting advancements in installation readiness, documentation, quality assurance, and overall product maturity. The collaboration focused on three core domains to strengthen scalability, usability, and global adoption:

- **Shelf-Readiness:** Developed multilingual user, implementer, and developer documentation in multiple languages; streamlined packaging-enabled easier installation, configuration, and deployment for easier implementation.
- **Interoperability:** Achieved greater compliance with FHIR (Fast Healthcare Interoperability Resources), enabling standardised, secure data exchange and integration with national health information systems.
- **Quality Assurance**: A robust automated suite of test cases was developed, significantly increasing test coverage and platform reliability.

This strategic investment has enhanced Intelehealth's maturity and positioned it as a scalable Digital Public Good, accelerating its adoption in Low-and Middle-Income Countries (LMICs).

What does greater FHIR compliance and interoperability mean?

Intelehealth now enables more seamless, real-time healthcare data exchange across systems with this compliance. This empowers integration with national health infrastructure and supports standardised, efficient digital health programs.

Key benefits of FHIR compliance for governments, NGOs, and healthcare organisations:

- Integration with national health registries for unique patient identification
- Cross-facility health record access for informed care delivery
- Timely access to medical data for faster diagnoses and decisions
- Digital prescription sharing with pharmacies for faster treatment
- Automated laboratory and imaging data exchange processes
- Streamlined referrals and appointments management across facilities and systems
- Integration with Health Information Exchanges (HIEs) and OpenHIE standards
- Comprehensive disease surveillance and data-driven policymaking.

Building a Path That Lasts: Sustaining Impact

How Intelehealth ensures long-term continuity and local ownership of digital health projects

At Intelehealth, sustainability means empowering partners to independently own, operate, and scale telemedicine solutions. Our technology is tailored to local contexts, supported by training and change management, and built to ensure long-term impact—even beyond the active support phase.

Key Elements of Sustainability

Transitioning Implementation Know-How

Capacity building	Health workers and admins are trained to operate the system, manage users and locations, and troubleshoot basic tech issues.
Localisation & Adaptation	Health workers follow processes in local languages, aligned with partner workflows and policies.
Data Ownership & Reporting	Admins are trained to generate reports and monitor key health indicators.
Sustainable Training	A ‘train-the-trainer’ model enables experienced users to onboard and support new users.
Technology Management	Partner tech teams are trained on system management, self-healing tools, and backup scripts

Transferring Technology System Management

Open-source, low-cost platform	The technology is easily adoptable and maintained without reliance on proprietary tools.
Technology Management & Handover	Comprehensive Knowledge Transfer (KT) to partner tech teams, including system management, self-healing tools, and backup scripts, allowing for independent operations with optional support.
Integrations with Health Systems	Enables seamless, secure data exchange through FHIR standards, supporting interoperability with national health ecosystems like ABDM.

Sustainable Implementation Transitions

Namma Aarogya Kendra (Karnataka)

Namma Aarogya Kendra is a FEMTECH-driven initiative delivering inclusive, affordable healthcare to girls and women in remote areas of Karnataka. 22 teleconsultations with doctors and 180 health service consultations were provided.

Vikalp Helpline

Vikalp Helpline is a tech-enabled support service providing survivors of gender-based violence and child marriage with confidential counseling, legal awareness, and access to reproductive health services. 1,627 teleconsultations have been conducted with counsellors.

Koita-MUHS Platform

Intelehealth is proud to continue to support India's first Digital Health Foundation Course by Maharashtra University of Health Sciences(MUHS) and Koita Foundation, enabling medical students to build virtual care skills using our telemedicine platform. Intelehealth provided telemedicine training content and a hosted version of our software for the course. As of now, 2700 students are registered on the platform; 600 have completed the course while 2100 continue to be trained.
Read more: www.koitafoundation.org/DHFC

81% of all health workers and 65% of doctors were continuing to use the platform to deliver teleconsultations.

Program Evaluations

eSanjeevani Odisha Midline Evaluation

Facility Readiness, Provider, and Client Acceptability & Satisfaction

A midline evaluation study was conducted from April to June 2024 to assess the status of eSanjeevani telemedicine services and the impact of technical support, compared to a baseline conducted in October–December 2022. This facility-based cross-sectional study was carried out across Health and Wellness Centres (HWCs), Sub-hubs, and Hubs in Odisha.

Patients reported a satisfaction score of **4 out of 5** for treatment through telemedicine

Study Objectives:

- To assess the facility readiness of SC-HWCs and PHCs to offer effective telemedicine consultations.
- To evaluate the acceptability and satisfaction with the eSanjeevani platform among healthcare providers (Sub-hubs and Hubs).
- To assess the acceptability and satisfaction of the eSanjeevani platform among clients.

