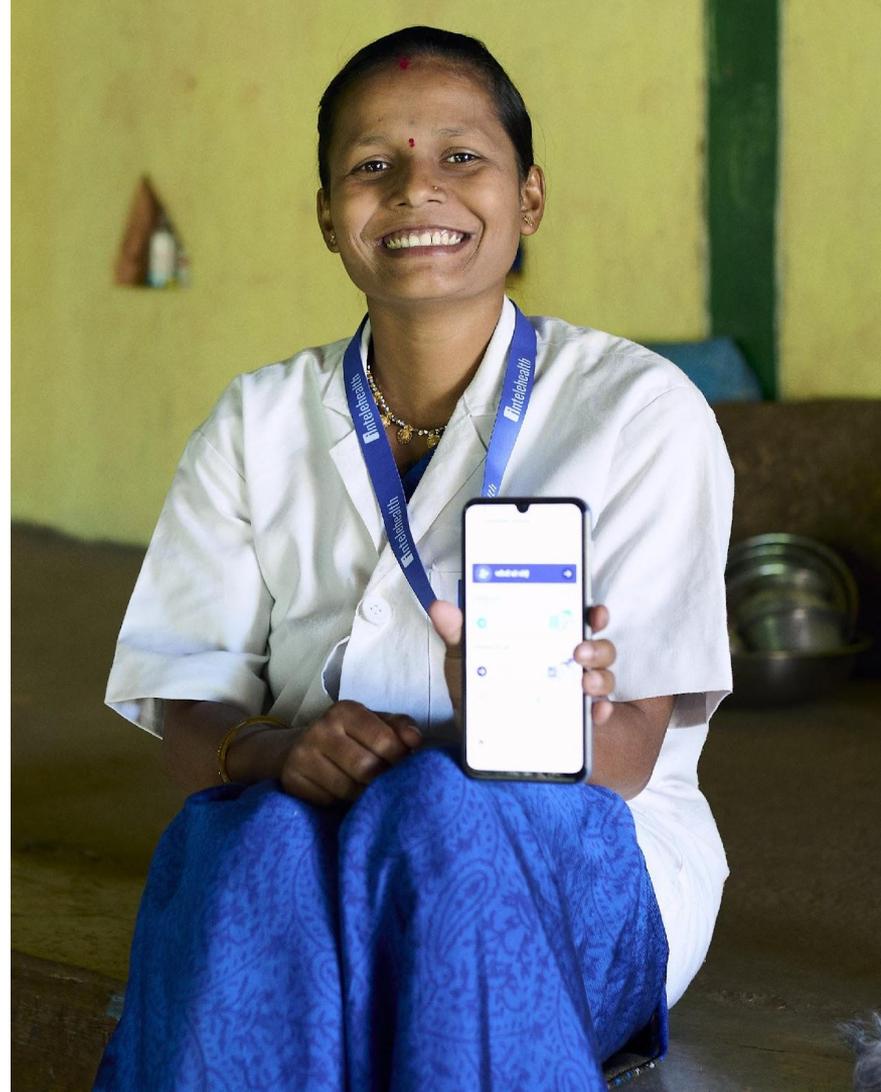




## Telemedicine In Action: Transforming healthcare in LMICs



# 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	11 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 Use Cases for Advancing SDG 3 - Part 2: Digital Health Applications for Maternal, Newborn and Child Health
13	12 March, 2026	<b>Telemedicine use cases to advance the SDGs - Part 3 Applications for Primary Healthcare</b>

## Telemedicine use cases to advance the SDGs – Part 3: Applications for Primary Healthcare

# Objectives and Outcomes

## Objectives:

- Highlight telemedicine's role in enhancing primary healthcare delivery.
- Provide examples from LMICs where telemedicine improved PHC access, quality, and efficiency.

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

- Understand how telemedicine solutions can expand and strengthen PHC services.
- Learn practical models and lessons from integrating telemedicine into PHC.
- Recognize the contribution of telemedicine to UHC and SDG 3.





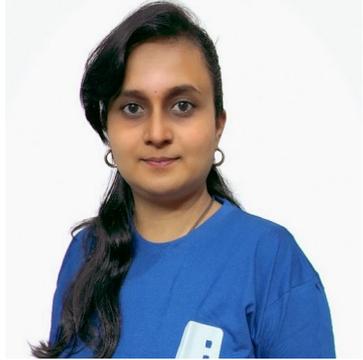
**Nasser Diallo**

Nasser Diallo is the Founder and CEO of Clinic+O, a technology-enabled primary care platform expanding access to affordable healthcare in West Africa. He has worked in policy, technology, and global health, including roles at Facebook, UNICEF, and the UN. Nasser is an Obama Foundation Leader and Echoing Green Fellow committed to improving health equity.



**Dr Sanjay Kumar**

Dr. Sanjay Kumar is an experienced public health leader with extensive work in health systems strengthening and program implementation. He previously served as Director of the Institute of Public Health, Department of Health, Jharkhand, and as Project Director at PPSA, Alert India. He has also served as Senior Advisor – Public Health at TRIF and currently serves as Senior Medical Consultant at Intelhealth.



**Anusha Kulkarni**

Anusha Kulkarni is a Medical Biotechnology Engineer specializing in Drug discovery, Clinical Research and Public Health. She brings over a decade of experience in National TB Elimination Program (NTEP), NHM and Maternal Health. She has led multi-stakeholder initiatives under National Health Programs and currently serves as Senior Program Manager for eSanjeevani implementation in Karnataka.

