Intelehealth

ANNUAL IMPACT REPORT 2025-2026

We Deliver Quality Healthcare Where There Is No Doctor

Contents

CEO Speaks

Fifteen months ago, we set an audacious goal: 100 million teleconsultations by 2030, reaching 60 million women and their families across India, the Kyrgyz Republic, and Nepal. It was the kind of number that sounds abstract until you remember what it's built from — one woman, sitting in an Ayushman Arogya Kendra (AAK), holding a phone to video call a doctor she'd otherwise have to travel hours to see.

That's still where this work lives for me. Behind every number in this report is someone like the frontline health worker in Nashik who used a teleconsultation to keep a patient's recovery on track, or the woman in Odisha who saved a day's wages and 23 kilometres of travel because a doctor was reachable from her doorstep.

Where we stand

Fifteen months into our five-year plan, we've reached 20 million teleconsultations — roughly 20% of our five-year target. We have been building the base of the curve now and the compounding has already begun, as government systems absorb more of the cost and complexity of running this at scale.

In India, we've grown from supporting 7% to 25% of the country's Ayushman Arogya Kendras (AAKs) to use eSanjeevani effectively, expanding our reach from Jharkhand, Odisha, Karnataka, to now also include Madhya Pradesh, and Chhattisgarh. In the Kyrgyz Republic, we've doubled our reach — from 20% to 40% of all health facilities — with UNICEF and UNFPA as partners.

We're also seeing what this work does to the quality of care itself. Ayu 2.0, our AI-powered clinical decision support system launched in our Nashik project is now used in 91% of consultations in our innovation program, improving diagnostic accuracy by 12% and cutting consultation time in half — freeing doctors to see more patients without shortchanging any one of them.

Further we piloted eZazi this year — a tool for high-quality labor care based on the WHO Labor Care Guide in places where there simply aren't enough obstetricians. It's now taking root in five hospitals in Nepal. Through our WHO SEARO partnership, we ran 13 webinars for participants across all 11 SEARO countries, building regional telemedicine know-how.

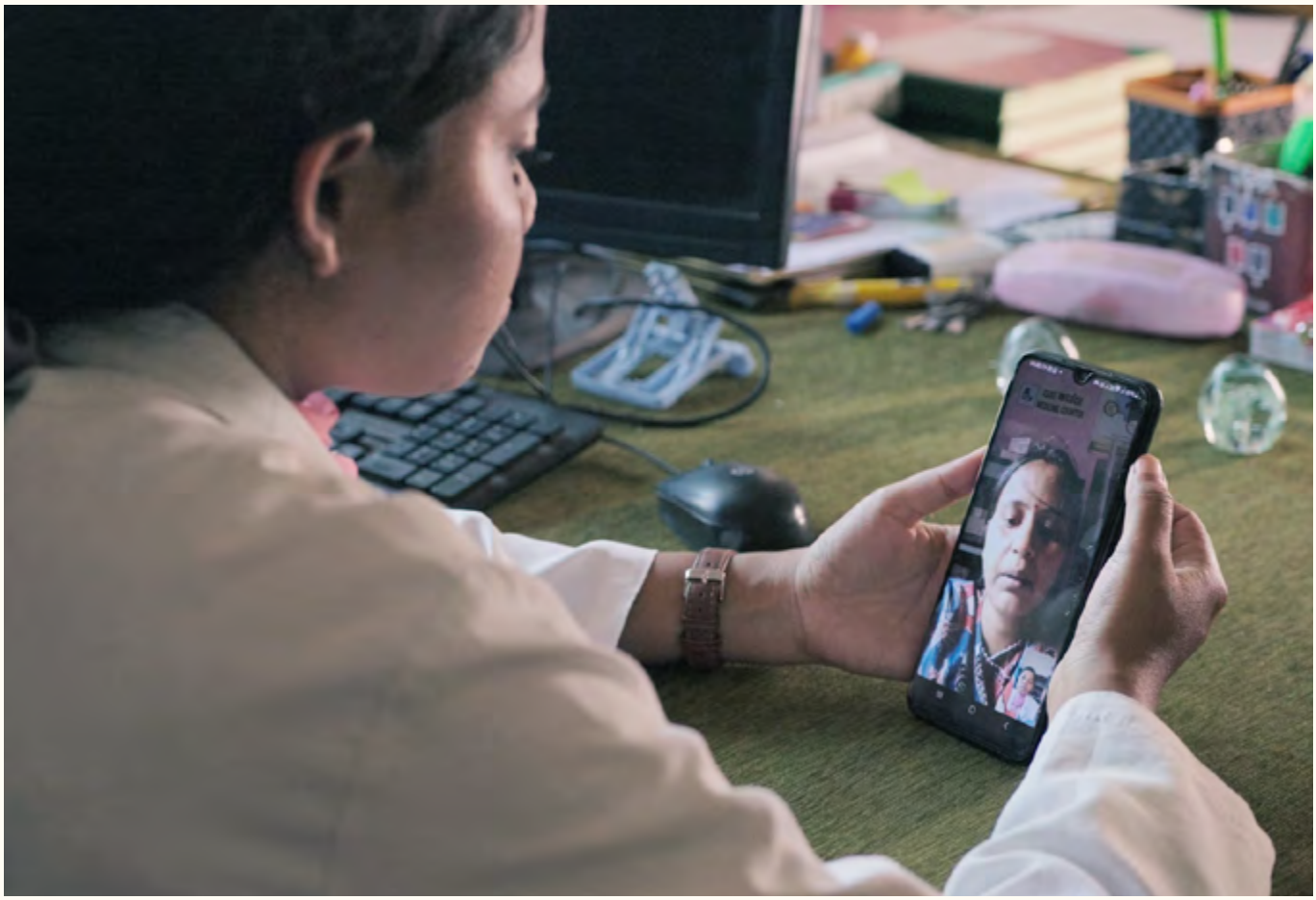
100 million teleconsultations is not a vanity metric. It's a proxy for something more profound: a woman in a village with limited healthcare access getting the same clinical attention and dignified healthcare experience as anyone with easy access to a specialist. Every percentage point we move on that target is measured in avoided travel, avoided expense, and avoided harm due to the absence of care.

I'm grateful to our team, our government partners, our funders, and most of all to the frontline health workers and the women they serve, who remind us daily why this work is worth doing carefully and doing right.

With gratitude,
Dr. Neha Verma
Co-Founder & CEO, Intelehealth

Highlights of the Year

- **6.76 Million Teleconsultations Enabled:** This year alone, we reached over 3.5 million patients through 6.76 million telemedicine consultations. This brings our cumulative total since inception to over 20 million consultations across three countries.
- **Expanded to Madhya Pradesh:** We partnered with one of the largest states in India this year to strengthen government-owned telemedicine services.
- **Capacity-Building Webinars for 11 Southeast Asian Countries with WHO:** We hosted these webinars in partnership with the World Health Organization, along with policy briefs and strategic inputs to expand government capacity across LMICs.
- **Achieved ABDM Compliance:** Our solutions are now compliant with the Ayushman Bharat Digital Mission (ABDM), enabling interoperable, secure, consent-driven health data exchange.
- **Advanced AI for Quality Care:** Ayu 2.0, our AI-powered clinical decision support tool, moved to early pilots with decision support for Differential Diagnosis (DDx), Treatment Plan, resulting in a 12% improvement in diagnostic accuracy and 2x reduction in time for teleconsultation.
- **Piloted eZazi in Nepal:** In partnership with Jhpiego and the Ministry of Health of Nepal, we deployed eZazi across five pilot hospitals to test and refine its clinical utility ahead of broader scale-up.
- **Measured the Carbon Climate Benefits of Telemedicine:** We found that eSanjeevani cuts travel-related carbon emissions by 93% and prevents approximately 1,100 tonnes of CO2 emissions across Odisha, per our latest study.