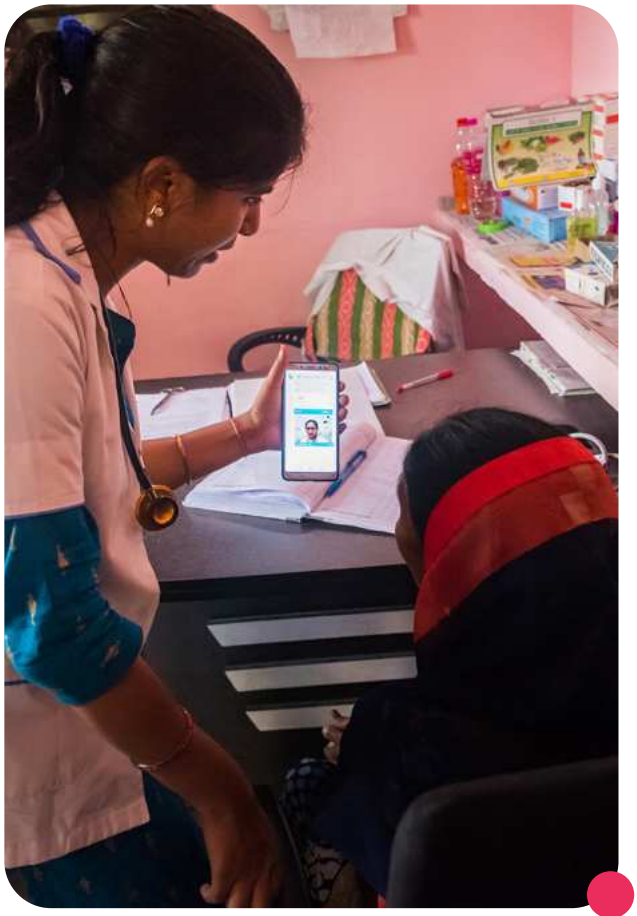
Key Findings:

- Facilities regularly using telemedicine increased from 69% to 93%.
- Both providers and clients rated satisfaction with eSanjeevani services highly; providers gave the platform an average score of 4 out of 5; clients reported an average of 4.1 out of 5 for overall teleconsultation experience.

• Clients rated their likelihood to continue using eSanjeevani, and recommending it to friends and family highly– with an average score of 4.3 out of 5 for both.
• Patients demanding telemedicine services increased from 63% to 76%.
• Ease of connecting with a doctor increased from 64% to 86%.
• Patients reporting prolonged wait times at facilities reduced from 64% to 38%.
• 86% of nurses and 89% of doctors found the technical support provided by Intelehealth to be “Effective” or “Very Effective”.
• CHOs perceiving telemedicine to be a viable alternative improved from 79% to 93%, and 92% found patient management easier (up from 57%).
• Facilities with all medicines available (from essential drug list) increased from 34% to 41%; 83% of facilities reported receiving medicines within a week after requesting restock.
• Facilities with a government provided internet connection (as opposed to the FHW using their own internet connection) increased from 9% to 70%, and the proportion of facilities with Wi-Fi grew from 9% to 39%.
• The proportion of trained providers increased considerably, with 93% receiving at least one training session in the past year.

By midline, **86% of providers found it easier to connect with doctors using telemedicine**, compared to 64% at baseline.

• Electricity access reached 94%; power backup rose from 53% to 76%, and water supply from 69% to 88% between baseline and midline. While facilities with key equipment improved (e.g., Computer/Laptop/Tablet) to 99%, availability of private rooms for teleconsultation saw a slight decline, from 60% to 54% in the same period.
• The average number of teleconsultations per facility reduced (e.g., PHC monthly teleconsultation footfall declined from 72 to 21, and SC-HWC from 84 to 26). The report attributes this to factors such as a greater number of available facilities, easing of the pandemic, and improved CHO capability to manage health issues, potentially reducing unnecessary teleconsultations.



Supply-Side strengthening

Strengthening Quality through Supportive Supervision

To enhance the quality of telemedicine services under the eSanjeevani program, the Intelehealth State Project Management Unit (PMU) at the state level led a supportive supervision exercise across facilities. As part of our "supply-side strengthening" approach, state teams conducted field visits to assess service delivery, ensure adherence to standards, and gather frontline feedback.

