World Health Organization
South-East Asia Region

Intelehealth

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	Mr. Wayan Vota
2	02.10 PM- 02.20 PM	Ensuring Quality of Care & Patient safety in Telemedicine	Dr. Pramendra Prasad Gupta
3	02.20 PM- 02.30 PM	Ensuring Quality of Care & Patient safety in Telemedicine	Dr. Sara Saeed Khurram
4	02.30 PM- 02.40 PM	Ensuring Quality of Care & Patient safety in Telemedicine	Dr. Shekhar Waikar
5	02.40 PM- 02.55 PM	Wrap Up	Mr. Wayan Vota
6	02.55 PM - 03.20 PM	Q&A	Mr. Wayan Vota
7	03.20 PM – 03.30PM	Closing Remarks	Mr. Wayan Vota

Webinar Faculty

Dr. Pramendra Prasad Gupta

Dr. Pramendra Prasad Gupta has pioneered telemedicine implementation frameworks across South Asia, focusing on quality assurance and patient safety protocols in resource-limited settings, such as his native Nepal. His expertise bridges general practice and emergency medicine with digital health policy, making him a leading authority on maintaining clinical standards in virtual care delivery systems.

Dr. Shekhar Waikar

Public health expert with over 19 years of experience in strategic program planning, large-scale operations, and government partnerships. Proven leadership in health system strengthening, digital health integration, and private sector engagement. Extensive experience in HIV/AIDS, maternal and child health, family planning, urban health, TB, and pandemic response. An alum of the U.S. State Department's IVLP (2011), focused on emergency and pandemic response. Currently leading digital health programs at Intelehealth, providing strategic direction to scale innovative open-source solutions across partner countries.

Dr. Sara Saeed Khurram

Dr. Sara Saeed Khurram is Co-Founder and CEO of Sehat Kahani, Pakistan's premier digital healthcare platform ensuring quality of care and patient safety through technology-enabled access. With over 1.1 million virtual consultations conducted, her platform maintains rigorous clinical standards and consistent delivery of care across mobile applications and community e-clinics. An MBBS graduate from DOW University with a Master's in Health Policy and Management from Aga Khan University, Dr. Khurram champions adherence to international best practices while navigating local regulatory frameworks.

Ensuring Quality of Care & Patient safety in Telemedicine

Objectives and Outcomes

Objectives:

This session will bring together experts to share practical insights, field experiences, and frameworks for ensuring quality in telemedicine, with a focus on implementation in the South East Asia region and beyond.

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

- Gain a comprehensive understanding of how to establish and maintain clinical quality in telemedicine services.
- Learn about regulatory and policy frameworks that ensure the safety and efficacy of virtual consultations.
- Take away actionable insights for monitoring and evaluating telemedicine services.
- Understand the practical challenges and solutions for delivering high-quality telemedicine services in diverse settings.

Speaker I

Introduction to Sehat Kahani

How it all started

Female doctor co founding team

Dr. Sara Saeed Khurram

Co-founder & CEO, Sehat Kahani
MBBS (DMC) , MSC Health Policy & Management. (AKU)Acumen Fellow, Mulago Fellow

- ➔ *7+ years in telemedicine industry,*
- ➔ *3+ Years of Experience in Public Health Sector*

Forbes Asia 100 TO WATCH

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Dr. Iffat Zafar Aga

Co-founder & COO, Sehat Kahani
MBBS (ZMC) , MSC Global E-Health (Edinburgh), Global Good Fund Fellow

- ➔ *7+ years in telemedicine industry,*
- ➔ *3+ Years of Experience in Corporate Pharma Sector*

Pakistan's unique case of "missing doctors"

245,000 Total **Registered Physicians** (1) in **Pakistan**

80% Physicians are **females** however only **40% practice** (2)

15% Physicians **move abroad** for better opportunities **(3)**
**primarily males*

< 0.5 DOCTOR / 1000 PATIENTS

Market opportunity
Close to 80% smartphone penetration

1. https://www.pc.gov.pk/uploads/cpec/PES_2020_21.pdf
2. https://onlinelibrary.wiley.com/doi/10.1111/gwao.12444
3. https://bmcresnotes.biomedcentral.com/articles/10.1186/1756-0500-4-417

Sehat Kahani is a Digital Health Platform that connects patients in need of quality care to online doctors via affordable, convenient & easily accessible technology-based healthcare solutions.

Our Services – How does Sehat Kahani provide care

E-Health App- APP

A Mobile-App enabling 24/7 instant access to a Network of PMDC Certified Physicians in less than 60 seconds through an app based telemedicine platform for Corporates or Consumers

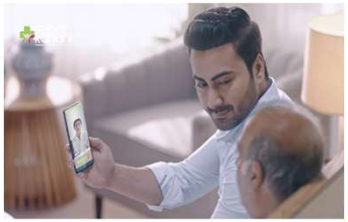
Helpline

A 24/7 telehealth platform available for featurephone users for the population without access to internet and/or smartphones

E-Clinics & Closet Pharmacy

A Physical telemedicine setup for underserved communities enabling access to nurse assisted consultation with qualified physicians & Closet Pharmacy

Expansion of Services over the years



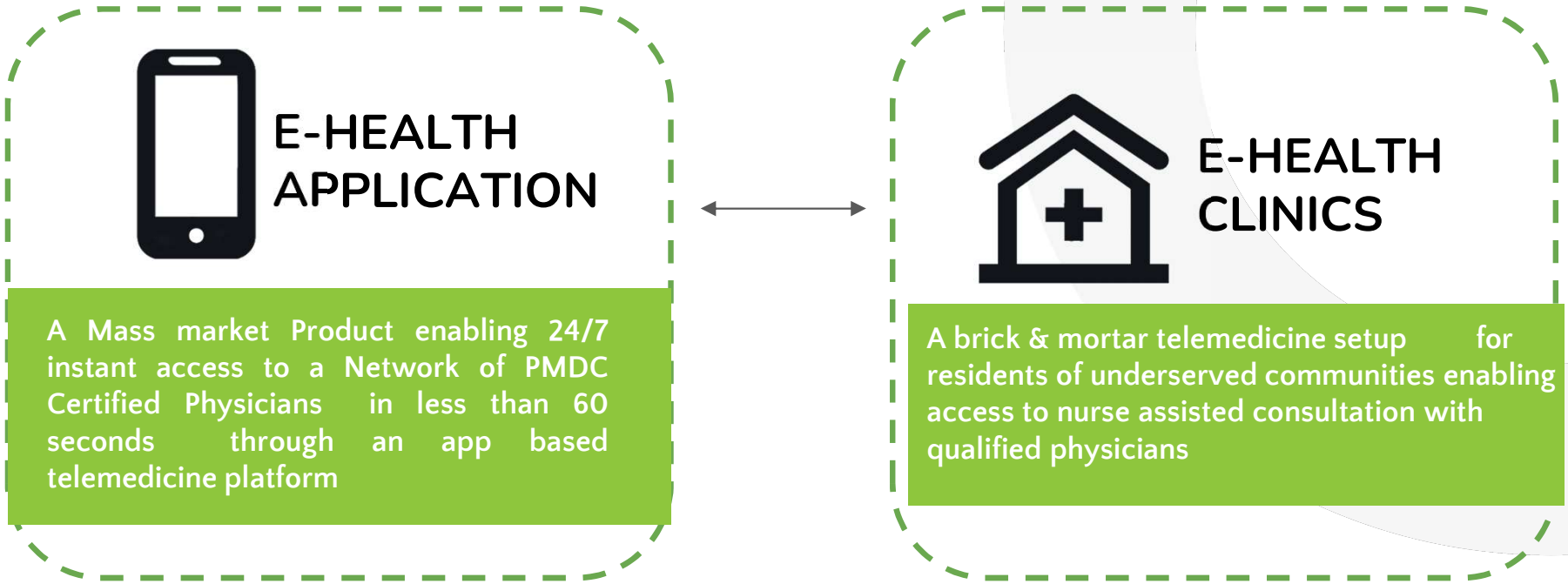
Health at-Home

An innovative telemedicine based hybrid setup to offer Home Healthcare services with remote monitoring