Speaker I : Nasser Diallo (Founder and CEO, Clinic+O)



Clinic+O

# Our Innovation in 3 Steps



## Step 1

Use mobile phones with CHWs to enroll patients on our platform



## Step 2

Provide early screening to detect possible symptoms



## Step 3

Use telehealth with CHWs to link patients to care for more advance care

# Our Impact



- 60 000 Screened
- 200 CHWs trained
- 10 Community Health centers Partners



Thank you



Speaker II: Dr. Sanjay Kumar (Senior Medical Consultant, Intelehealth)



## Telemedicine: Strengthening Primary Health Care

Dr. Sanjay Kumar | Sr. Medical Consultant

# Telemedicine and Primary Health Care

Telemedicine strengthens **Primary Health Care Services**, particularly in rural & remote areas.

It improves the **health seeking behavior** by enabling timely access to medical consultation and care.

## Key benefits include:

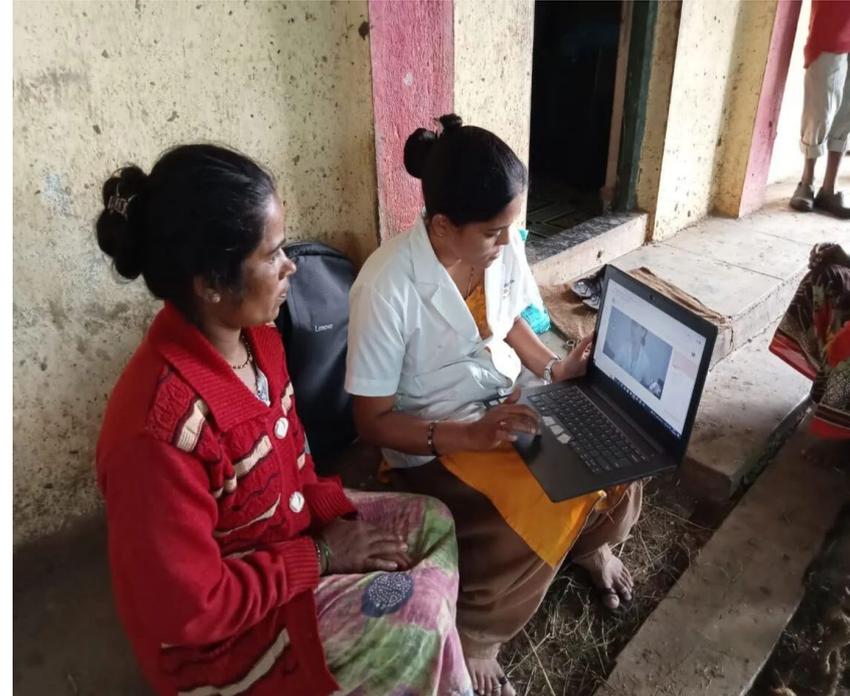
- Improved access to healthcare
- Early diagnosis and timely treatment
- Better management of chronic diseases
- Reduced burden on higher level health facilities.



# Additional Contributions of Telemedicine

Telemedicine also supports primary healthcare systems by:

- Enhancing **health education and community awareness**
- Enabling **continuity of care and follow-up**
- Supporting **mentoring and supervision of Community Health Workers**
- Improving **referral linkages across levels of care**



# Clinical Challenges in Ensuring Quality Telemedicine

Providing quality care through telemedicine presents several clinical challenges:

- Incomplete clinical information
- Limited physical examination
- Inadequate monitoring of vital signs
- Difficulty detecting subtle clinical signs
- Challenges in assessing disease severity



# Additional Clinical Risks



Limited  
**Diagnostic Tests**  
at Peripheral Centres



Challenges in  
Managing  
**Emergencies**



Increased Risk of  
**Misdiagnosis**



Possibility of  
Incomplete  
**Diagnosis & Treatment**



**Medication Safety**  
Concerns

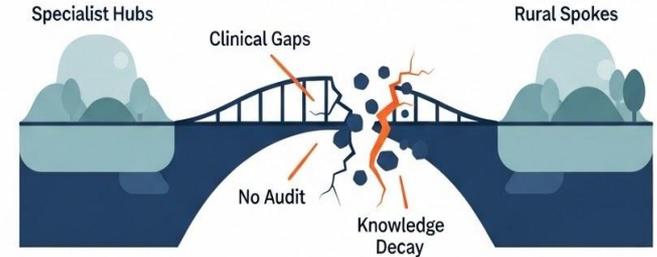


Poor Follow-up &  
Patient  
**Monitoring**

# Why Do These Challenges Occur

Key systemic gaps contributing to these challenges:

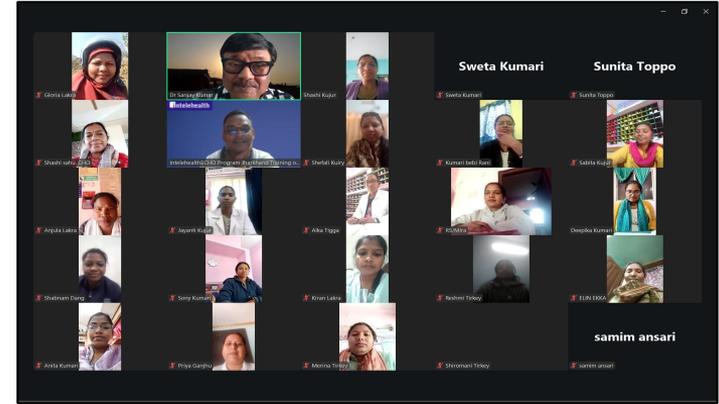
- Lack of **standardized clinical treatment guidelines**
- Inadequate **refresher training for doctors and health workers**
- Limited **quality-of-care training**
- Ineffective **patient triaging**
- Weak **supportive supervision**
- Irrational or **inappropriate use of telemedicine**
- Absence of **clinical quality audit systems**



# Required Interventions to Improve Quality

To address the challenges, following interventions are required:

- Standardized **clinical treatment protocols**
- Structured **clinical history and examination formats**
- Training of **doctors and health workers**
- Use of **telemedicine diagnostic devices**
- Effective **patient triaging**
- Improved **exchange of clinical information (text, images, video & point of care devices)**



# Strengthening Clinical Care in Telemedicine

Additional quality improvement measures:

- Improve **doctor-patient interaction through audio-visual consultations**
- Strengthen **continuity of care and follow-up systems**
- Integrate **telemedicine within routine PHC workflows**
- Establish **monitoring and quality assurance mechanisms**



# Our Interventions for Quality of Care

## AYU Clinical Protocols

Structured rule-based **clinical history and examination protocols** designed to collect sufficient clinical information.