Key Findings from the Supportive Supervision Visits Across States

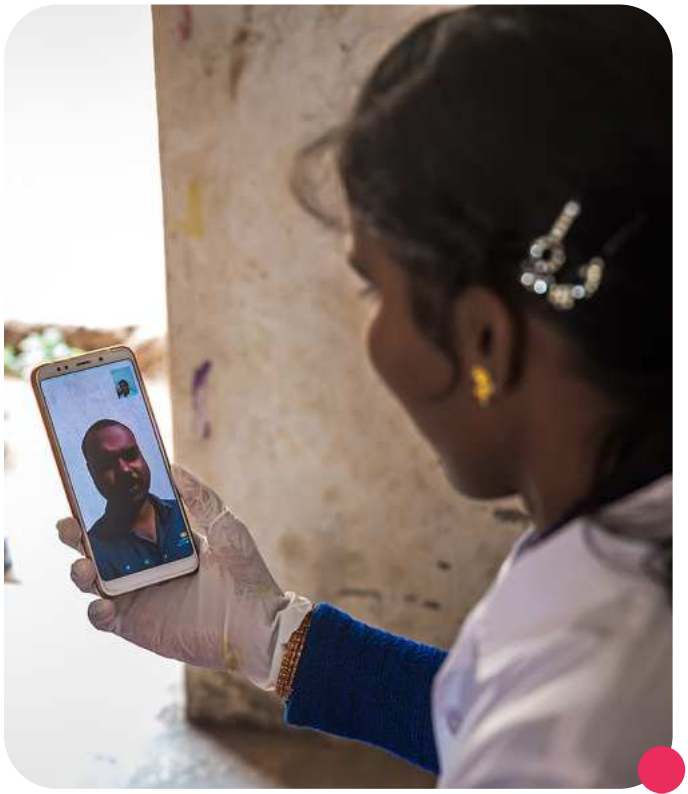
Hub-Level Findings

- 74 visits were made across 67 unique hubs.
- 47% of hubs had an appropriate[3] teleconsultation setup in place.
- 66 % of hub practitioners expressed a need for further training and capacity building.
- The average time reported per consultation at hubs was 4.3 minutes.

Spoke-Level Findings

- 338 visits were made across 333 unique spokes in 46 districts.
- 67 % of spokes had adequate basic infrastructure; 79% had sufficient medicine availability.
- 84% of spokes had the eSanjeevani mobile app, and 95% had internet connectivity.
- The average time per consultation (complete procedure[4]), was 13 minutes, ranging from 2 to 35 minutes, as directly observed in teleconsultations.
- The Intelehealth team conducted 245 meetings with ASHAs and ANMs to strengthen community awareness about telemedicine.

At the spoke level, **average time per consultation** for the complete procedure was **13 minutes**.



[3] *Separate room, Computer, Camera, Microphone, Speaker, etc.*
[4] *Patient intake & history taking by CHO; audio-video consultation with the doctor, prescription & communication to patient by CHO*

Advocacy Meetings and Training Activities

- 77 advocacy meetings held across 33 districts, reaching out to over 1350 providers.
- Over 3400 providers were trained in 80 training sessions; nearly half of these were induction/ orientation and the rest refresher courses, adding to over 9000 person-hours of training.

84% of spokes had the eSanjeevani mobile app and 95% had adequate internet connectivity.

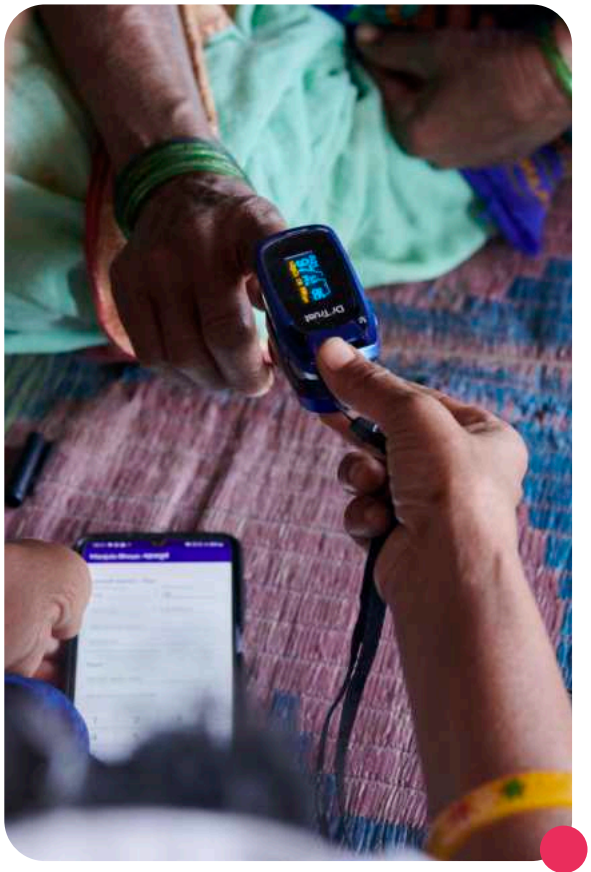
Measuring what Matters: Impact of Telemedicine on Patient Outcomes