E-Pharmacy & Claims Mgmt

Cashless Pharmacy and claims management platform providing access to cashless pharmacy & Claims services to the corporates providing services

The cross-subsidiary model that ensures sustainability with impact



The application revenues manage company growth with the clinical sustainability being managed at unit economic level reducing break even timelines to 12 months from 5 years

Journey with an Impact

OUR BUSINESS

Jubilee Life Insurance

Jubilee General Insurance

efu Health

adamjee life

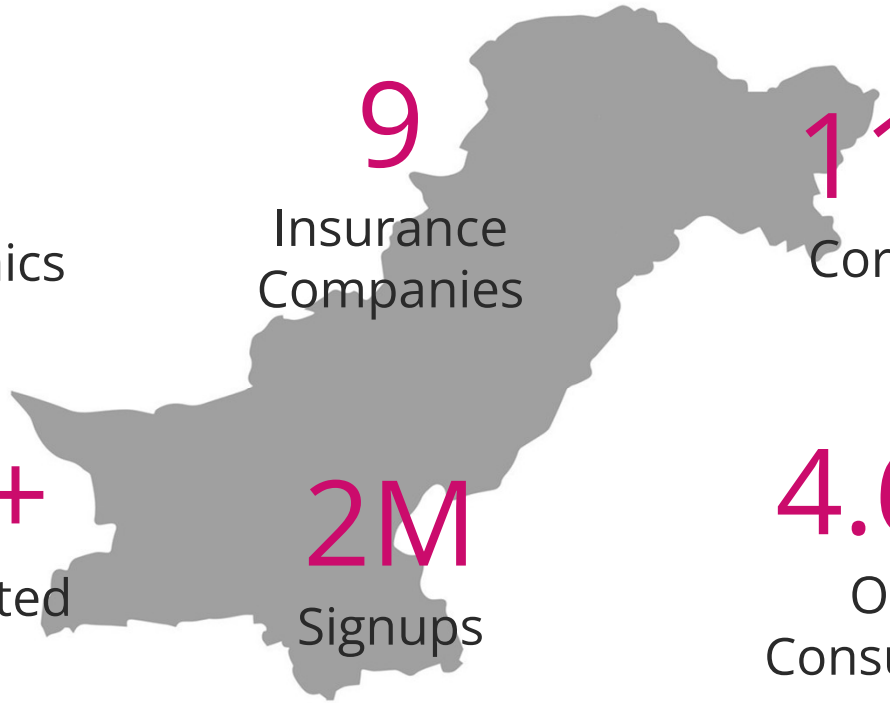
adamjee insurance

Pak-Qatar Family Takaful

IGI Life

Vitality

askari general insurance co.ltd



65
E-Health Clinics

9
Insurance Companies

1100+
Corporations

20M+
Lives impacted

2M
Signups

4.6 M
Online Consultations

faysalbank

HBL

Coca-Cola

Abbott

Mondelēz International

Philip Morris (Pakistan) Limited

COATS

Avery Dennison

enaro corp

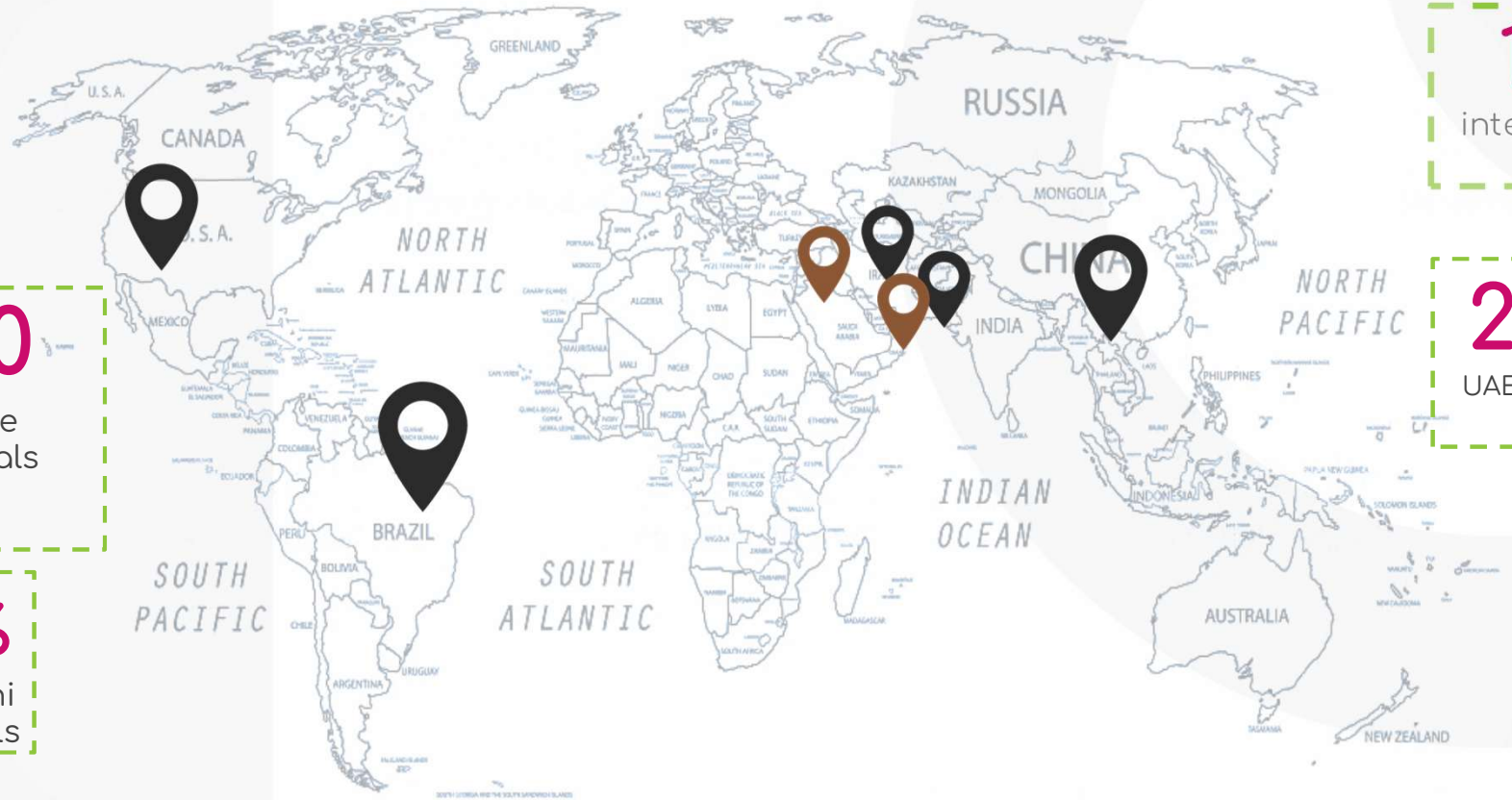
novo nordisk

NOVARTIS

citibank

طيران الخليج GULF AIR

An Extensive Physician Network spread out Globally



7500
healthcare professionals

81%
Pakistani Nationals

19%
international

200+
UAE/KSA Based Drs

An Extensive Physician Network with physicians belonging to ***40+ key specialities*** include but not limited to ***Cardiology, Gastroenterology, Neurology, Gynae, Peads, Mental Health, Dermatology, Endocrinology , Pulmonology, Emergency medicine*** etc to name a few