These protocols:

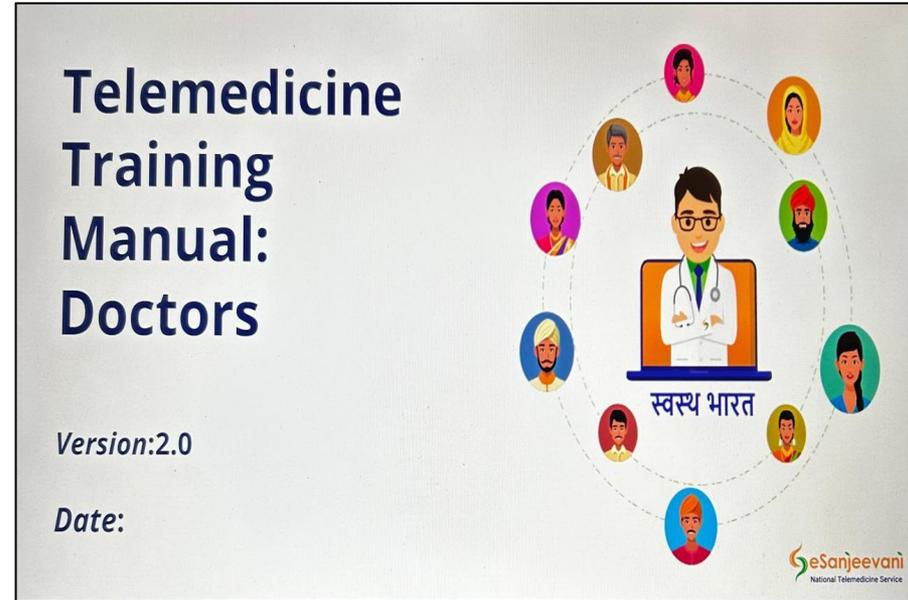
- Support **task-shifting** to health workers
- Enable **clinical decision support**
- Improve **consistency** in teleconsultations

1	A	B	C	D	E
2	Main symptom (Chief complaint)	COUGH			
3	IDA Listing & Search Features	Field Values	Rules/Validations		Remarks
4	Search Key words	Cough, Tussis, Wheezing, Expectoration	Any selection among four values Any selection should be linked to 'Cough'		Field values can be edited
5	Main symptoms SCT ID Mapping				Not for user interface
6	Questionnaire	Field Values 1	Rules/Validations		Remarks
7	1 Since when have you had this symptom?	Hour(s), Day(s), Month(s)	[Free Textbox (Integer)] Dropdown (Single selection)		
8	2 What time do you cough ?	During Day During Night On Lying down While Talking Continuously Others	Any one or more among values and then Describe should open		
9	3 What increases the cough?	Describe Cold weather Hot weather Presence of animal/pets None Others (describe)	Any one or more among values, and then Describe should open		(Free Textbox)
10	4 Is the cough dry or wet?	Dry Wet (productive)	Select one among values, if Wet, Then b.1 should open		
11	b.1	Clear Yellow Green Red or Pink Brown Black or Grey			
12	5 Do you have the following symptom(s)?		Select one among 5a-5g values. If Yes, then Describe (Free Text box) should open.		
13	5a Wheezing	Yes No			
14	5b Shortness of breath	Yes No			
15	5c Pain or Tightness in chest	Yes No			
16	5d Fever	Yes No			
17	5e Hoarseness of voice	Yes No			
18	5f Nasal congestion/Stuffy nose/ Runny Nose	Yes No			
19	5g Recurrent diarrhoea	Yes No			
20	Describe				(Free Textbox)
21	6 Do you have blood in sputum/mucus?	Yes No	Select one among values, if Yes, Then b.1 should open		
22	b.1	Black Bright			
23	7 Do you have Weight changes ?	Weight gain (Kg) Weight loss (Kg)	Select one among values		
24	8 Do you have Burning feeling in a throat	Yes No	Select one among values		
25	12 Do you feel mucus in the back of your throat?	Yes No	Select one among values		
26	13 Do you have Anxiety or stress ?	Yes No Can't say	Select one among three values. If Yes then Describe (free text box) should open		
27	17 Do you smoke / have ever smoked?	Describe Yes No	Select one among values		(Free Textbox)
28	18 Where do you work?	Factory Field Office Extreme cold Describe	Select one among four values then Describe (Free Text box) should open		(Free Textbox)
29	19 Have you taken any treatment (including self-medication or home remedies) or see any health provider for your problem?	Yes No Describe	Select one among values then Describe (Free Text box) should open		(Free Textbox)
30	Additional information	Describe	Describe (Free Textbox) should open		
31	20				

## Expanded Training Manuals

Comprehensive case based training modules covering:

- Telemedicine operations
- Telemedicine practice guidelines
- Quality of care in telemedicine
- Case scenarios across **12 CPHC services**