A Cross-Sectional Follow-up Study of a Telemedicine Program in a Tribal Setting in Nashik, India

The study measured improvements in patient health outcomes following teleconsultations—demonstrating the effectiveness of the telemedicine model in underserved tribal communities. This study presents a cross-sectional follow-up of 318 patients (across 374 diagnosed episodes) who received teleconsultations between December 2024 and January 2025, focusing on patient recovery as a key outcome. An independent telemedicine physician was engaged to validate patient recovery through telephonic consultations.

92% of the patients fully recovered post teleconsultation– indicating that telemedicine is a viable healthcare option.

Recovery outcomes were analyzed by condition type using ICD-11[5] classification.We also considered whether the condition was self-limiting or non-self-limiting, and its Public Health Importance (PHI). Self-limiting conditions get better on their own without treatment (like a common cold) while non-self-limiting conditions require medical care to improve (like pneumonia or diabetes). PHI refers to how significantly a disease or condition affects the health of a community or population considering factors like prevalence or incidence, morbidity & mortality, cost to the health system, potential of transmission and impact on quality of life. In health outcomes research, showing improvement in non-self-limiting conditions is a stronger indicator of program impact, as these cases would not have improved without intervention. Similarly demonstrating improvement in conditions with high PHI signals meaningful impact, as these conditions have significant consequences for individual and community health if left unaddressed.



[5] Eleventh revision of the International Classification of Diseases

Key Findings:

- 91.8% of the clients (N=318) fully recovered post-teleconsultation - indicating that telemedicine is a viable healthcare option.
- Of 318 clients, 208 (65%) experienced health issues classified as of high public health importance (e.g., acute diarrheal diseases, acute respiratory infections). Of these 97.1% experienced complete recovery
- Of 318 clients, 104 (32.7%) had non-self limiting conditions. Of these 81.7% clients experienced a full recovery for non-self-limiting conditions —suggesting appropriate clinical management through remote care.
- 99.4% of the clients (N=318) received and adhered to prescribed medication, supported by strong engagement from community health workers.
- Out of 374 episodes of diagnosis the most frequently diagnosed episodes were of upper respiratory infections 77 (20.6%), acute pharyngitis 64 (17.1%), acute rhinitis 39 (10.4%), and scabies 27 (7.2%) —common illnesses with high community burden.
- Recovery rate (based on full recovery) by CPHC category in infant and neonatal (100%, N=12), Family planning and reproductive health conditions (100%, N=3), and childhood and adolescent (97.6%, N=147) health conditions was the highest, where as full recovery rate for elderly care (77.6%, N=67) and non-communicable diseases (N=1) was the lowest, and may require more complex or in-person care pathways.
- 20.4% of clients (N=318) were advised to seek in-person follow-up care during initial teleconsultations, with 10.7% (N=318) receiving conditional referrals—to be acted upon only if symptoms did not improve.
- 20% of referred clients (N=65) followed through and sought higher-level in-person care after the teleconsultation; among them, 5 reported symptom improvement with treatment, and 3 felt better after acting on the referral.
- 80% of referred clients (N=65) did not seek follow-up care at higher facilities, citing logistical and financial barriers. However, the same logistical and financial barriers would prohibit patients from seeking initial diagnosis and treatment without telemedicine.

Bridging Brick-And-Click

Product Roadmap

Strengthening Intelehealth's One-Product Approach

Intelehealth is committed to delivering a unified, high-quality digital health solution through its one-product approach. This strategy focuses on building and maintaining a single, modular platform that can be configured to meet the needs of various partners, programs, and geographies—ensuring long-term scalability, lower maintenance costs, and consistent quality across deployments.

This year, we advanced along a clearly defined five-year roadmap structured around 12 key themes. These themes are aligned with global trends in donor expectations and health system priorities, and they guide our continuous product development efforts.