FY25/26

Our Impact

20 Million+
Teleconsultations Enabled So Far

82 Million
Population Covered

250+
Clinical Protocols Developed

APRIL 2025 - MARCH 2026

7.1 Million+
Teleconsultations

3.5 Million+
Patients Reached

22
Specialities Offered

7,600+
Doctors Supported

111
Product Releases

17K
Frontline Health Workers Supported

Public Health Facilities Reached
India - 25%
Kyrgyz Republic - 40%

1.5 Million+
Lines of Code

20
Contributors

17
Code Repositories

1,610
Code Commits

100 Voices

100voices.intelehealth.org

Access to healthcare is highly gendered, even more so in last-mile settings.

Our 100 Voices project shows how telemedicine solutions meet this challenge through a network of doctors, frontline health workers, government officials, our partners and most importantly, the communities themselves. These are voices enabling an ecosystem of care for women and their families, delivering healthcare solutions right at their doorstep.

"You can never stop worrying about your child but after this teleconsultation...we are so much at peace now."

Sita, *mother of Sameer*
Odisha

Pg. 8

"With teleconsultations, one is able to get immediate help. I even get the necessary medications."

Navyashree
Karnataka

Pg. 27

"As a large family living in a remote region, telemedicine was a true lifeline."

Akbaraly, *mother of Japarova*
The Kyrgyz Republic

Pg. 29

"By the end of the treatment, I was completely cured of the skin patches. I was so relieved."

Tiki
Odisha

Pg. 31

"I was not necessarily avoiding a doctor as much as the travel. Telemedicine took care of everything."

Leelabai
Maharashtra

Pg. 33

“It has been a joy to serve my village (Sisupalgarh). After all, I am supposed to be an ASHA, the ray of hope.”

Pushpalata
Odisha

Pg. 37

100 Voices

Sita Manjhi, *mother of Sameer Manjhi*
Client, Mayurbhanj, Odisha

Solving for a Parent's Worry

There are many failures one is afraid of as a parent; a child's falling health can be one of the scariest.

But when a two-parent household is barely able to put together ₹200 as the daily household income, they are forced to compromise with their fears.

Sameer is a year and a half old. He is the playful centre of attention of his family– it is a household of four: Sita and Ramesh Manjhi and their two children. One day, Sita noticed Sameer being more irritable than usual. He had a fever. As she undressed him to cool him off, she noticed warts all over his buttocks, thighs, and legs. She washed him and hoped the warts would go away.

The family lives in Gendagadia, a village in the Mayurbhanj district of Odisha. The connectivity is not great and the district hospital is 60 kms from their village. Work is sparse and hence, losing one's daily wage is not really an option.

A week had passed, but neither the warts nor the fever had receded. Thankfully, the visiting ASHA worker guided them to the CHO Mrs. Reetarani Behera at the nearby Health & Wellness Centre (HWC).

Understanding the need for a paediatric specialist, Reetarani initiated a teleconsultation with the District Headquarters Hospital (DHH), Mayurbhanj, using eSanjeevani. The doctor took a look at the images she uploaded and had a detailed conversation with the parents.

Sita and Ramesh learnt that it was a communicable bacterial skin infection—not uncommon, but it certainly needed medication and some change in skin care practices. The CHO gave them free medicines and helped follow-up through the ASHA worker. Sameer recovered completely in a week and was back to his healthy, playful self.

"You can never stop worrying about your child but after this teleconsultation and the necessary medications for Sameer, we are so much at peace now," shares Sita.

Story and image shared with written consent of the parents, Sita and Ramesh Manjhi

> "You can never stop worrying about your child; but after this teleconsultation and the necessary medications for Sameer, we are so much at peace now."
>
> SITA MANJHI,
> Mayurbhanj, Odisha

Telemedicine in Action

Transforming healthcare in low-and-middle income countries (LMICs)

a webinar series in partnership with

World Health Organization
South-East Asia Region

Building the brick-and-click roadmap in LMICs

LMICs carry an unfair burden of the world's population that lives without access to healthcare. More than half the world's population lacks access to essential health services[1], forcing patients to travel long distances for care. Telemedicine can play a transformative role in advancing health equity in these settings.

But what does the roadmap look like? How does one transition from brick-and-mortar clinics to brick-and-click ones? What are the existing and upcoming policy frameworks?

In partnership with WHO Regional Office for South-East Asia, we brought forward key aspects of this pathway with the help of over 36 experts in 13 monthly webinars. **Click on the titles below to view the webinar videos and speaker slides:**

13 monthly webinars

36 experts

2500 participants

Attendees from 100 countries

Delivering universal healthcare through telemedicine

"Evidence-based approaches in telemedicine are fundamental to enhancing its impact, ensuring that digital health interventions are aligned to the broader public health goals and equitable service delivery. We aim to strengthen the foundations for telemedicine as a key enabler of universal health coverage."

Dr. Karthik Adapa,
Regional Advisor,
Digital Health, WHO SEARO

- Telemedicine: An Introduction
- Implementation Models for Telemedicine
- Evaluating Telemedicine Interventions
- Creating a Telemedicine-Ready Healthcare Workforce
- Telemedicine Policy across Asia
- Interoperable & Open-Source Technology
- Quality of Care & Patient Safety
- Telemedicine Adoption by Communities
- Role of AI & ML in Telemedicine
- Financing Telemedicine and ROI
- Managing Non-Communicable Diseases
- Managing Communicable Diseases – Case Studies
- Managing Primary Healthcare

1 UHC Global Monitoring Report 2025, WHO

EXPERT SPEAKS

Telemedicine in Action:
Transforming healthcare in LMICs

World Health Organization
South-East Asia Region

intelehealth

Here are some perspectives from experts in the field of telemedicine.

"Telemedicine helped us... expand access to high-quality medical care for children with disabilities, and for remote mountain regions. For the kind of illnesses we are looking after, the sooner the treatment is started, the more chances there are for the child to be cured and be in a good state."

Ms. Aizhamal Matomorova
Head of Medical Evidence and Medical Technologies Department,
Center for Health Development and Medical Technologies,
Ministry of Health of the Kyrgyz Republic

"This (the telemedicine platform) can become a groundbreaking solution for a lot of *doctor brides* in the country where women doctors from their home can provide consultations to patients across the country using the power of technology."

Dr. Sara Saeed Khurram
Co-Founder and CEO, Sehat Kahani

"I went to Guinea with that beautiful western idea of telemedicine– of a patient and a doctor and calling for consultations, and it failed miserably because the perception of healthcare was not a smartphone. It was a physical person (and) so we trained and equipped community health workers."

Nasser Diallo
Founder & CEO,
Clinic+O

"It is relatively easy to set up a telemedicine program. What is more challenging is to sustain that program. Over time, in order for us to have a sustainable program, we have to be able to evaluate from day one the hows of implementing a telemedicine program."