Sehat Kahani | Scale up in the Impact Sector

SPRING

Community focused research on MNCH gaps

AMPLIFY

incentivisation program for pregnant women

Ipas

LHWs' assisted App supported consultations

World Health Organization

Launch of clinics with MNCH focus

Grand Challenges Canada
Grands Défis Canada

E- Clinics & Pharmacies in Humanitarian Settings

British Asian Trust

Mental Health consultations for the underserved

GOVERNMENT OF THE STATE OF AZAD JAMMU & KASHMIR

1st Public Pvt Partnership with 13 BHU's in AJK

Power Partnerships with the Insurance & the Impact Sector

- over 3.2 Million Lives covered through a portfolio of 860 companies
- more than 40% of the corporate employees include middle and lower tier employees with limited healthcare affordability

- Microfinance Sector - Application access coverage to 1.4 million Loan borrowers in 250 cities with 28% female borrowers.
- Reach expanding to over 250 cities and towns across the country
- SRH Sector - Application to young men & women pertaining to SRH, family control & safe abortions

Our Technology Solutions

CONSUMER

CLINICAL

OLP

RIDER

CRM

CORPORATE

PLUG&PLAY

SDK

WebView

API

Sehat Kahani – Leading the Digital Healthcare Sector in Pakistan

MULTIPOPULATION FOCUS

CUSTOMER CENTRIC

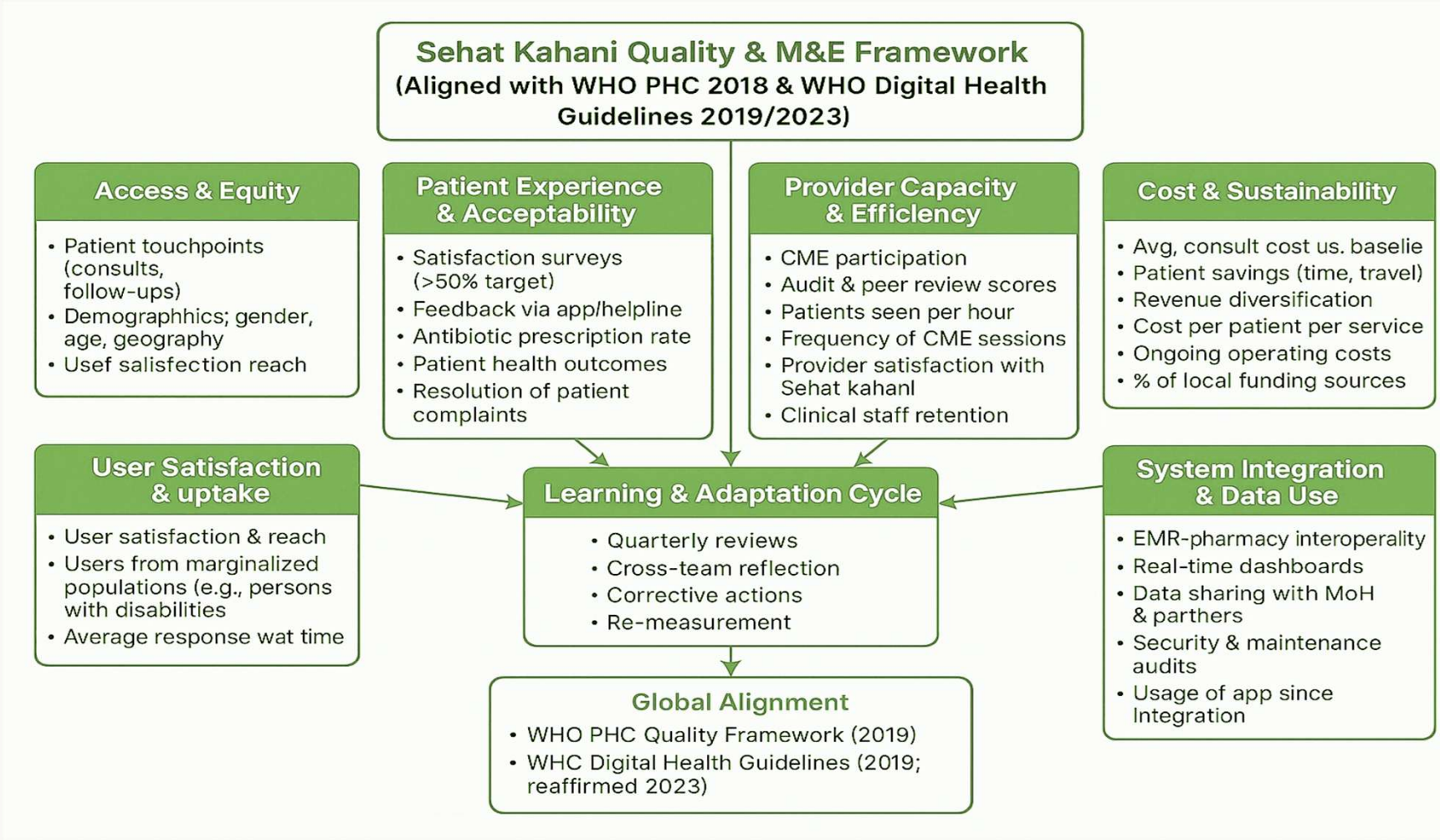
SPECIALIZED TECHNOLOGY

INNOVATIVE DIGITAL HEALTHCARE TECHNOLOGY

PRESENCE PAN-PAKISTAN

PHYSICIAN FRIENDLY

STRONG MLE & COMPLIANCE



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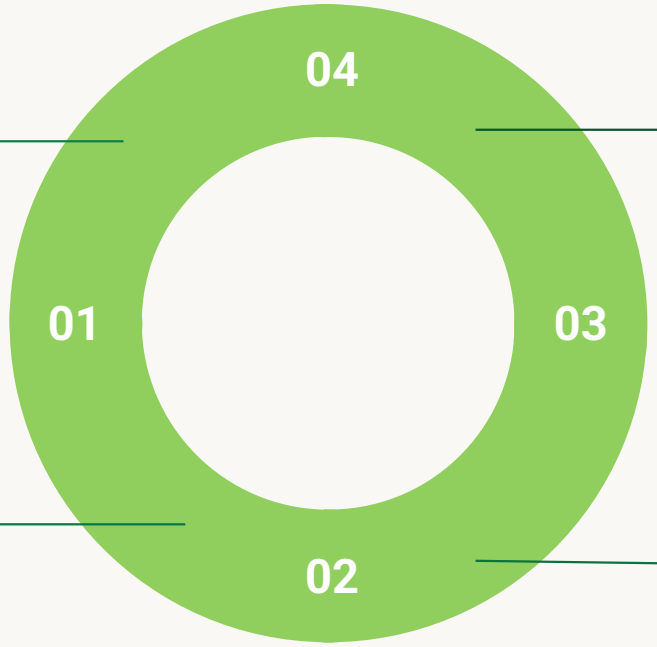
Our Quality Objectives

Enhance Patient Outcomes

Ensure safety through standard protocols and continuous improvement.

Lives Improved

Expand access and show impact by tracking patients and health trends.