# Rationale use of telemedicine guidelines

## 6.3.2 Potential role of eSanjeevani in 12 CPHC services:

### Integration of Teleconsultation in CPHC services

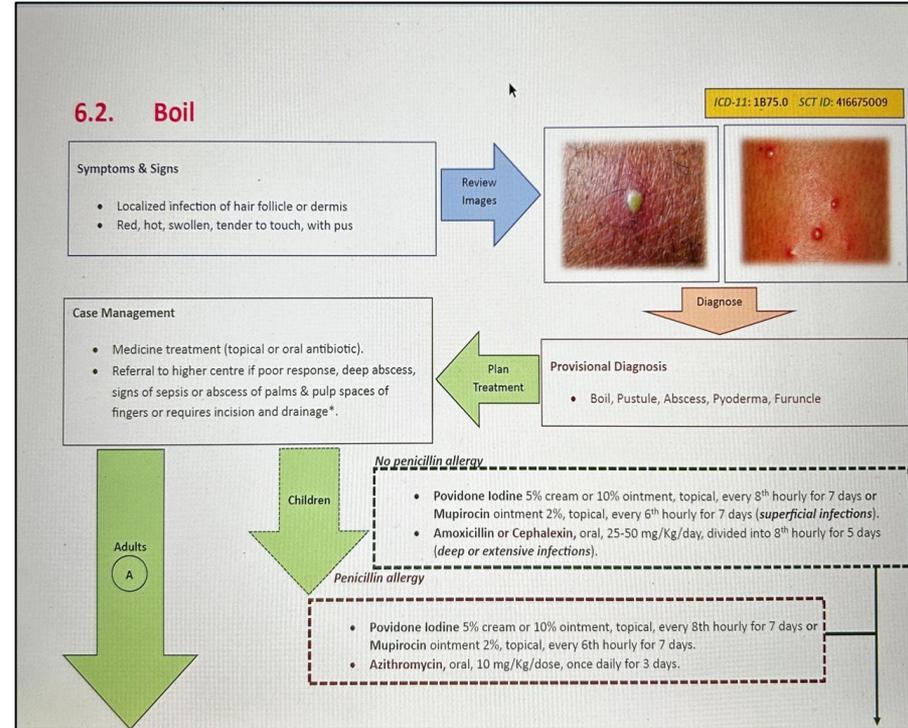
CPHC package	Prevention	Screening	Diagnosis	Treatment	Follow-up care
 Pregnancy & child birth	Awareness on MCH among women in the Reproductive age group • Nutrition among reproductive age group	ANC Care • Screening of high risk pregnancies • Postnatal care	Determination of risk level	• 4 ANC visits • High-risk pregnant women referred • Intrapartum care	• Follow up care for high risk pregnancies
 Neonatal & infant health	• Diarrhea, Pneumonia, Jaundice and other infectious diseases. • Nutrition counselling	• Screening of health of infants and neonates at the HWC by CHOs. • Early identification of signs and symptoms • Growth monitoring	• Tele Consultations with pediatrician for the diagnosis.	• Initiation of treatment by specialists through in person/teleconsultations	• Follow up of patients, • Counseling of care givers
 Childhood & adolescent	Diarrhea, Pneumonia, Jaundice malnutrition and other acute/chronic infectious diseases	• Screening of health of infants and neonates at the HWC by CHOs. • Early identification of signs and symptoms	• Tele Consultations with specialists for the diagnosis, referrals for diagnosis as required.	• Initiation of treatment by specialists through in person/teleconsultations	• Follow up of patients, • counseling of care givers
 FP & SRH	Awareness on FP and SRH among the communities and target population involving all genders	Screening of FP health issues among the patients maintaining privacy	Teleconsultations with the specialists for FP and SRH, Referrals to further centers for diagnosis as required.	Initiation of treatment at the higher facilities through in person/teleconsultations	• Follow up of patients, counseling of patients
 Communicable diseases •TB •HIV •Malaria •....	Awareness activities by the CHOs, Doctors.	Screening at HWC by CHO (4S symptoms, HIV test kit, Malaria kit), • Consultation with the doctor	Sample collection and transportation for the diagnostic tests. HIV rapid test kits and Malaria smears	Patient referred to PHC/CHC for initiation of treatment	Follow up care, Managing side effects of drugs, • Monitoring progress, Nutritional and Adherence counseling.
 NCDs •Diabetes •HT •Cancers •....	Awareness on NCDs, lifestyle diseases, Awareness on Nutrition	Screening at the HWC by CHOs using available POCs (Glucometer, BP apparatus etc),	Consultation with the specialists post screening tests reports. Referrals for diagnostic tests as necessary	Referral for treatment initiation at PHC/CHC? District hospital	• Follow up of patients, monitoring progress, counseling on managing life style diseases.