Dr. Saif Khairat PhD, MPH,
Professor of Digital Health and AI
Director of Center for VIVE at UNC Chapel Hill

"In case of patients living with NCDs, if we don't digitise and monitor the data, we don't know what is their status – are they coming for the follow-up? As it is, out of all the identified NCD cases, only 12% come for follow-ups. The rest are sliding in at-risk behaviour that can result in strokes (in case of heart diseases).

Dr Susanta Kumar Swain
Additional Director NCD,
Health & Family Welfare Department,
Government of Odisha State, India

"AI and the digital revolution is moving at the speed of a bullet train. The health sector moves at the speed of trust and many patients still prefer to have a face-to-face consultation... rather than talking to a television screen. How do we change this pace? ...One has to close the digital divide in healthcare through measured steps."

Dr. Vinay Bothra,
Health Policy Advisor, WHO

EXPERT SPEAKS

Telemedicine in Action:
Transforming healthcare in LMICs

World Health Organization
South-East Asia Region

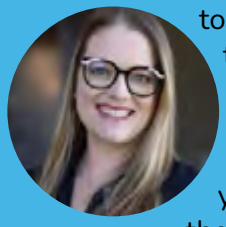
intelehealth

"Often (when introducing telemedicine) there's no alignment with the existing care process; it's used as an as add-on but it shouldn't—it should be a redesign... (One has to) define the algorithms together with the physicians."

Dr. Filip Dumez
MSc in Hospital Sciences,
MSc in International Healthcare Management & Health Service Research

" We want to cover millions and millions of women... there is no way for us to keep on adding great doctors to a platform to service patients...AI (can) make that possible— to make sure that we're getting the best doctors to do the best work for millions of women at scale."

Ms. Divya Kamerkar
Co-Founder and CEO,
Pinky Promise Pvt. Ltd.



"If people don't love the service first, they're not going to listen to you, they're not going to take in the information, they're not going to continue to engage around the service, and you're basically dead in the water."

Debbie Rogers
CEO, Reach Digital Health

"If you want to achieve UHC (Universal Health Coverage), I think telemedicine is a main playground here...There are regions in Bangladesh where accessibility is a real challenge... If you don't have a bridge connecting to your region, how do you cross a river at 2 AM in the night?"

Md. Aminul Islam
Digital Health Innovator, Expert in EMR, Health System Architect, AI for Healthcare, Academician & Researcher, Bangladesh

"The source code (could be) open-source but the curatorship, the building, and the putting together of those pieces into something functional takes investment and time and so often you get the bricks but not the (readymade) house...Open-source does not mean free...because in the end, (it is in) the most precious space which we can work in. We advocate for more life. It's the one thing you cannot buy more of."

Mr. Carl Fourie
Digital Health & DPI Strategist

"Even if a country does not have specific AI and telemedicine laws, it does not mean there are no laws governing this particular sphere. Say, in India, there are laws around IP; there are laws around patient care; there are laws around data protection. And all of these will apply with equal rigour to artificial intelligence and perhaps a little more than other use cases."

Ms. Arya Tripathy
Partner, Corporate & Technology Practice – Cyril Amarchand Mangaldas

The Problem

Miles From Care

As of 2023, 4.6 billion people worldwide still lack access to essential health services and in 2022, 2.1 billion people have to bear financial hardship due to out of pocket healthcare spending[2]. The crisis is most severe in low-and-middle Income Countries (LMICs). Rural communities in India have limited access to quality healthcare, with only 2.4 doctors and 3.1 nurses per 10,000 rural residents[3]. Most skilled medical professionals remain concentrated in cities, leaving vast populations without timely care.

Many living on meagre wages simply cannot afford the cost of travel and lost wages. The cost is most exacting on women in last-mile settings. And even if one were to spend the time and money required to access this care, the quality offered remains a concern.

Poor Quality Care

The overburdened health systems are short on time. The average primary healthcare consultation in India is just 2.4 mins; Providers can only complete only 16% of essential history taking tasks in this time[4]. The result? In India alone, an estimated 5.2 million medical errors occur annually as a result of this[5].

Globally, 4 in 10 patients are harmed in ambulatory and primary care, and 80% of this harm is preventable[6].

Can telemedicine along with Clinical Decision Support Systems, and a careful implementation pathway be the answer?

2 UHC Global Monitoring Report 2025, WHO
3 Jawale Y, Zadey S, Puntambekar V, Sharma V, Wadhwani V, Sekhrajka R, Sahu A, Venkatesan N, Nair A, Bhor S, Dubey S, Dharmadhikari S. Scaling-up skilled health professionals in the rural Indian public health system: projections for 2030. BMC Health Serv Res. 2026 May 25;26(1):1012. doi: 10.1186/s12913-026-14550-x. PMID: 42185866; PMCID: PMC13397949.
4 Das, Jishnu, Alaka Holla, Aakash Mohpal, and Karthik Muralidharan.2016."Quality and Accountability in Health Care Delivery: Audit-Study Evidence from Primary Care in India."American Economic Review 106 (12): 3765–99.
5 Shiv Kumar, Santanu Mal, Alfred Manoj. Assessment of Medication Errors of Drugs in Emergency Department of a Tertiary Care Teaching Hospital. Asian Journal of Pharmaceutical Research. 2024; 14(2):125-8.
6 Slawomirski L, Klazinga N. The economics of patient safety: from analysis to action. Paris: Organisation for Economic Co-operation and Development; 2020

The Solution

Intelehealth's technology (Ayu 2.0, Intelehealth, and eZazi) and our six-step implementation methodology enable a systems change in healthcare infrastructure through partnerships with governments, NGOs, and hospitals. The transformation of under-equipped clinics into brick-and-click telehealth centres inspires trust with reliable, efficient, and quality healthcare. This change happens without building any new physical infrastructure.

We integrate telemedicine care pathways into under-resourced public health systems—directly addressing the shortage of doctors in rural communities and bringing equitable, high-quality care to those who need it most, especially women.

We support care delivery through two pathways:

Provider-to-Provider (P2P): Frontline Health Workers (FHWs) at rural primary health centres or in high-volume maternity wards, triage care and connect high-risk patients to remote doctors and specialists, ensuring women receive safe, informed care during pregnancy, childbirth, and beyond.

Client-to-Provider (C2P): Women and families access healthcare providers directly from home via a simple call centre — no travel, no lost wages, no permission needed, thus improving both efficiency and safety of care.

TECHNOLOGY

Intelehealth

Intelehealth's core application is a low-resource friendly, open-source telemedicine platform that is multilingual and offers patient-centred care. Its many features include low bandwidth video calls, ability to make appointments, and integrated Electronic Medical Records (EMRs).

Ayu 2.0

Ayu 2.0 is an accurate, evidence-based clinical knowledge and decision-support tool for the busy frontline provider at the point of care, precisely when and where it matters most.

eZazi

eZazi is a digital labour decision-support system that assists skilled birth attendants with real-time, data-driven insights to prompt immediate life-saving interventions. The app is based on the WHO's Labor Care Guide (LCG)– the gold standard for clinical monitoring.