Boost Patient Satisfaction

Build trust through feedback, gap analysis, and corrective action

Doctor Efficiency & Effectiveness

Build provider capacity through training and audits

* Aligned with the WHO Digital Health guidelines 2019/2023

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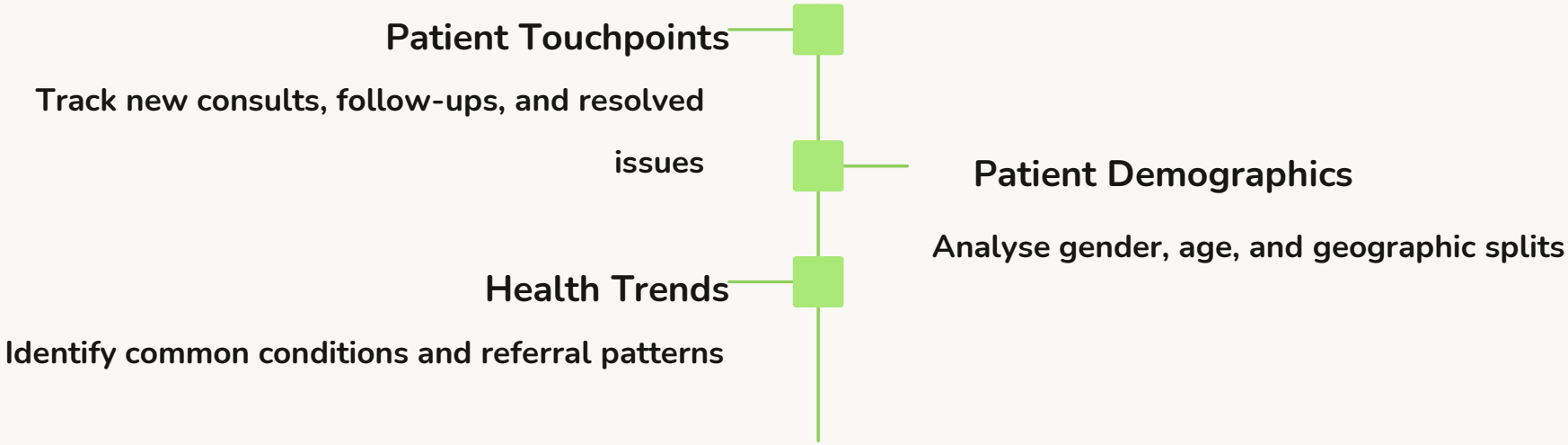
Lives Improved:



Challenges: Nurse and patient reluctance to provide information

Continuous Learning: Engaging nurses through purpose, incentives, and training

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Enhance patient outcomes

Standardized Clinical Decisions

1

Implement consistent algorithms to improve accuracy of diagnoses and treatment plans.

Ensure Protocol Adherence

2

Conduct ongoing audits and spot checks to verify clinicians/clinical teams follow best practices.

Continuously Improve

3

Regularly assess gaps and take action to enhance patient experience, technology, and clinician performance.

Challenges: rapid automation of processes to reduce manual load

Continuous Learnings: Using AI with standardized, trained algorithms.

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Boost Patient Satisfaction:

1

Collect Customer Feedback

via phone calls and app reviews

2

Analyse Unsatisfactory Feedback

Identify root causes

3

Review with Doctors

Discuss findings, especially for clinical care

4

Implement Corrective Action

Preventive measures by Tech, Doctors, and other teams

Challenges: Reduce bias and maintain authenticity

Continuous Learning: Independent, technology-driven solutions

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Doctor Efficiency & effectiveness

1. **doctor onboarding**
   Online learning platform for courses & tutorials
2. **Continuous Medical Education**
   Monthly refreshers
3. **Soft Skills**
   Patient communication seminars
4. **Audit reviews**
   protocol adherence refreshers
5. **Patient Feedback Reviews**
   One-on-one and group reviews

Challenges: ongoing compliance virtually

Continuous Learning: Regular reviews tied to incentive adjustments

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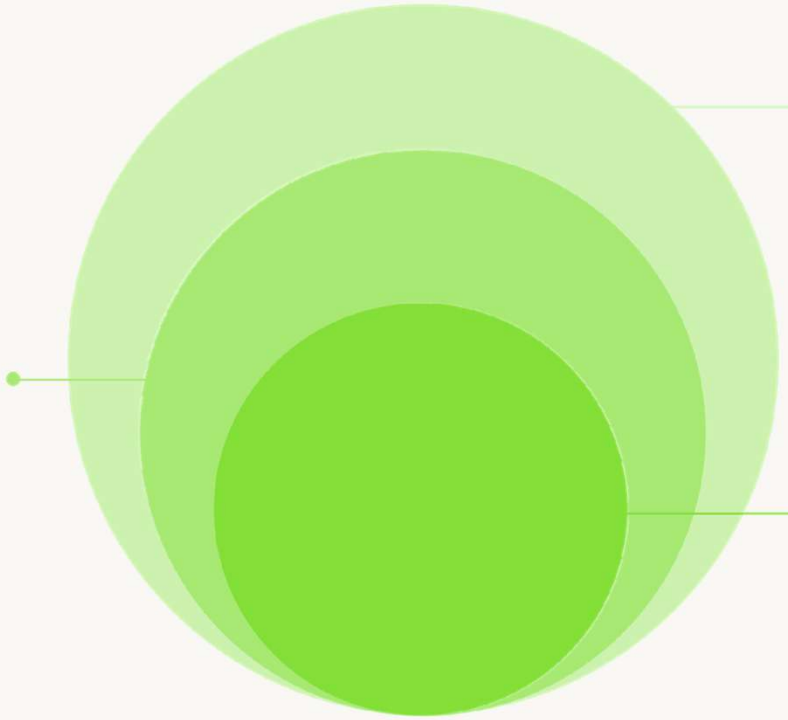
TECH: NOW & FUTURE



Future Innovations

AI-driven real-time analysis,
MLE audits, stronger adherence

Current Technology

EMR templates, CDS,
audit tools, virtual CME

Core Purpose

Improve clinical quality and
documentation

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Human in the loop when?

1

Complex Cases

Navigating unique medical challenges, comorbidities, and rare conditions

2

Quality Oversight

Resolving complex quality issues with clinical expertise

3

Building Trust

Empathetic engagement to address patient feedback concerns

Tracking outcomes:

Currently Doing

Diagnostic Precision

Achieving 90% accuracy in diagnosis

Currently Doing

Protocol Adherence

Maintaining 95% compliance with best practices

Plan to Introduce

Cost-Effective Care

Delivering 30% savings in treatment costs

Currently Doing

Lives improved

Resolving primary concerns within 3 visits

Currently Doing

Patient Satisfaction

at-least 85% with rating 4/5

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Sehat Kahani – **Specific Solutions To Protect Patient Data and Privacy**

- **Encrypt Data**: Use encryption for data at rest and in transit to prevent unauthorized access.
- **Access Control**: Implement multi-factor authentication (MFA) and role-based access (RBAC) to limit access to sensitive data.
- **Regular Audits**: Conduct frequent security assessments and monitor systems for breaches.
- **Anonymize Data**: De-identify patient data for sharing and research purposes.
- **Compliance**: Ensure systems meet HIPAA, GDPR, or local regulations and keep policies updated.
- **Backup & Recovery**: Maintain regular backups and have a disaster recovery plan in place.
- **Staff Training**: Educate employees on data security and compliance to reduce risks.
- **Interoperability**: Use standard data formats to securely share information across systems.