Areas of Strong Progress

Several core domains have reached a mature and stable state. Notable improvements have been made in:

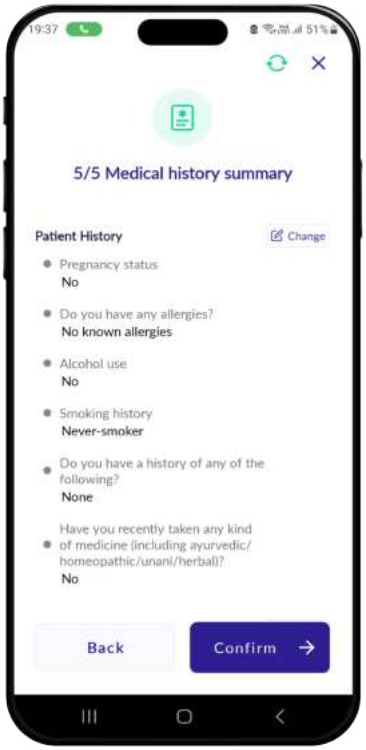
- **Usability and UI/UX:** A user-centred design approach has enhanced the experience for both health workers and patients, ensuring intuitive navigation and mobile responsiveness.

- **Language and Accessibility:** Expanded multilingual support and accessibility features now allow partners to deploy the platform in diverse linguistic and cultural contexts.

- **Interoperability and Standards:** Intelehealth now adheres to global standards like FHIR and OpenHIE, enabling seamless integration with national health systems, client registries, and shared health records.

- **Global Goods Maturity:** The platform aligns with Digital Public Goods(DPG) principles, making it more adaptable, reusable, and open-source friendly.

• **Data Visualisation and Reporting:** Partners can now configure dashboards and extract actionable insights more efficiently with the aid of upgraded data visualisation capabilities.



Key Areas of Enhancement

Several foundational and forward-looking features are actively being enhanced to meet the growing needs of our partners:

• **Scalability and Architecture**: The platform architecture has been strengthened to support large-scale deployments with improved performance, responsiveness, and maintainability. A key advancement has been the introduction of configurability and pluggability—enabling partners to activate or deactivate specific features (such as doctor specialities, patient registration, languages, and diagnostic modules) through the admin panel without modifying the core codebase. This modular design not only enhances scalability but also ensures that deployments remain lightweight, flexible, and tailored to local requirements. It allows for faster rollouts, easier maintenance, and seamless updates across different environments.

• **Feature Richness:** The platform continues to integrate deeper clinical workflows and more comprehensive service delivery features across teleconsultation, registration, scheduling, and follow-up.

• **Product Hygiene and Maintainability:** Efforts in documentation, automated testing, and technical debt reduction are improving system reliability and ease of future development.

• **Digital Assistant – Ayu:** Enhancements to Ayu, our Clinical Decision Support System (CDSS), are focused on supporting health workers through guided workflows and context-aware prompts.

Laying the Foundation for Future Innovation

Some domains are still in their early stages but are critical for our long-term vision:

• **Security and Privacy:** Initial steps have been taken to strengthen user authentication, data protection protocols, and audit trails—ensuring compliance with emerging digital health regulations.

• **Point of Care Diagnostics:** Early integrations and pilots are being explored to bring rapid diagnostics closer to the frontline.

• **AI and Clinical Decision Support**: Foundations are being laid to support AI-enabled decision-making tools that enhance diagnostic accuracy and standardised care.

As part of our continuous product evolution, Intelehealth introduced several new features to enhance platform performance, user experience, and alignment with national digital health priorities; feature enhancements that you would have seen highlighted in our "**The Click in Brick-and-Click**" sections earlier.

Quality Assurance

Intelehealth enhanced its QA processes to ensure stable, high-quality releases across diverse settings, minimising regressions and meeting user and partner expectations. This year, we achieved key milestones:

- Developed an automation suite of 534 automated tests for the web app ensuring coverage of major user flows and system stability. Implemented an automation suite of 775 test cases for the mobile app, significantly reducing regression risk and improving performance.

- Performed comprehensive performance testing for up to 3,500 concurrent users, covering login, data sync, and video consultations validating system responsiveness and load-handling capabilities.

Designing AI That Doctors Trust

In collaboration with the Center for Bioengineering Innovation Design at Johns Hopkins University, Intelehealth conducted an indepth AI Usability Study across 35+ healthcare facilities, both in rural and urban healthcare settings in India. The objective was to understand how doctors perceive the use of AI in telemedicine—exploring their motivations, concerns, and perceived value—while also gathering feedback on the usability and user interface of Intelehealth's proposed AI-powered Clinical Decision Support System (CDSS).

330 unique user needs were captured through observations and interviews.