Comprehensive Primary Health Care via telemedicine	Types of Consultations								
	Nurse at HWC			Nurse+Telemedicine at HWC			Higher Facility (PHC/CHC/DH/TH)		
Health area	Prevention	Screening & Identification	Drug Dispensation	Screening & Identification	Drug Prescription	Follow-Up of Condition	Confirmation & Identification	Drug Prescription	Follow-Up of Condition
<b>1. Care in Pregnancy and Child birth</b>									
1 Early Diagnosis of Pregnancy		✓							
2 Normal Pregnancy (Routine ANC Care)	✓	✓	✓						
3 Mild to Moderate Anemia in Pregnancy(Hb: 7-10.9 g/dl)	✓	✓	✓	✓		✓			
4 Mild to Moderate Anemia in Pregnancy(Hb: 7-10.9 g/dl)-No Response to IFA		✓		✓	✓	✓	✓	✓	✓
5 Severe Anemia in Pregnancy(Hb < 7 g/dl)		✓		✓	✓		✓	✓	✓
6 Gestational Diabetes (GDM) (Early in Pregnancy)		✓	✓	✓	✓	✓			
7 Gestational Diabetes (GDM) (Late in Pregnancy)		✓		✓			✓	✓	✓
8 Pregnancy Induced Hypertension (PIH)		✓		✓			✓	✓	✓
9 Antepartum Hemorrhage (APH)		✓		✓			✓	✓	✓
10 Miscarriage		✓		✓			✓	✓	✓
11 Malaria in Pregnancy		✓		✓		✓	✓	✓	✓
12 Undernutrition in Pregnancy		✓	✓	✓			✓	✓	✓
13 Systemic Diseases complicating Pregnancy							✓	✓	✓
14 Harmful Substance Use in Pregnancy	✓	✓	✓	✓	✓	✓			
15 Past Obstetric History complicating current Pregnancy							✓	✓	✓
<b>2. Neonatal and Infant health Care</b>									
16 Newborn & Infant Feeding Difficulties	✓	✓	✓	✓	✓	✓			
17 Low Birth Weight (LBW) Baby		✓					✓	✓	✓
18 Sick Newborn & High Risk Newborn		✓					✓	✓	✓
19 SNCU Discharged Newborn		✓							
20 Mild Diarrhea	✓	✓	✓	✓	✓	✓			

# Ensuring quality of clinical services

## Additional Quality Measures

- **Clinical Treatment Guidelines** for common telemedicine-manageable conditions
- **Supportive Supervision** through mentoring and monitoring
- **Clinical Quality Audits** for continuous quality improvement



# Achievements

- **Trainees trained: 25,000+**
  - Community health officers – 15,200+
  - Practitioners– 9,900+
- **Number of AYU protocols created: 249**
- **Number of Clinical treatment guideline created: 100 common diseases**
- **Total number of supportive supervision done: 2300+**
- **Clinical Quality Audit of Nashik project: 5+**

*Our interventions resulted in the improvement of of total **Clinical Quality Index (CQI)** from 93% to **98.5%** in the endline assessment.*

**Thank you**

Speaker III : Anusha Kulkarni ( Senior Program Manager, Intelehealth)



## “Strengthening Primary Healthcare through Telemedicine”

Webinar Series: Telemedicine Use cases to advance the SDGs – Part 3, Applications for Primary Healthcare

Anusha Kulkarni | Senior Program Manager



# Context – The Problem



## Selective Primary Healthcare

RCH focused, addresses only  
**20%** of healthcare needs



## Low utilization of public health facilities

**28%** in rural  
and **21%** in urban areas



## Epidemiological Transition

Four major Non-Communicable Diseases  
account for **62%** of all deaths in India

The National Health Policy, 2017 (NHP, 2017) seeks to reach everyone in a comprehensive integrated way to move towards wellness.

## Aim

Achieving **universal health coverage and delivering quality healthcare services to all at affordable cost.**

## Goal

Attainment of the highest possible level of **health and well-being for all ages**, through a **preventive and promotive health care orientation** in all developmental policies, and **universal access to good quality health care services** without anyone having to face financial hardship as a consequence.

This would be achieved through **increasing access, improving quality, and lowering the cost of healthcare delivery.**

## Objective

Improve health status through concerted policy action in all sectors and expand **preventive, promotive, curative, palliative, and rehabilitative services** provided through the public health sector with a **focus on quality.**

# AB-HWC – Aligning with Astana Declaration for Primary Health Care

[Declaration of Astana \(who.int\)](#)

## COMPREHENSIVE & INTEGRATED

Comprehensive – expanded package of services including promotive, preventive and rehabilitative care

## COMMUNITY-OWNED

- Empowering communities for ensuring quality CPHC
- Community Engagement
  - Support groups

## DYNAMIC

- Based on geographical & community needs
- Different interventions/ models for different states

## TECHNOLOGY ENABLED

- Reducing asymmetry of information through digital solutions
- Teleconsultation
  - Virtual training of service providers

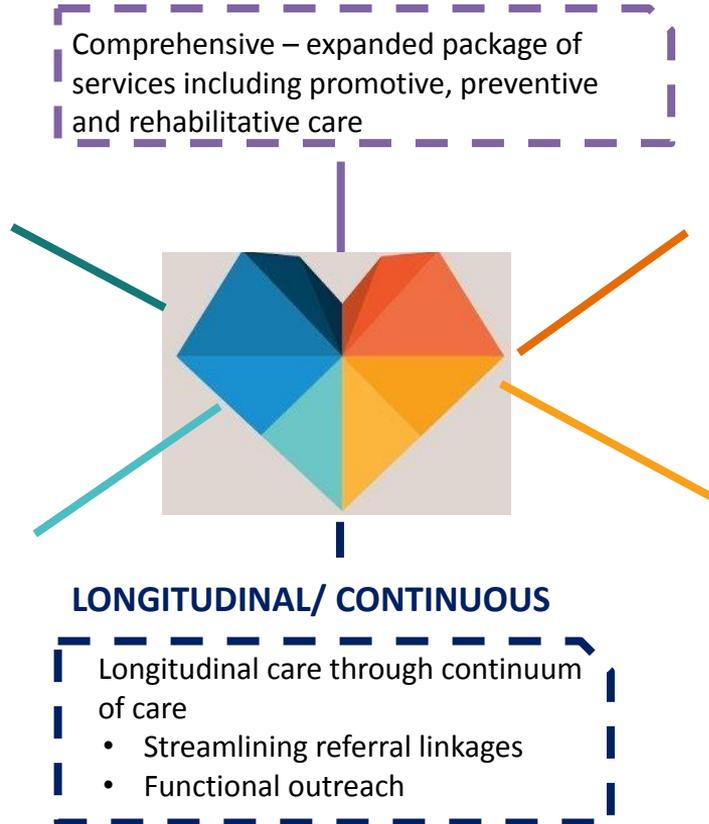
## LONGITUDINAL/ CONTINUOUS

- Longitudinal care through continuum of care
- Streamlining referral linkages
  - Functional outreach