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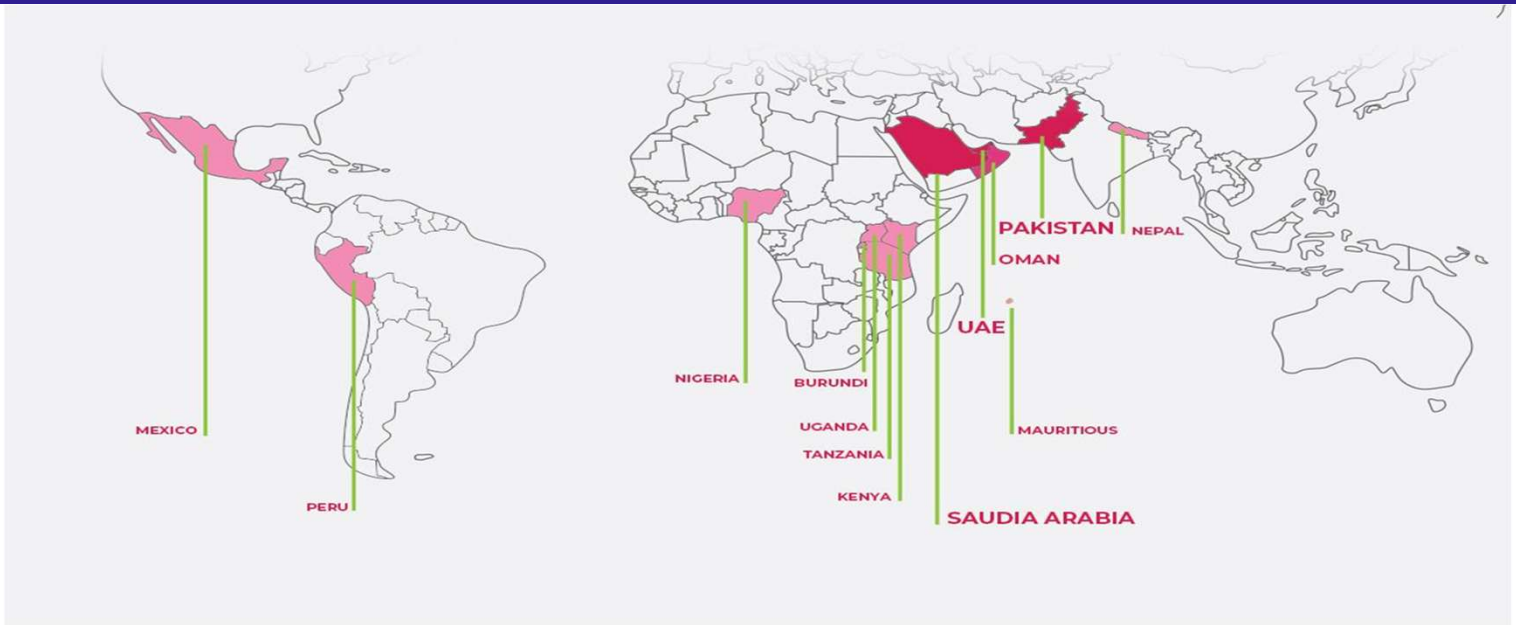
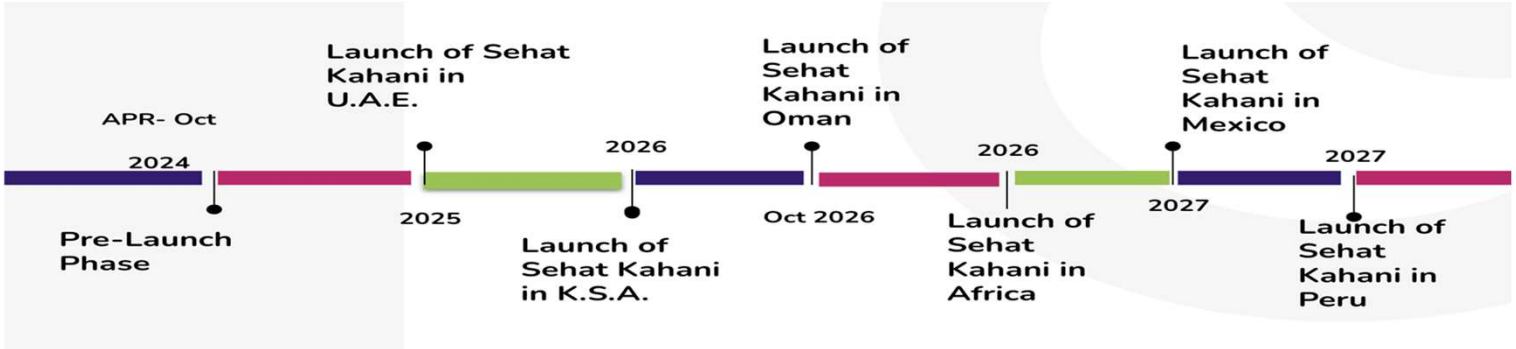
Road to regional expansion





Vision in the next 5 years

Democratising healthcare for all!

25+ Mil

Users

200+ Mil

Consultations

700 +Mil

Cumulative GTV

150%

CAGR

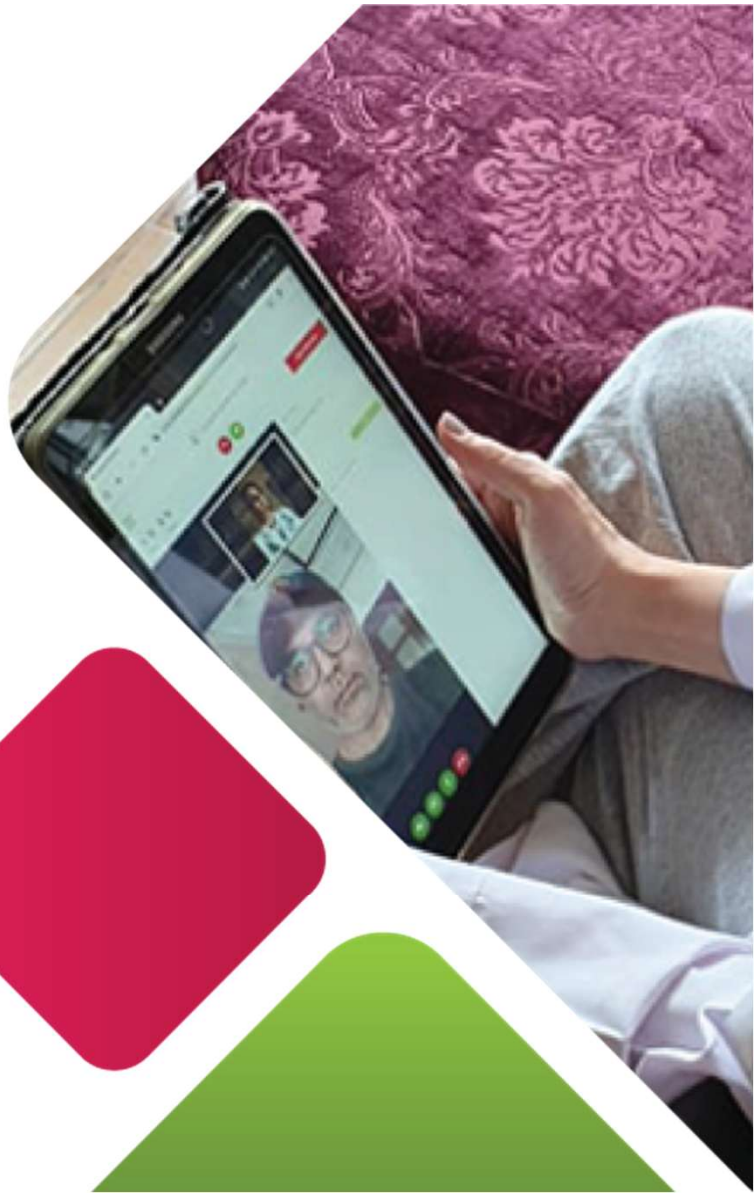
Thankyou!