What Providers Value in AI Decision Support Tools

- **Improved Diagnostic Confidence:** Providers appreciated AI as a second opinion, especially for borderline or unclear cases.
- **Time-Saving Support:** Many valued how AI could streamline history-taking and reduce consultation time.
- **Guidance for Less Experienced Clinicians:** Especially useful for junior doctors or CHOs needing reinforcement of protocols.
- **Standardised, Protocol-Based Care:** Would help ensure consistent care delivery aligned with clinical guidelines.
- **Bullet-Pointed Patient Histories:** Well formatted histories would be quicker and easier information scanning.
- **Detailed and Structured History Capture:** Would fill gaps in symptom and vitals documentation caused by limited probing or patient mistrust.
- **Auto-Populating Treatment Plans:** Templates for common conditions could reduce repetitive typing and save time.
- **Access to Past Visit History:** Summarised patient records from past visits would enable continuity of care.

Our AI-Enabled Solutions

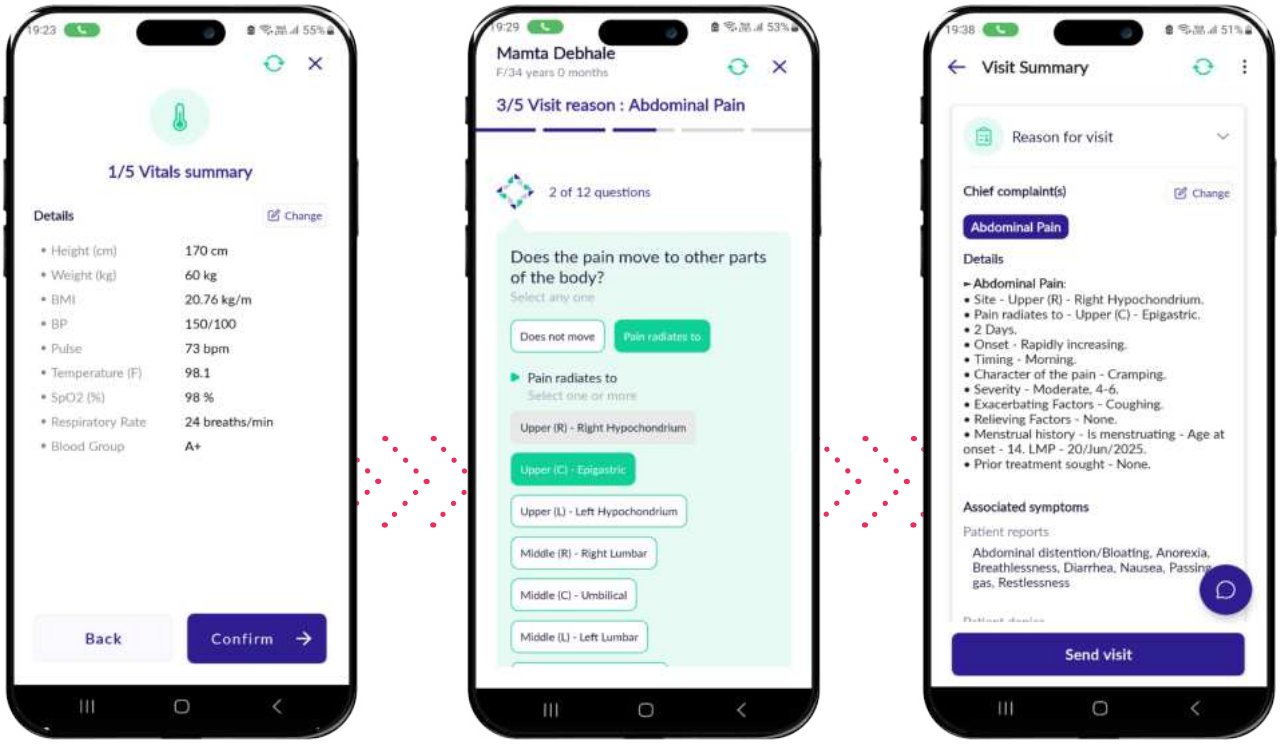
Bridging the Healthcare Gap with AI-Enabled Telemedicine