IMPLEMENTATION

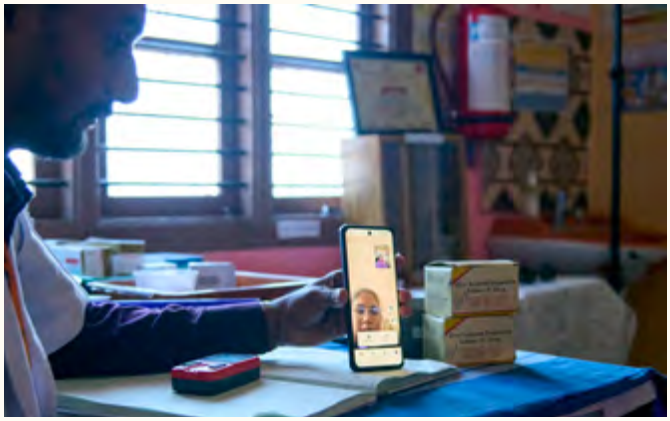
INTELEHEALTH'S SIX-STEP METHODOLOGY

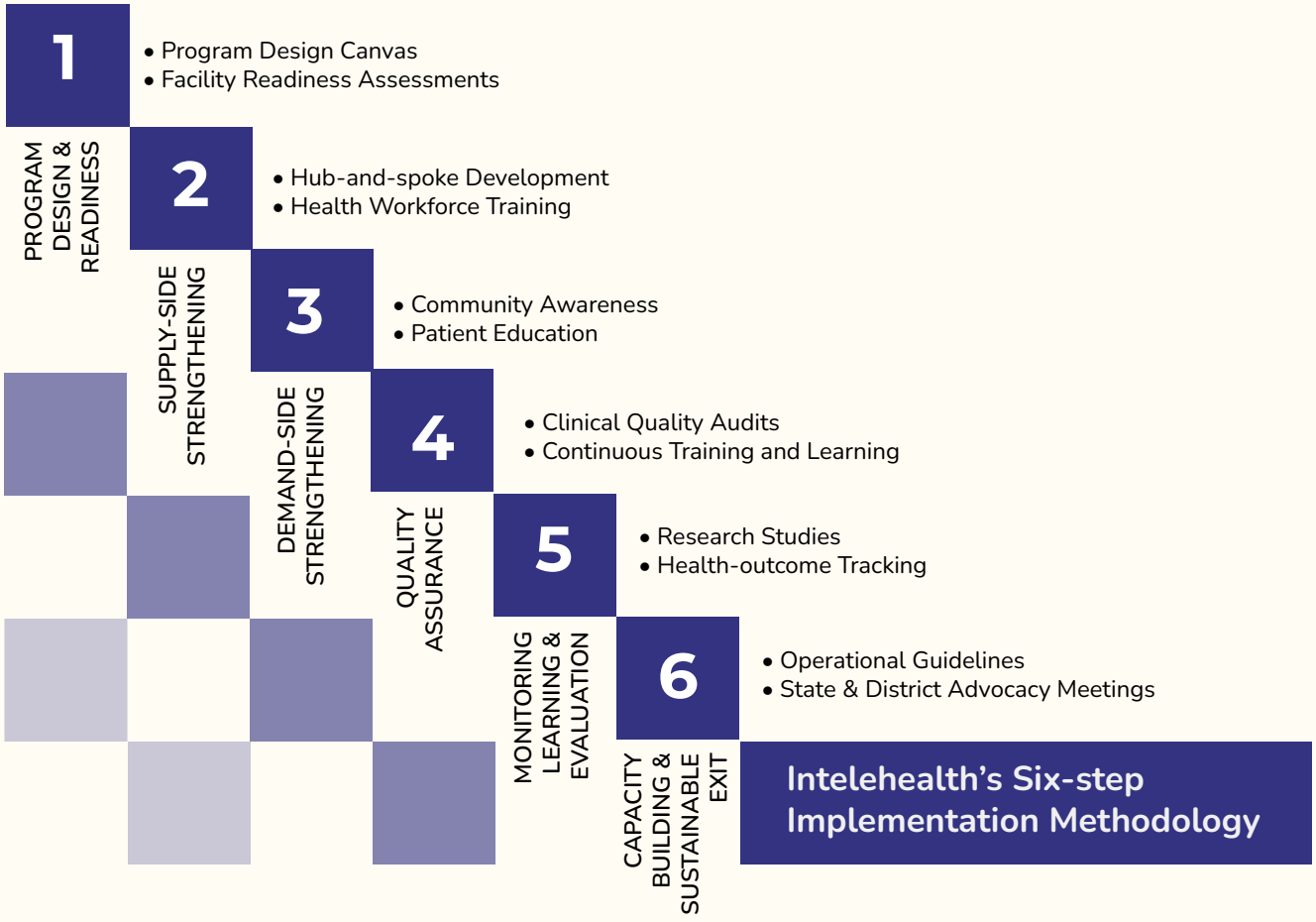
To ensure the successful deployment and long-term sustainability of our digital health projects, we have come up with a six-step implementation methodology. This design can be implemented in a range of digital health projects. Details ahead.

Six-step Implementation Methodology

Worldwide, 75% of telemedicine projects fail in the implementation phase[7]. We use our six-step implementation methodology to ensure that we sidestep the pitfalls that many of these digital health projects suffer from. The methodology's success is proven through our state government partnerships with eSanjeevani—the National Telemedicine Service of India.

The methodology ensures sustainable scale: from Program Design and Facility Readiness (mapping facilities, ensuring drugs diagnostics equipment and connectivity, alignment to health priorities) to Supply Strengthening (training health workers) to Demand Generation (reaching women in communities), Quality Assurance (maternal and clinical protocols), Monitoring & Evaluation, and Capacity Building & Sustainable Exit — institutionalising best practices so that women and their families, everywhere, receive the care they deserve.





7 Verma N, Samuel I, Weinreb S, Hall M, Zhang K, Bendavit M, Bhirud V, Shuff J, Yazdi Y, Acharya S. The Telemedicine Program Design Canvas: a visual tool for planning telemedicine interventions. Oxf Open Digit Health. 2022 Dec 20;1:oqac002. doi: 10.1093/oodh/oqac002. PMID: 40231273; PMCID: PMC11932399.

The Implementation Methodology

In the words of our collaborators

1

Program Design and Readiness

Why does the readiness of a centre matter?

Until a few years ago, it wasn't possible to depend on the internet to do a good teleconsultation, but today that has changed. One is able to connect to doctors from tertiary institutions and offer better services. It has especially helped the older patients in the area.

Vaninder Kumar,
CHO, Bengaluru Urban

2

Supply-Side Strengthening

How can training help the linkage between hubs and spokes?

Training health workers on the eSanjeevani app is the all-important first step here–training sessions that help understand the process behind establishing the National Identification Number for all Health Facilities of India (NIN-2-HFI) and thereafter, working within that system; also how the hub-and-spoke model works and how to inspire trust in the system. Intelehealth has helped us tremendously in that sphere.

Dr Kamlesh Kumar,
State Nodal Officer-eSanjeevani (CP-CPHC Cell),
National Health Mission, Government of Jharkhand

3

Demand-Side Strengthening

How can training help the linkage between hubs and spokes?

In the beginning, people would not believe that such a treatment was possible—that there were real authenticated doctors at the other end of the call. We had to do a demo for the entire village with a patient—the Village Chief and the BDO (Block Development Officer) were also present—and we connected him to a specialist doctor. Today, people themselves come to us and ask that we connect them to a specialist online.

Dinesh Sharma,
CHO, Pakur, Jharkhand

4 *Quality Assurance*

How can one improve upon the quality of teleconsultations?