You can find us at:

sara@sehatkahani.com

Iffat@sehatkahani.com

www.sehatkahani.com



Speaker II

Ensuring Quality & Patient Safety in Telemedicine

Speaker: Dr. Pramendra Gupta
Additional Professor GP & EM ; Medical Coordinator Digital Health and Innovations

Nepal’s Healthcare Landscape & Challenges

- Diverse geography: Tarai, Hills, Mountain regions
- Predominantly rural population with transport difficulties
- Limited specialists; mostly primary care providers available locally
- Health system segmented into Central, Federal, and Local governments
- Barriers: transport, cost, awareness, gender norms limiting women’s access

Project Goals . Model and Implementation

Telemedicine Project Goals

- Improve access to quality primary healthcare
- Focus on vulnerable and disadvantaged populations
- Overcome financial, physical, informational, and cultural barriers

Model and Implementation

- Initiated in 2015 with 7 centers; expanded to 75 centers, targeting 25 more
- Hub-and-spoke model: specialist hubs connected to local primary care spokes
- Teleconsultations mediated by local providers due to regulatory constraints
- Patient visits local hub centers for consultation, preserving care continuity

Key Service Areas

Training and Capacity Building:

- Healthcare workers, nurses, and assistants trained
- Emphasis on counseling, teleconsult skills, and use of platform
- Ongoing training, refresher courses, and motivation activities

Key Service Areas:

- Acute and chronic conditions (diabetes, hypertension)
- Dermatology and mental health consultations
- Antenatal and reproductive health via local sonographers
- Patient appointment reminders and follow-up outreach
- Free telemedicine services supported by donors and government

Data Management & Research

- Electronic Medical Records (EMR) for teleconsults
- Digital prescriptions signed by doctors
- Studies comparing pre- and post-telemedicine use, including gender-based trends
- Data collected via patient visits and local surveys

Challenges Faced

- Intermittent power and internet connectivity
- Staff retention and motivation, especially specialists
- Managing psychiatric cases remotely
- Ensuring availability of medicines in remote areas

Provider Incentives

- Modest financial incentives for teleconsultations
- Salaried positions for regular telemedicine doctors and consultants
- Employment of medical officers in underserved centers

Takeaway Lessons

- Hub-and-spoke model aligns with Nepal's geography and health system
- Provider training and supervision critical to quality and trust
- Model preserves existing patient-provider relationships
- Continuous quality monitoring and data-driven improvements
- Provider incentives vital for long-term sustainability

Speaker III

Intelehealth

Ensuring Quality & Patient Safety in Telemedicine

Webinar Series: Telemedicine in Action: Transforming Healthcare in Low- and Middle-Income Countries (LMICs)

Presented By: Dr.Shekhar Waikar
Chief Program Officer, Intelehealth

6 out of 10 women forgo or delay seeking healthcare

That's **280 Million women** in India

Source: Global Women's Health Index

Our Solution

We work with governments and NGOs to set up
High-impact last-mile telemedicine projects,

to dramatically improve

health access for women

30+ impactful telemedicine projects with Governments, NGOs & hospitals

End-to-end Solution for Telemedicine

6 STEP-IMPLEMENTATION METHODOLOGY

Step 1 : Program Design & Readiness

Step 2: Supply Side Strengthening

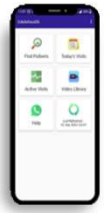
Step 3: Demand Side Strengthening

Step 4: Quality assurance

Step 5: Monitoring Learning Evaluation

Step 6: Capacity building

OPENSOURCE TECHNOLOGY



Intelehealth Provider-to-Provider App
Connects lower level providers with higher level providers,
eg: health workers to GPs

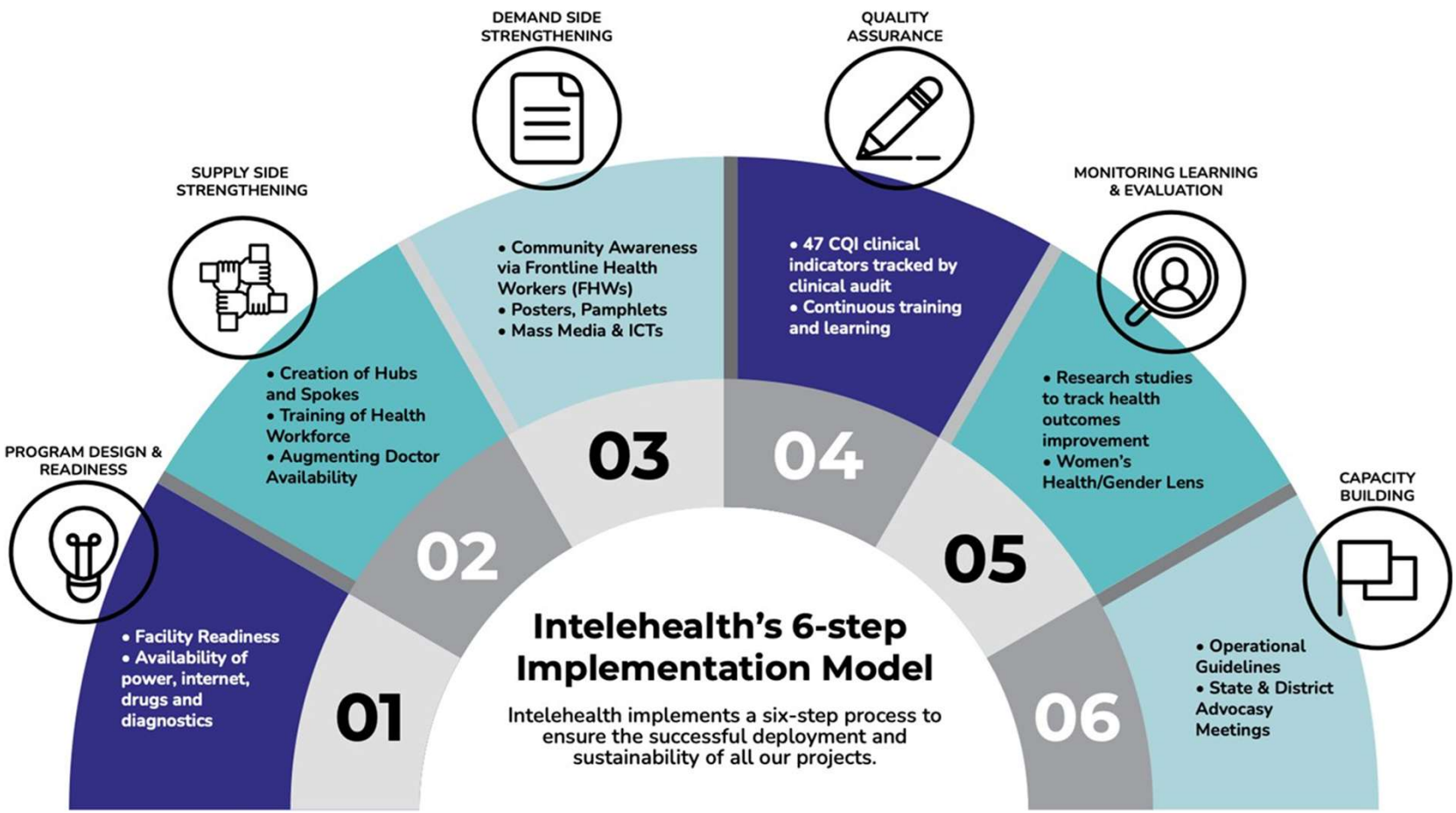
Intelecare Direct-to-Patient App
Home-based care video consultations with a remote doctor

Intelehelp Direct-to-Patient Helpline
Creates virtual call centers to receive queries.

POLICY ADVOCACY

- ✓ Effective program design
- ✓ Regulation of telemedicine
- ✓ Financing telemedicine
- ✓ Return on investment analysis
- ✓ Evaluation frameworks for telemedicine
- ✓ Policy briefs for effective implementation

Our Proven 6- Step Implementation Methodology



Why quality & patient safety matter

Bridging Access Gaps

Telemedicine expands healthcare access but raises questions regarding quality compared to in-person visits.

Safety is Non-Negotiable

Ensuring patient safety is paramount, mitigating risks inherent in remote care delivery.

Driving Trust & Outcomes

Robust quality assurance improves patient trust, accelerates adoption, and enhances overall health outcomes.

Quality & Patient Safety in Telemedicine

Goal: Telemedicine should provide accurate and quality medical care, comparable to in-person care, in the safest and dignified manner.