## EQUITABLE &

## DECENTRALIZED

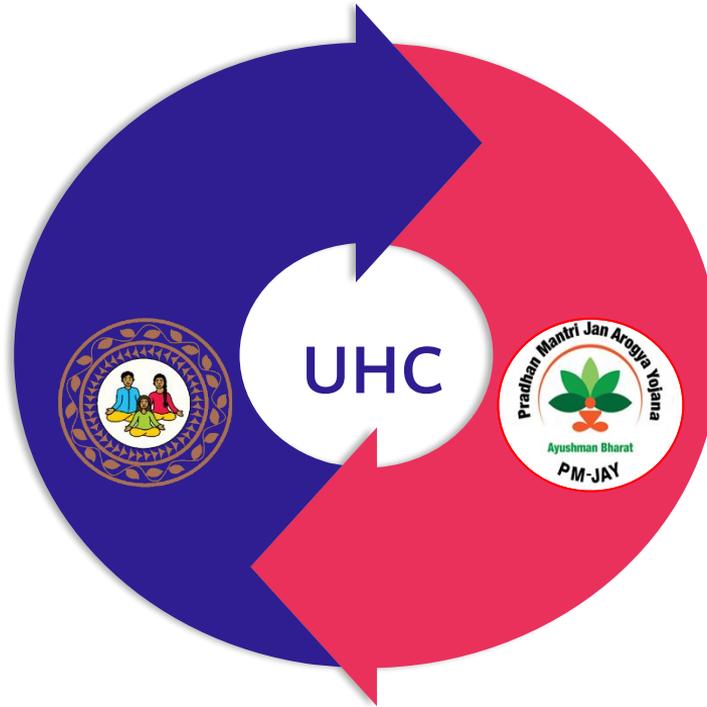
- Quality CPHC offered closer to the communities
- Point of care Diagnostics
  - Essential drugs at HWCs



## Health & Wellness Centres

Delivering Comprehensive Primary Healthcare closer to Communities. Care with the principle of “time to care” to be no more than 30 minutes

**Preventive, Promotive, Curative, Rehabilitative & Palliative Healthcare**



## PMJAY

Financial protection up to Rs.5 lakh per annum for secondary and tertiary care to appx 40% of India's socially vulnerable and low-income households

**Affordable Healthcare**

# Introduction of Comprehensive Primary Health Care (CPHC)

Ayushman Bharat (2018) marked India's shift from **selective primary care to comprehensive community-based care** through Ayushman Arogya Mandirs (Health & Wellness Centres).

Management of  
Non-Communicable  
Diseases (NCDs)

Aligning with Universal  
Health Coverage (UHC)