While earlier we would have a very large number of teleconsultations, almost 40,000 a month, the length of these calls were very short. There was doubt about the quality of care that was being provided. Now with the help of Intelehealth, we have been able to monitor and not just lengthen these calls but also improve upon the quality of engagement with the patients.

M Natesh,
State Telemedicine Co-ordinator (eSanjeevani),
Directorate of Health & Family Welfare, Karnataka

5 *Monitoring, Learning & Evaluation*

How can one help the system through research to serve the most vulnerable within the last-mile population groups?

For women, it is particularly difficult to travel and avail healthcare services. It is even more challenging for pregnant women. I have been working as an ASHA[8] worker for the past many years and I can see the absolute difference one can bring about through the use of telemedicine. The studies done by the team have further highlighted this.

Mani,
ASHA Worker,
Mandya, Karnataka

6 *Capacity Building*

How can clear operational guidelines help sustain telemedicine in the long term?

Through the guidelines that have been shared, we have learnt that we don't have to do teleconsultation for every patient. A tertiary-level doctor may not be available for all the cases. We have to do careful history-taking and understand who all are high-risk patients. This has improved the quality of the care we can offer.

Salomi Kujur,
CHO, Marang Marcha,
Jharkhand

8 ASHA or Accredited Social Health Activist are trained female community health activists who work at the village or the community level under the National Rural Health Mission in India.

We Deliver Quality Healthcare Where There Is No Doctor

An Organic Spiral of Growth: Towards 100 Million

Empathy, excellence, and expertise are our core values. These values have helped us earn the trust of governments, partners and our last-mile clients alike. They create an organic path of growth– a path that will continue to enable brick-and-click transitions across public healthcare systems. We are on track to reach our goal of 100 million teleconsultations by 2030.

20 million instances of trust

We have covered one-fifth of our Vision 2030 journey – reaching the 20 million teleconsultation milestone this year; almost 7 million were enabled in 2025-26 alone. Here is how we are bringing our vision alive:

Partnering with a new state — Madhya Pradesh

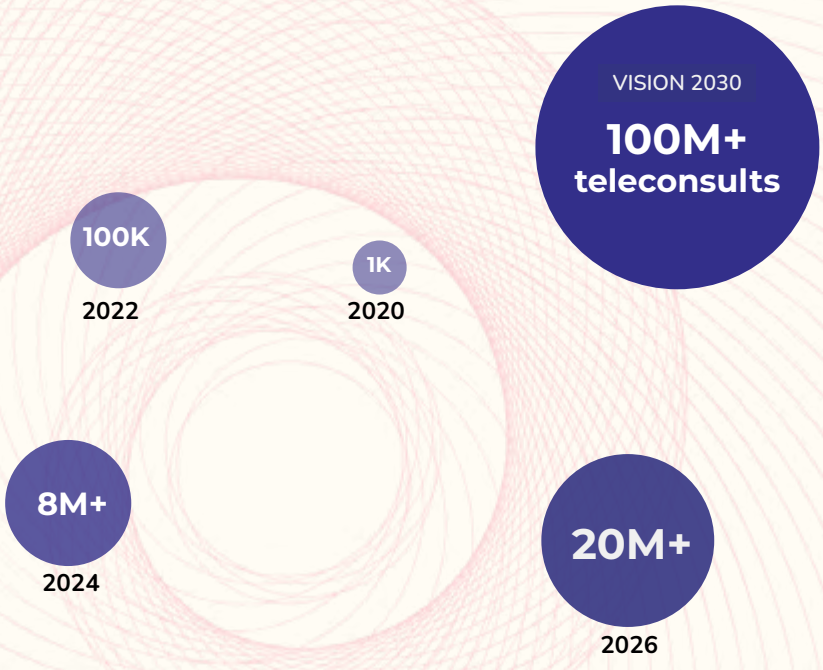
This year we are partnering with a new state in India, Madhya Pradesh, the fifth-largest by population in the country. We will be providing them with technical support on the eSanjeevani National Telemedicine Network.

A sustainable exit from Jharkhand

We are also exiting a partnership with one of our earliest collaborators, Jharkhand, after helping improve their telemedicine workflow and integrating improvements deep into the healthcare ecosystem of the state.
Read more about our sustainable exit.

Further adoption in the Kyrgyz Republic

In the Kyrgyz Republic, Telemed KG expanded to five new districts, taking its reach to 40% of the primary healthcare facilities of the country. The technical groundwork is now in place for national integration into the government's Sanarip Med ecosystem in 2026-27.



Policy Advocacy for Systems Change

Our policy advocacy efforts continue at multiple levels—within India and across LMICs. Our partnership with WHO South-East Asia Regional Office (SEARO) has opened multiple doors of engagement on policy and implementation. Read about it here.

Our on-ground research within our partner states continues to deliver rich insights. Read more about our advocacy efforts within the eSanjeevani telemedicine framework here.

AI Innovation for Better Healthcare

Ayu 2.0 is continuously improving clinical outcomes with AI-enabled clinical decision support, including:

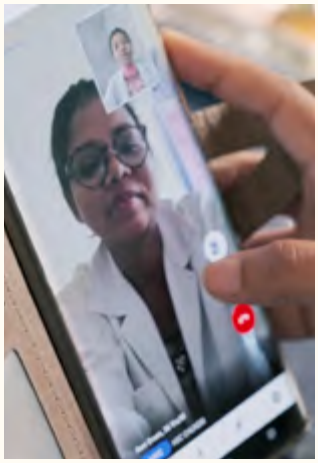
- Diagnostic accuracy: Improved by 12%.
- Consultation time: Reduced by 47%.

80%
PATIENTS REPORTED IMPROVED HEALTH OUTCOMES

$11
SAVED PER HEALTH VISIT

$19
RETURN ON EVERY DOLLAR INVESTED BY HEALTH SYSTEMS

21.6 kms
TRAVEL SAVED PER HEALTH VISIT



Change lives at the last mile

Cost of delivering a single teleconsultation: ~$4 (covered by government)
Philanthropic contribution: $0.43

Clients living in last-mile communities in LMICs are pressingly seeking quality healthcare.

In some of these countries, the out-of-pocket expenditure on healthcare can be as high as 67%, compared to a mere 15% in some of the richer countries. Yet the per capita expenditure on healthcare in LMICs can be 600 times less than that in developed countries.[9]

There is a clear gap and an unmet demand.

A demand that a donor can fill by spending as little as 43 cents per teleconsultation; for every such spend, the governments in our partner countries match it by a 10X amount.

9 Comparisons based on data from Global Health Expenditure Database (GHED), WHO

Ayu 2.0

Intelehealth's clinical decision support system (CDSS) — an evidence-based tool designed to support frontline providers at the point of care, precisely when and where it matters most.