Objectives:

- Implement technology tools to standardize and improve quality of care
- Monitor quality of care through a clinical quality index
- Invest in continuous quality improvement through training & learning

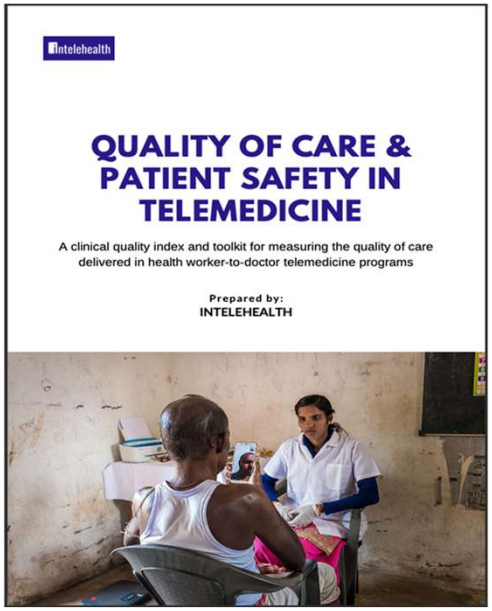
Patient Safety

Dignity

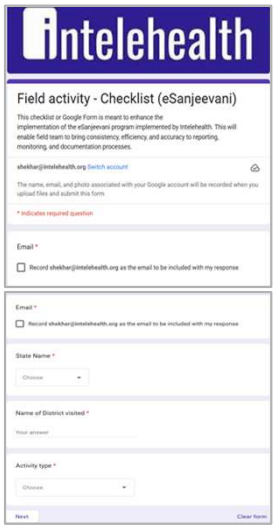
Clinical Quality Index (CQI)

47 Clinical Quality Indicators (CQIs) across 7 domains Mac Score-100

sl	thematic areas / areas of concern	Measurable elements / indicators	Maximum Scoring
1	Standardized clinical processes	5	10
2	Patient centric care coordination	8	16
3	Safe clinical practices	5	10
4	Patient satisfaction	2	10
5	Completion of data collection	8	16
6	Quality of consultation	12 /13	26
7	Program quality	6	12
	TOTAL	47	100



Practical Approaches to Quality Assurance



Supportive Supervision Using a checklist based on CQI

Routine field visits and dedicated provider mentoring ensure consistent quality

https://docs.google.com/forms/d/1hauy5IgKmH76VdHYY4IeJ2DeZPvkvpXJxy9njcKShDE/edit?ts=686cf6bf

Clinical audit by Independent medical doctors (EHR + Prescription)

EHR audits and direct observation audits assess compliance and performance

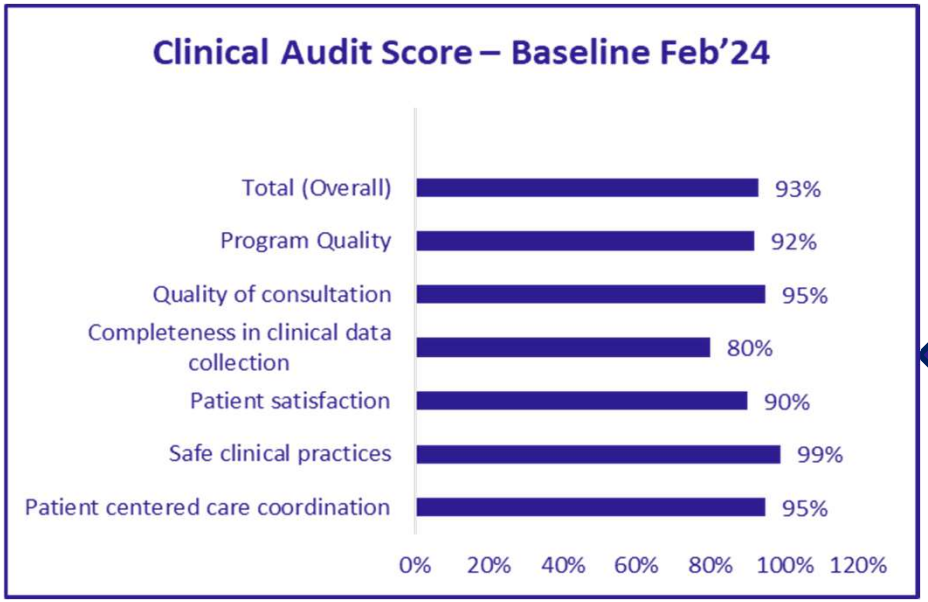
Continuous training & learning for quality improvement

Regular and refresher trainings based on the gaps identified in supportive supervision and clinical audits