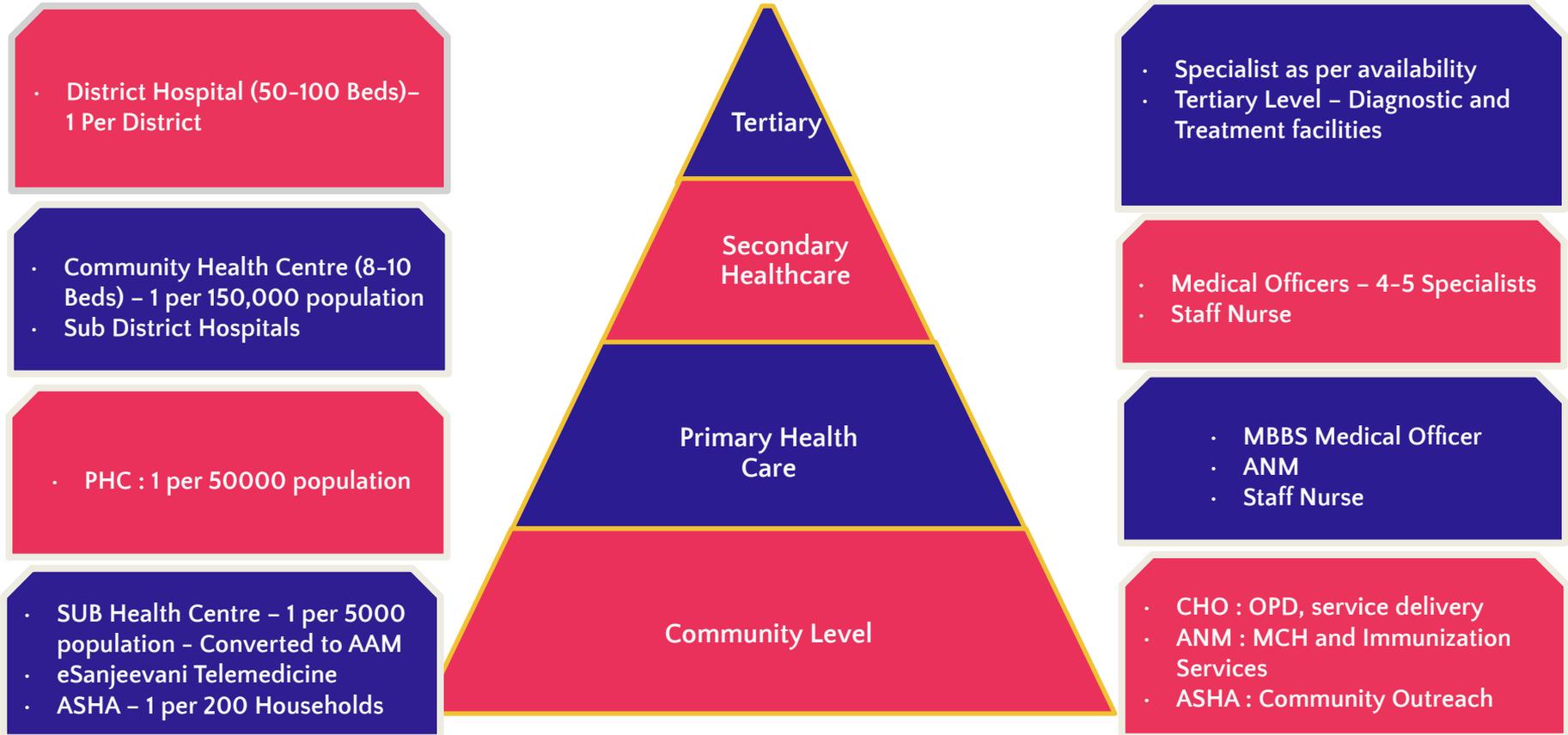
Reducing  
Out-of-Pocket  
Expenditure

Expanded Service  
delivery Package

Digital Health  
Integration: Supported  
by Ayushman Bharat  
Digital Mission (ABDM)

Shift from Illness to  
Wellness

# Three Tier – Indian Public Health Care Delivery System



# The Solution : eSanjeevani Teleconsultation Services

eSanjeevani is the National Telemedicine Service by the Ministry of Health & Family Welfare



**eSanjeevani OPD :**  
Direct-to-Patient portal Patient can directly connect with a doctor via mobile app

**eSanjeevani AB-HWC:** Health worker-to-doctor portal (Patient get connected with a doctor, through health worker like a Community Health Officer (CHO) or ANM)

## From Head to Toe and from Womb to Tomb



Care in Pregnancy & Childbirth



Neonatal & Infant Healthcare Services



Childhood & Adolescent Healthcare Services



Reproductive & Family Planning Services



Management of Communicable Diseases for Acute Simple Illness



Outpatient Care



Screening Prevention & Control of NCDs



Eye & ENT Care



Oral Care



Mental health Care



Emergency Care



Elderly & Palliative Care



We deliver quality healthcare where there is no doctor



**6 out of 10** women forgo or delay seeking healthcare

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

# 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

## OPEN-SOURCE TECHNOLOGY



### Intelhealth Provider-to-Provider App

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



### Intelcare Direct-to-Patient App

Home-based care video consultations with a remote doctor



### Intelhelp

#### Direct-to-Patient Helpline

Creates virtual call centers to receive queries.

## POLICY ADVOCACY

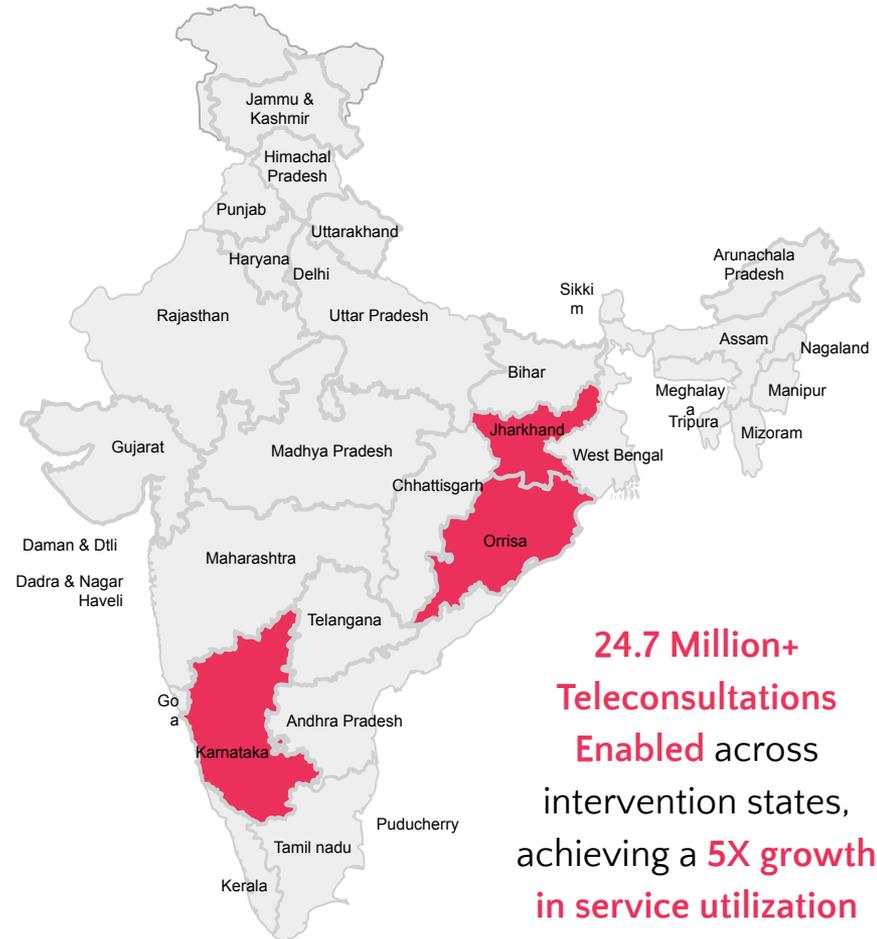


- ✓ Effective program design
- ✓ Regulation of telemedicine
- ✓ Financing telemedicine
- ✓ Return on investment analysis
- ✓ Evaluation frameworks for telemedicine
- ✓ Policy briefs for effective implementation

# Strengthening India's National Telemedicine Ecosystem

We are providing strategic and technical support to the **National Telemedicine Initiative – eSanjeevani** across **Jharkhand, Odisha, and Karnataka**, strengthening last-mile digital healthcare delivery.