Diagnostic accuracy: improved by 12%

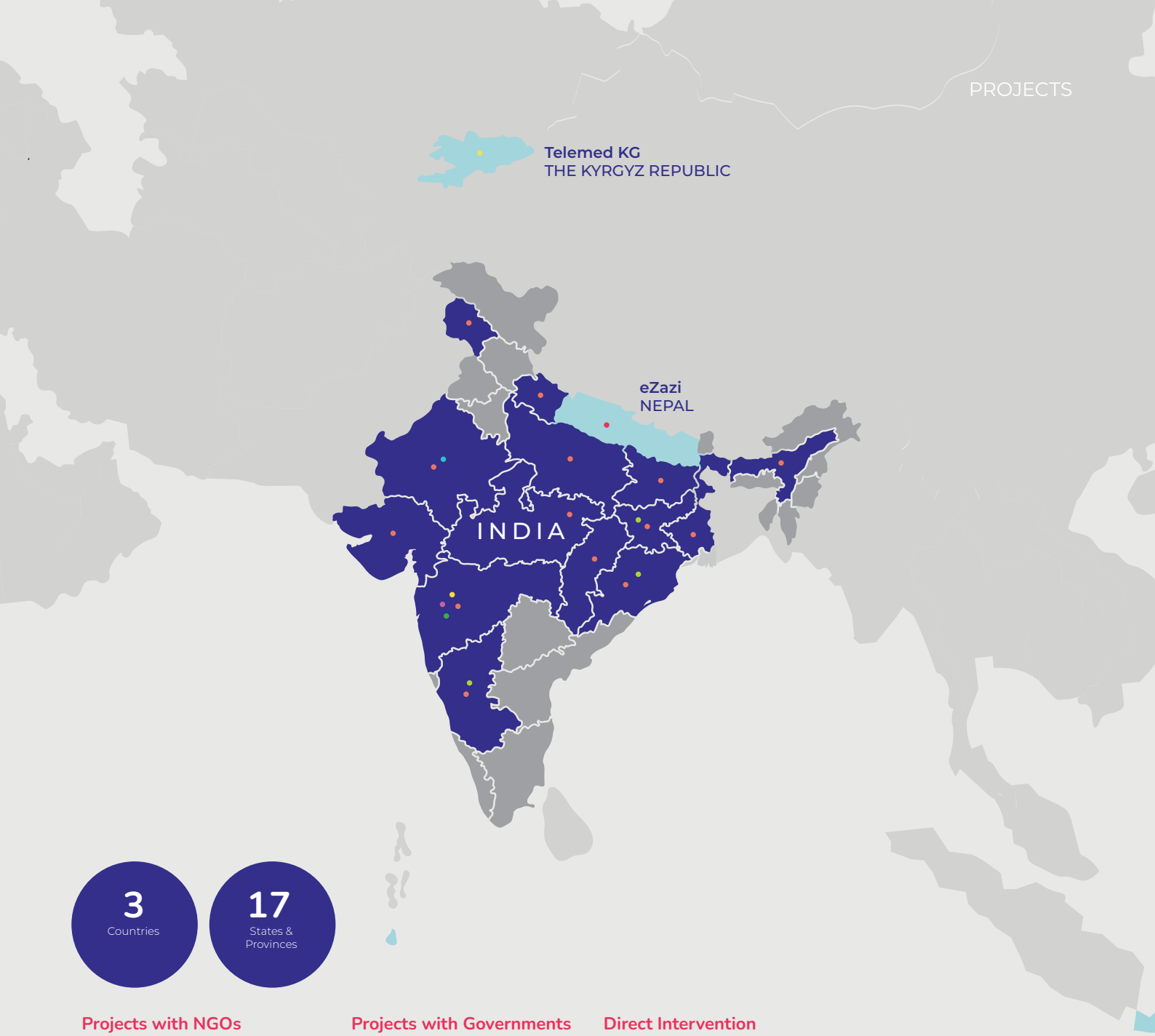
Doctors used AI-generated suggestions in 86% of patient cases

Consultation time: reduced by 47%

Prescribing safety: improved by 54%

Correct diagnosis was included in the top 5 differential diagnoses 93% of the time

Projects



3 Countries

17 States & Provinces

Projects with NGOs

- **Ekal Arogya Telemedicine**
  Jharkhand, Madhya Pradesh, West Bengal, Maharashtra, Uttar Pradesh, Chhattisgarh, Uttarakhand, Assam, Odisha, Rajasthan, Karnataka, Gujarat, Jammu & Kashmir, Bihar
- **eZazi**
  Nepal
- **Vikalp Helpline (Domestic Violence & SRH support)**
  Rajasthan
- **Teleoncology (Tata Memorial Hospital)**
  Mumbai, Maharashtra
- **Koita Foundation Digital Health Lab**
  Maharashtra

Projects with Governments

- **eSanjeevani Jharkhand**
  Jharkhand
- **eSanjeevani Odisha**
  Odisha
- **eSanjeevani Karnataka**
  Karnataka
- **Telemed KG**
  Kyrgyz Republic

Direct Intervention

- **Arogya Sampada Nashik**
  Maharashtra

eSanjeevani

India's National Telemedicine Initiative | eSanjeevani HWC | eSanjeevani OPD

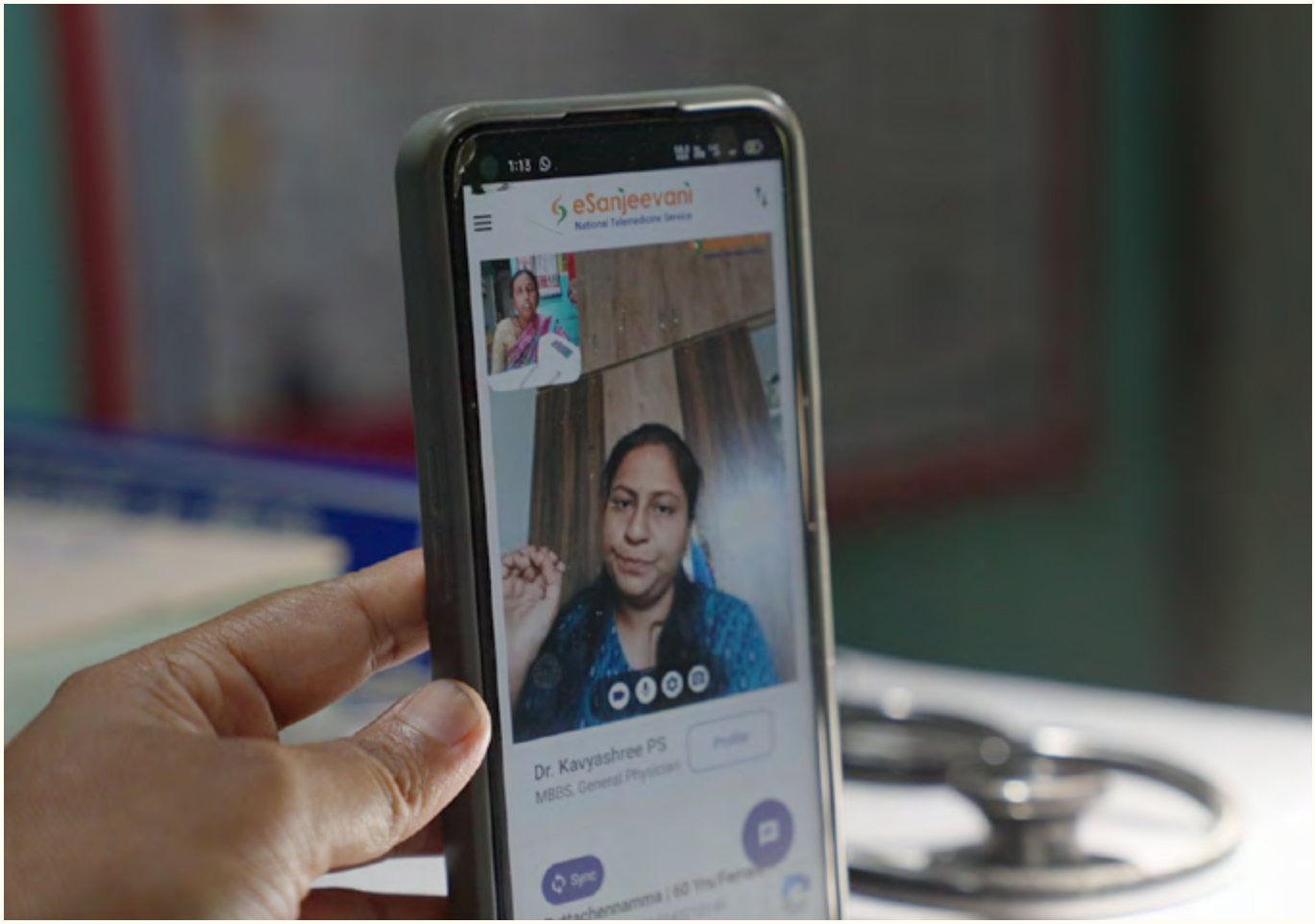
This year, we enabled over 6 million teleconsultations under eSanjeevani—the Government of India's flagship telemedicine initiative led by the Ministry of Health & Family Welfare. Our technical and implementation support strengthens delivery of telemedicine across 25% of all public health facilities in India.