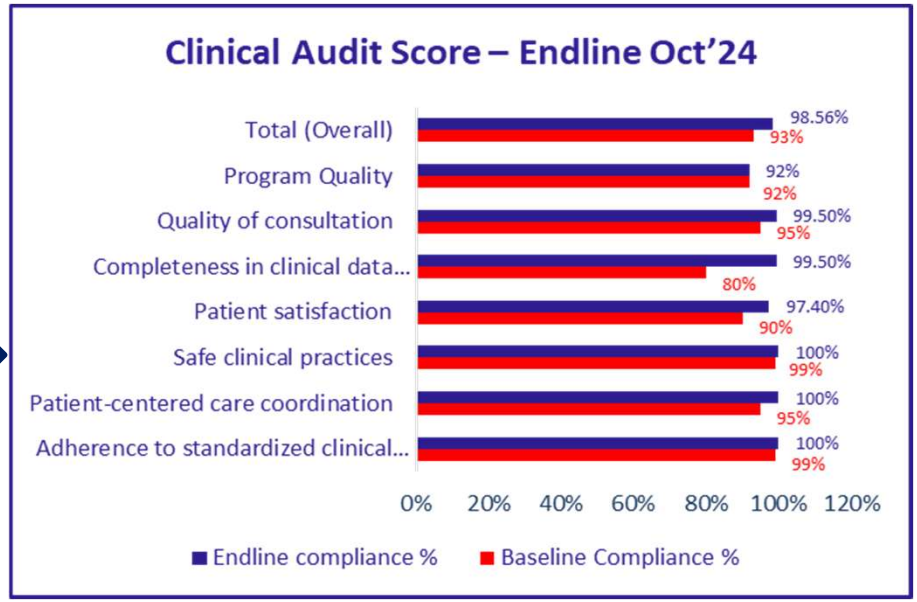
Participatory feedback approach

Establishing robust feedback loops fosters continuous improvement processes

Results Clinical Quality Audit



N = 22 Patients



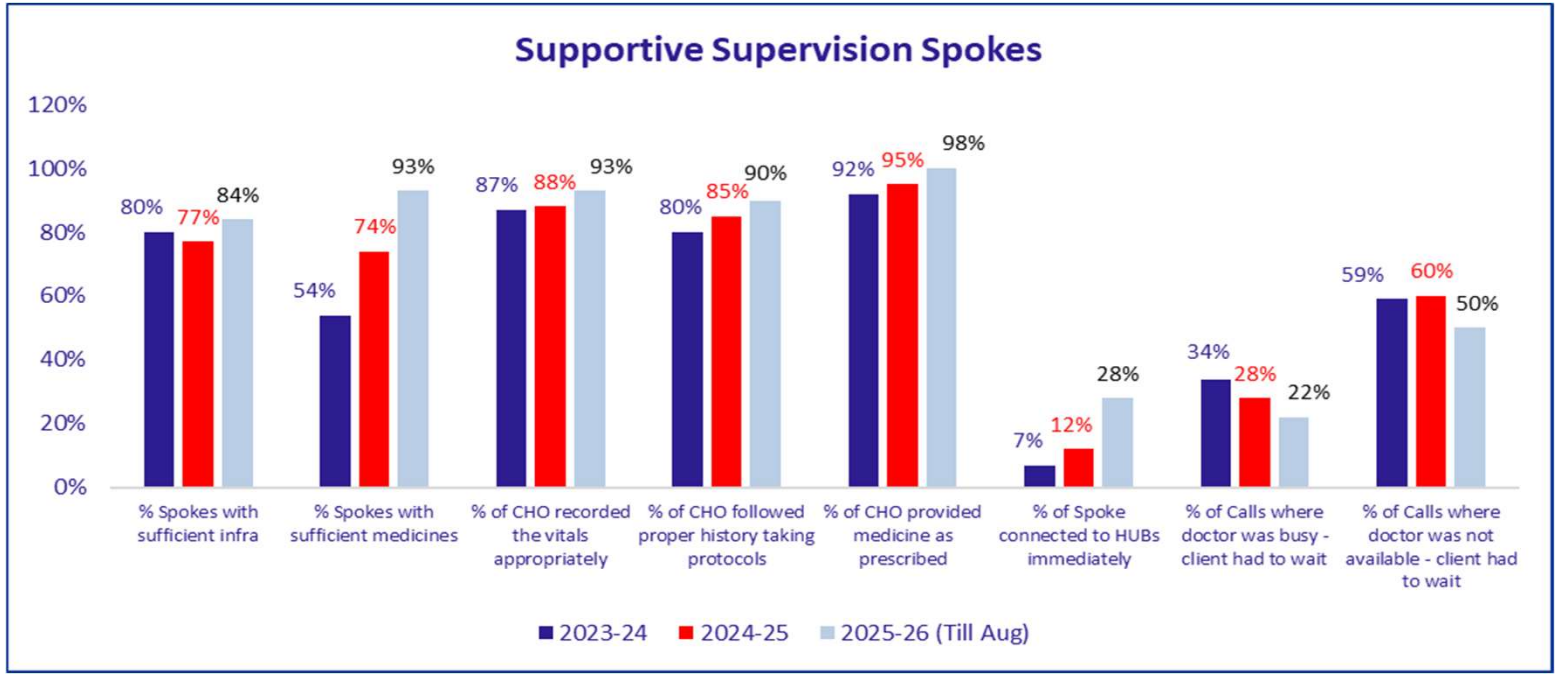
N = 27 Patients

Intervention basis the baseline

- Improved workflow of teleconsultations to ensure the doctor reviews case summary data for clinical decision making
- Clinical guidelines and training of CHWs and Doctors
- SOPs to strengthen operations and training of CHWs and Doctors on the SOPs
- Review of case summary and prescription format, and continuous feedback to FHWs and doctors to improve quality.

Results Supportive Supervision - Spokes

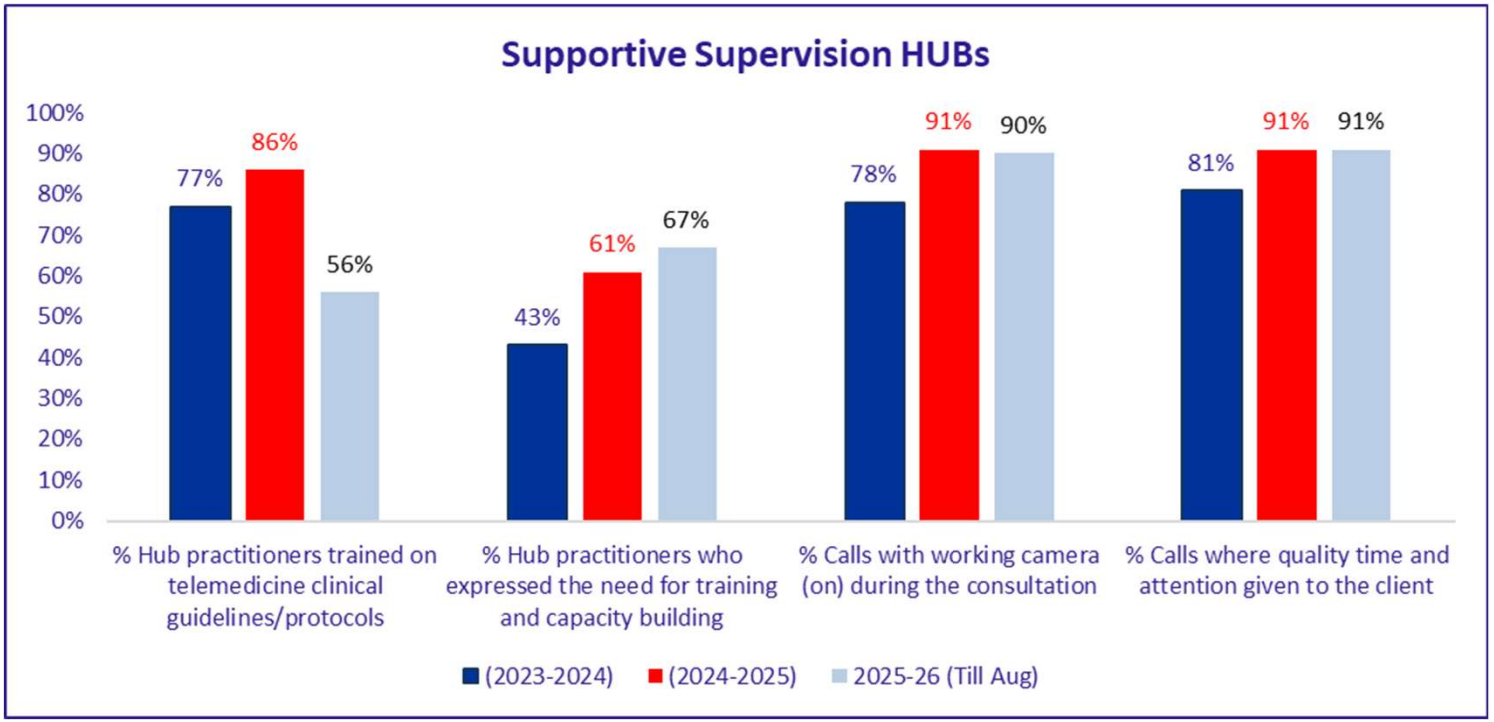
Data analysis of supportive supervision visits at Spokes



Indicator	2023-24	2024-25	2025-26 (Till Aug)
Total Spokes visited	163	296	185
Number of live teleconsultations observed at spokes	160	290	180
Average Turn Around Time (from patient register to prescription generation)	9.8 Min	11.1 Min	14.9 Min

Results Supportive Supervision – HUBs

Data analysis of supportive supervision visits at HUBs



Indicator Hubs	(2023-2024)	(2024-2025)	2025-26 (Till Aug)
Number of Hub Visits - CHC/PHC/DH	57	39	17
Number of live teleconsultations observed	87	107	33
Average time taken per consultation	4.06 Min	5.2 Min	6.4 Min

Navigating the Landscape: Key Challenges

Incomplete Data Capture

Challenges in comprehensive electronic health record (EHR) data entry.

Prescription Clarity

Ensuring clear prescriptions and consistent adherence to Standard Treatment Guidelines (STGs).

Infrastructure Gaps

Limitations in internet connectivity, electricity, and essential medicine availability.

Variable Engagement

Inconsistent participation and motivation among frontline workers and doctors.

Community Awareness

Insufficient community awareness and demand generation for telemedicine services.

Actionable Takeaways

To build sustainable and impactful telemedicine programs in LMICs, strategic investments and an unwavering commitment to quality are paramount.

01

Embed Quality Frameworks Early

Integrate clinical quality frameworks from the initial stages of telemedicine program design.

02

Invest in Continuous Support

Prioritize funding for ongoing training, supportive supervision, and mentorship.

03

Leverage Data-Driven Audits

Use systematic audits and data analysis to drive accountability and identify areas for growth.

04

Strengthen Policy Frameworks

Reinforce policies on patient safety, ethics, data security, and interoperability.

05

Foster a Culture of Clinical Quality Index (CQI)

Cultivate an organizational culture that champions continuous quality improvement across all operations.

Thank you!

Do you have any questions?

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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.

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

Thank You for Attending!

Access the recording and slides at: https://intelehealth.org/webinars/

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

https://forms.gle/n9z7B8UGzuYoEimX6

Q&A Session

Thank You For Joining Us!

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