- **Operationalized a structured 6-Step Implementation Framework** to enable, scale, and sustain telemedicine services – strengthening capacity building, digital workflows, quality assurance, supportive supervision, and real-time program reporting across states.
- **17,500+ Health Workers Empowered** and **10,000+ Practitioners Strengthened** to deliver quality telemedicine services
- **Enabled 15,000+ Health Facilities**, including **3,174 Spoke-cum-Hubs** and **77 Hubs**, to operationalize teleconsultation services.
- **Integrated all 12 Comprehensive Primary Health Care (CPHC) service packages** – including MCH, TB, NCDs, Family Planning, Mental Health, Elderly Care and other priority programs – into the eSanjeevani digital care continuum.



# Primary Healthcare Readiness for Telemedicine in Karnataka

**High Participation in the Assessment :** 85% Participation by CHOs

**Widespread Availability of Basic Clinical Equipment for measurement of Vitals, ranging from 85-99%**

**Training & capacity building of health providers:** 90% Providers have been trained on EPS in regular OPD services; 95% used eSanjeevani 2.0 application.

**Usage of eSanjeevani Application:** over 71% reported moderate to very high comfort levels

**Medicine availability and Management:** 96% Health Facilities reported Medicine availability, with restocking in 2-3 days

**Community Outreach:** 89% Reported conducting demand generation activities for eSanjeevani Telemedicine services

**Equipment Availability:** over 90% providers using smart phones for telemedicine services

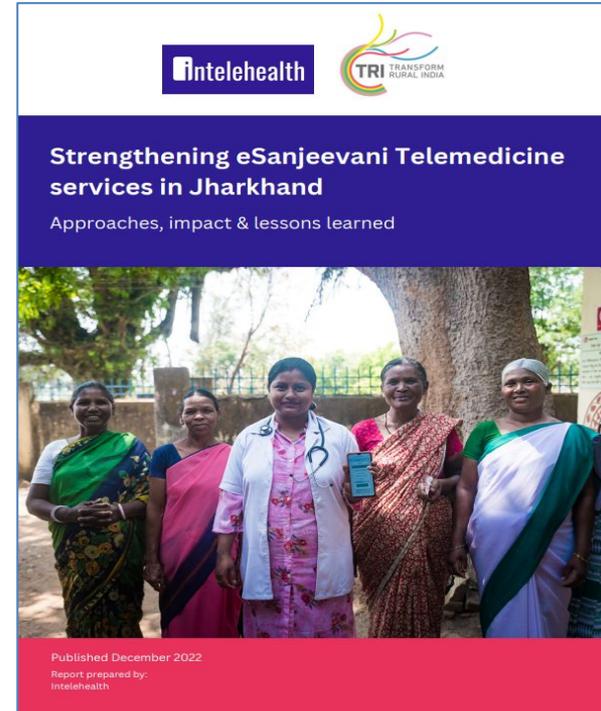
We conducted a study in Jharkhand on the impact of eSanjeevani on improving health access

## Methods:

- Stratified random sampling survey in 5 districts of Jharkhand – Gumla, Khunti, Simdega, Lohardaga and Ranchi
- Sample size: 500 clients, 200 health providers (116 CHOs, and 13 doctors)

Overall, we estimate that the presence of the telemedicine facility saved per consult on average,

- **21.59 km** in distance travelled
- **INR 941.51** in money spent
- **Savings for women clients were 1.5 times more** than for male clients
- **75% are likely to use eSanjeevani** services in the future



[eSanjeevani-Jharkhand-Impact-Report-2022.pdf \(intellecthealth.org\)](https://intellecthealth.org/eSanjeevani-Jharkhand-Impact-Report-2022.pdf)





Thank you!

[anusha@intelehealth.org](mailto:anusha@intelehealth.org), [www.intelehealth.org](http://www.intelehealth.org)



# WHO SEARO + Intelhealth webinar series

[www.intelhealth.org/webinars](http://www.intelhealth.org/webinars)

## Objectives:

- Highlight telemedicine's role in enhancing primary healthcare delivery.
- Provide examples from LMICs where telemedicine improved PHC access, quality, and efficiency.

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

- Understand how telemedicine solutions can expand and strengthen PHC services.
- Learn practical models and lessons from integrating telemedicine into PHC.
- Recognize the contribution of telemedicine to UHC and SDG 3.



## Telemedicine in Action: Transforming healthcare for LMICs

Telemedicine use cases to advance the SDGs - Part 3  
Applications for Primary Healthcare

March 12<sup>th</sup>, 2026, 14:00 IST

**Context:** Telemedicine has the potential to significantly strengthen primary healthcare systems by improving first-contact care, continuity, and comprehensiveness - essential to achieving Universal Health Coverage (UHC) and advancing the SDGs.

### Objectives:

- Highlight telemedicine's role in enhancing primary healthcare delivery.
- Provide examples from LMICs where telemedicine improved PHC access, quality, and efficiency.

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### LIST OF SPEAKERS



**Nasser Diallo**  
Founder and CEO  
Clinic+O



**Dr. Sanjay Kumar**  
Senior Medical Consultant  
Intelhealth



**Anusha Kulkarni**  
Senior Program Manager  
Intelhealth

Click here to register for the webinar:  
<https://tinyurl.com/mw5J26u7>

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<https://forms.gle/REuYjzKkBDpXnGD67>



Thank You For Joining Us!



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