In Jharkhand, our earliest partner on the program, the initiative achieved a landmark milestone in 2025–26: full government ownership. The state has truly built its capacity over the years to integrate telemedicine in its healthcare delivery ecosystem. This year, we helped put together operational guidelines, training modules, ASHA guides, and IEC materials as we exited the state.

IMPACT AT A GLANCE

TELECONSULTATIONS ENABLED	6,674,032
FRONTLINE HEALTH WORKERS SUPPORTED	15,746
DOCTORS SUPPORTED	7,429
HUBS	77
SPOKE-CUM-HUB	3,174
SPOKES	15,226
NUMBER OF TRAININGS	207
NUMBER OF DISTRICTS SUPPORTED	85

Jharkhand is focusing on 'Model Ayushman Arogya Mandirs[10]' as centers of excellence, supported by a modernized training methodology for over 2,800 Community Health Officers (CHOs) and 600 medical officers.



In Karnataka, we helped enable over 4.28 million consultations and over 1,200 doctors and 3,400 community health officers were trained on the eSanjeevani platform. The government is keen on scaling up the training programme further.

The government has already conducted a facility readiness assessment across more than 4,700 health centres, generating actionable insights for evidence-based state planning.

In addition, patient health records from over 11,700 ABDM-compliant facilities in Karnataka can be seamlessly accessed and shared with any other ABDM-compliant centre anywhere in the country.

Meanwhile, Odisha is building towards offering diverse services through its hub and spokes. The state achieved 1.34 million teleconsultations. The program also linked district chemotherapy centres to specialized cancer institute (Acharya Harihar Post Graduate Institute of Cancer) in Cuttack, as well as brought AYUSH (Ayurveda, Yoga & Naturopathy, Unani, Siddha, and Homeopathy) services to select hubs and spokes.

The government also approved our Randomised Controlled Trial (RCT) to study the linkage between Non-Communicable Disease (NCD) management and eSanjeevani.

10 AAM or Ayushman Arogya Mandir are health centres that provide Comprehensive Primary Health Care(CPHC) under the Ministry of Health & Family Welfare, India. They can be of five kinds- Primary Health Centre (PHC), Sub Health Centre(SHC), Urban Primary Health Centre(UPHC), AYUSH (Ayurveda, Yoga and Naturopathy, Unani, Siddha, and Homeopathy), Health and Wellness Centre(HWC).

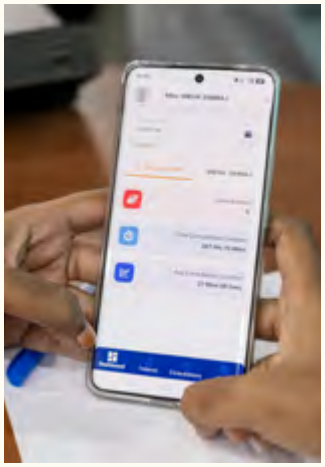
Policy Advocacy to Strengthen eSanjeevani

POLICY BRIEFS

We continued to build on our research and advocacy efforts, sharing advisories with state and central government bodies on how to strengthen both the eSanjeevani technological platform and programme implementation at health facilities.

The following policy briefs, reports, and publications were shared:

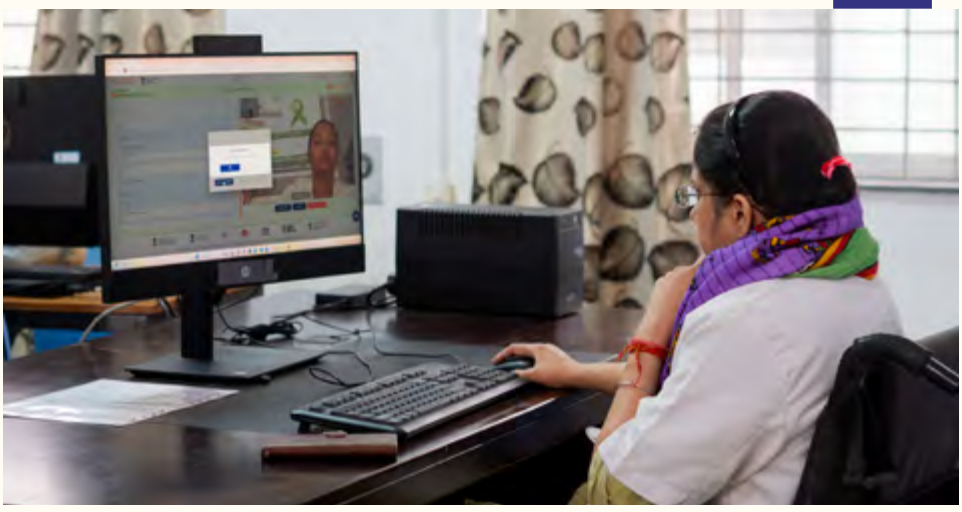
1. A policy brief on improving the eSanjeevani programme and tech platform to unlock its full potential for universal health access in India co-authored with WHO India Country Office. Read here.
2. A report on fast-tracking ABHA (Ayushman Bharat Health Account) adoption within the eSanjeevani programme
3. A 'Client Satisfaction Study' in eSanjeevani Odisha
4. Operational Guidelines for Implementation of eSanjeevani National Telemedicine Services
5. A telemedicine training manual for CHOs and doctors



OUTCOMES

These and other advocacy efforts during the year led to the following outcomes:

1. Inclusion of key indicators in the state eSanjeevani dashboard to enable better monitoring and planning by the states.
2. Inclusion of technology features in the eSanjeevani application that help CHOs select specialty-specific doctors for teleconsultation.
3. Inclusion of our training material while developing national-level integrated training manuals for doctors.



100 Voices

Navyashree
Client, Mandya, Karnataka

Stress-free Care for Navyashree

Navyashree is pregnant for the first time. She lives in Mandya, Karnataka with her husband Karthik and her in-laws. She is aware that she needs to go for her medical check-ups regularly, but the government hospital is not close by.

"Earlier, every month I would visit the government hospital to get the necessary iron and calcium tablets. The hospital is a bit far and the visit can be quite stressful, given the number of emergency cases that visit the hospital. There are long queues and it is not always certain that you will get the treatment on that day. As you can understand, I want to avoid stress during pregnancy."