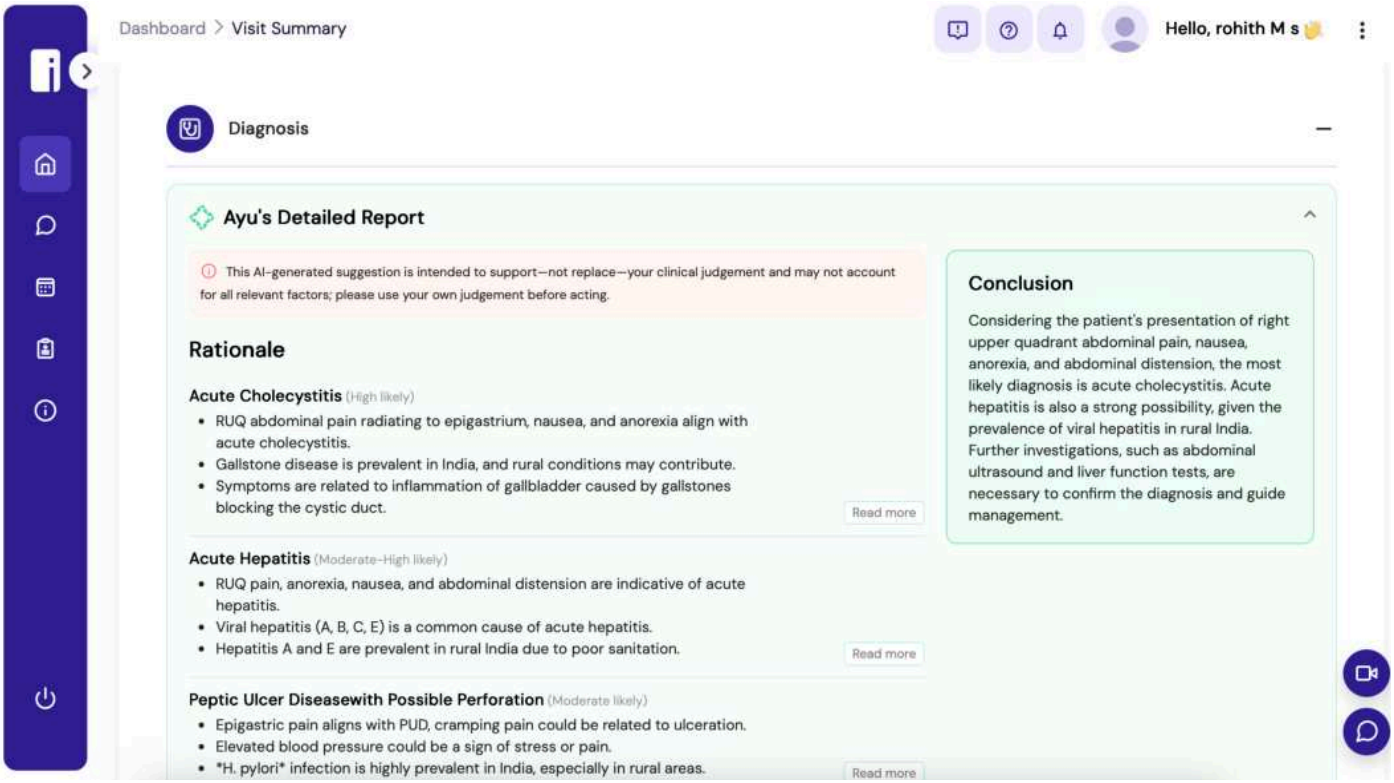
The Problem

When one has only 1.8 doctors and 3.6 nurses per 10,000 people, the quality of healthcare is bound to suffer. These figures tell the story of rural India. Overburdened healthcare providers conduct primary consultations averaging just 2.5 minutes—only covering 16% of essential history taking tasks. Medical errors are estimated at 5.2 million annually in India. With staff turnover and limited training infrastructure, the public health system struggles to maintain consistent standards of care.

The Solution: Intelehealth + Ayu

Intelehealth's open-source, protocol-driven telemedicine platform bridges these gaps through a cloud-based, multi-channel interface. Ayu 2.0 is an AI-enabled CDSS that guides the healthcare worker to collect clinical information based on the patient's medical needs and presenting symptoms, synthesise it into a clinical summary, generate a likely diagnosis, and triage decision – all at the level of a trained physician. The entire interaction will be supported in local Indic languages as the health worker will





interact with the patient in their local language. In summary, Ayu 2.0 enhances the Intelehealth telemedicine platform by improving diagnostic confidence, streamlining consultations, and improving provider efficiency.

KEY ASSISTANCE FROM AYU 2.0:

- History taking in the local language followed by a translation in English.
- Generation of a contextualised likely diagnosis, treatment pathway and triage decision presented to the provider.
- Summarisation & translation of the clinical summary, likely diagnosis, treatment pathway, and triage decision presented to the patient in the local language.

AI Innovations Powering Ayu 2.0

Natural Language & Multilingual Support

• Local language history taking, summaries, differential diagnosis, treatment pathways

Training & Fine-Tuning

• Augmenting decision support with data from imaging, audio, video, social, and environmental sources and training on those datasets for richer context
• Prompt Engineering, Optimisation and Augmentation using DSPy pipelines on various LLMs
• Fine-tuning using GRPO reinforcement learning with suitable reward functions for diagnostic reasoning
• Local inference & evaluations for cost-effective deployments
• Scaling to 7B+ parameter models and open-source models
• Knowledge base curation using ICD 11 for better differential diagnosis and treatment pathways predictions.

Evaluation & Benchmarking

• Processed 1,000+ patient records in Nashik
• Benchmarking state of the art LLMs (Gemini, Open AI, DeepSeek, QWEN, LLama etc.)
• Evaluation powered by QUEST Framework (quality, usability, engagement, and safety) and human evaluators

AI-ENABLED CLINICAL DECISION SUPPORT SYSTEM

• AI-generated clinical summaries.
• Differential diagnoses, treatment pathways and triage decisions.
• Dynamic question flows trained on real-world field scenarios.

Way Forward

• Launch AI-powered patient history summarisation tools to reduce provider burden and improve consultation efficiency
• Expand multimodal training and contextual learning to enable richer, more accurate clinical inputs
• Conduct fine-tuning and optimisation of open-source models for low-latency, low-cost deployments
• Integrate 250 clinical history taking protocols to improve and benchmark performance
• Achieve 90–95% accuracy in generating differential diagnoses and treatment plan recommendations.

Financials

INCOME & EXPENDITURE

REVENUE		EXPENSE	
Philanthropic	$17,70,142	Programs	$8,38,027
Earned Revenue	$4,05,319	Software Development	$7,67,071
Other Miscellaneous	$7,737	Fundraising	$1,75,401
		Management and General	$2,54,938
Total Income	$21,83,198	Total Expense	$20,35,437
		Net Surplus	$1,47,761

BALANCE SHEET AS AT 31ST MARCH 2025

ASSETS		LIABILITIES	
Current Assets	$37,702	Current Liabilities	$16,228
Bank Accounts	$12,21,811		
Cash in hand	$55		
Accounts Receivable	$5,964		
Fixed Assets	$11,284	Total Equities	$12,60,587
Total Assets	$12,76,816	Total Liabilities & Equities	$12,76,816

Donors and Partners

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Glossary

AAM Ayushman Arogya Mandir

AB-HWC Ayushman Bharat - Health and Wellness Centre

ACT Action Covid Taskforce

ANM Auxiliary Nurse Midwife

ASHA Accredited Social Health Activist

AWW Anganwadi Worker

BBMP Bruhat Bengaluru Mahanagara Palike

BCC Behaviour Change Communication

BPM Block Program Manager

CBO Community-Based Organizations

CDAC Centre for Development of Advanced Computing

CDSS Clinical Decision Support System

CHC Community Health Centre

CHO Community Health Officer

CVD Corona Virus Disease

CSO Civil Society Organisation

CWD Children with Disabilities

DH District Hospital

DHS-Odisha Directorate of Health Services - Odisha

DM Diabetes Mellitus

DPM District Program Manager

FHW Frontline Health Workers

GOI Government of India

HBNC Home Based Newborn Care

HFWD Health & Family Welfare Department

HT Hypertension

HW Health Worker

HW2D Health Worker to Doctor

HWC Health and Wellness Centre

IEC Information Education and Communication

IH Intelehealth

INR Indian National Rupee

LMIC Low- and Middle- Income Countries

MBBS Bachelor of Medicine, Bachelor of Surgery

MAS Mahila Arogya Samithi

MIS Monitoring and Information System

MNCH Maternal, Neonatal and Child Health

MO Medical Officer

MOiC Medical Officer in Charge

MTP Medical Termination of Pregnancy

NCD Non-Communicable Disease

NHM National Health Mission

OBC Other Backward Class

OPD Outpatient Department

PEU Perceived Ease of Use

PHC Primary Health Centre

PIP Project Implementation Plan

PPP Public Private Partnership

PU Perceived Usefulness

SBCC Social and Behaviour Change Communications

SC Sub-Centre

SC Scheduled Caste

SHG Self-Help Group

SOP Standard Operating Protocol

SRMNCAH Sexual, Reproductive, Maternal, Newborn, Child & Adolescent Health

SRH Sexual Reproductive Health

ST Scheduled Tribe

TRIF Transforming Rural India Foundation

UHC Universal Health Coverage

UPHCs Urban Primary Health Centres

UNICEF United Nations Children's Fund

VHSND Village Health Sanitation and Nutrition Day

WASH Water, Sanitation and Hygiene

WHO World Health Organization

Intelehealth

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