While her mother-in-law would help her with the visit, she wanted to avoid the ordeal altogether. That's when she learnt from the ASHA worker visiting her neighbourhood that a new primary health centre is opening in the neighbourhood—an Ayushman Arogya Mandir(AAM).

"This morning I went to consult with the CHO there. He gave me an injection for the necessary supplements that I need." Using eSanjeevani, the CHO has also connected her to the doctor for teleconsultations whenever needed.

"With teleconsultations, one is able to get immediate help. Mr Sukumar, the CHO, helps with the conversation and is able to provide necessary medication without much hassle. The technology has been a great help!"

Story and image shared with written consent of Navyashree

"With teleconsultations, one is able to get immediate help. Mr Sukumar, the CHO, helps with the conversation and is able to provide necessary medication without much hassle. The technology has been a great help!"

NAVYASHREE
Mandya, Karnataka

Telemed KG

Closing the Digital Health Divide for Children, Kyrgyz Republic

TelemedKG was launched in 2022 by Intelehealth, in partnership with UNICEF and the Ministry of Health of the Kyrgyz Republic. It 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 is focused on early identification and intervention for children with developmental delays and disabilities through a multilevel teleconsultation network.

In 2025–26, TelemedKG expanded to five new districts, taking its reach to 40% of primary health care facilities of the country. It continued to digitalise the country's pediatric clinical knowledge and deepen the nature of care it offers to children.

With the support of the project, experts from the Ministry of Health of the Kyrgyz Republic developed three new clinical protocols on child mental health, as well as reviewed and updated ten existing clinical protocols on various childhood diseases and conditions. It built capacities across the healthcare system with:

- Healthcare training of 130 primary healthcare providers and 76 specialists—the latter will become master trainers focusing on in-country knowledge transfer;
- Digital literacy training of 15 Ministry of Health experts on how to develop and integrate clinical protocols into the TelemedKG software to manage digital clinical diagrams independently.

Our partnership with the UNFPA has especially helped expand the scope of TelemedKG; helping improve access to quality maternal and reproductive health care across regions. With this innovation, hospitals in hard-to-reach regions can provide specialised care during high-risk pregnancies. While initially the project was focused on five pilot hospitals, recognising a high volume of consultation requests from primary care facilities, it expanded its scope to cover district-level institutions and additional provinces such as Batken. The project ended up doubling its goal of trained healthcare providers and specialised doctors.

Over the past year, the time required to coordinate and execute a teleconsultation from a remote specialist has decreased from a week to 2–3 days, and technical groundwork is now in place for national integration into the Sanarip Med ecosystem.

IMPACT AT A GLANCE

MASTER TRAINERS PREPARED	76
PHC PROVIDERS TRAINED	130
CONSULTATIONS COMPLETED	256
PATIENTS REGISTERED	284
DISTRICTS COVERED	10
CLINICAL PROTOCOLS DEVELOPED	13

100 Voices

Akbaraly kyzy Bazargul, *mother of Japarova*
Client, Osh, Telemed KG

Relief, Joy, and a Childhood Restored

Our daughter, Japarova, was barely a year old when the doctors in Osh suspected that she had Spinal Muscular Atrophy (SMA). Those words had devastated our world. Japarova was unable to sit on her own and was not at all physically active. We were paralysed by fear for our daughter's future. We had no idea where to go or what to do next.

Later, we visited our local Family Medicine Group and then the clinic in the town of Kadamjay. It was there that a local doctor took a step that changed everything. She arranged a telemedicine consultation for us with specialists from the capital.

During the virtual consultation, the senior specialists thoroughly reviewed Umutai's condition and delivered the best news possible: it was not SMA.The relief we felt was indescribable. The doctors immediately gave us a clear roadmap and advised us to come to Bishkek for a definitive diagnosis and targeted treatment.

In Bishkek, she was admitted to the hospital right away. The specialists coordinated everything, explained every step, diagnosed her condition, and initiated treatment. Thanks to this early diagnosis and timely intervention, our daughter was given a real chance at a healthier development and a better future.

As a large family living in a remote region, telemedicine was a true lifeline. It saved us from months of painful uncertainty and waiting lists. Moreover, it prevented a financial crisis for our family. Traveling back and forth to Osh required substantial expenses for transport, accommodation, and medical tests. Since we have several children, leaving them at home for long periods was incredibly difficult. The remote consultation allowed us to cut down on travel and get our daughter help at the right time.

Story and image shared with written consent of Akbaraly kyzy Bazargul

> "As a large family living in a remote region, telemedicine was a true lifeline. It saved us from months of painful uncertainty and waiting lists. Moreover, it prevented a financial crisis for our family."
>
> AKBARALY
> Osh, Kyrgyz Republic

Ekal Arogya Telemedicine www.arogyafoundationofindia.in

Women Micro-entrepreneurs Powering Last-mile Healthcare in Tribal Areas

The Ekal Arogya Telemedicine Project saw a 39% increase in teleconsultations this year. The project, a joint initiative of Arogya Foundation of India (AFI) and Ekal Abhiyan and supported by Intelehealth, is delivering quality healthcare services to tribal and remote communities across 14 states in India. The program reaches almost 200,000 households in over 2,600 villages.

Launched in 2020, the program is led by trained local women health workers, known as Sevikas, who serve as the first point of contact for healthcare within their villages. Using smartphones and point-of-care diagnostic kits, Sevikas facilitate teleconsultations, capture patient histories, support follow-up care, and enable timely access to medical advice in underserved regions. Recruited from within the communities they serve, these women health workers are fluent in regional languages and play a critical role in building trust and improving healthcare access. Today the program integrates over 900 sevikas and 17 doctors into its network, who together enabled more than 335,000 health service consultations this year. Sevikas provide healthcare visits at home for preventive and promotive health services (called health service consultations). This is delivered entirely by Sevikas, with the support of Ayu 2.0, Intelehealth's CDSS. When clients experience health issues and need to consult with a doctor, the Sevika connects them with a doctor virtually.

IMPACT AT A GLANCE

TELECONSULTATIONS ENABLED	82,428
HEALTH SERVICE CONSULTATIONS ENABLED	335,374
FRONTLINE HEALTH WORKERS SUPPORTED	904
DOCTORS SUPPORTED	17
STATES	14
CLINICAL PROTOCOLS	53

In addition to the existing protocols, three new protocols have been introduced this year linked to NCDs: hypertension and anemia (screening and follow-up), along with diabetes screening. These were developed and successfully field-tested. Decentralised monitoring was strengthened through dashboard access for 100+ supervisors and a reporting module was also developed for enhanced tracking and monitoring. Two new languages— Tamil and Telugu—were implemented in the mobile app as the program expanded to additional states.

The initiative continues to strengthen last-mile healthcare delivery for rural and tribal populations at low costs, using a community-driven approach and Intelehealth's technology.

100 Voices

Tiki Sahoo
Client, Jaunlibandh, Odisha

A Sevika[11] to the Rescue

Forty-year-old Tiki lives in Jaunlibandh village in the Angul district of Odisha. While the district has industrial pockets, her village is located in a region that largely relies on subsistence farming and seasonal jobs. Access to healthcare is limited. The district hospital is too far, given the family's limited resources.

Tiki had developed round, patch-like lesions on her skin. There was irritation and itching, but she was doing what she would always do when an ailment presented itself—ignore it or if required, find a home remedy. Neither helped and three months went by.

She approached the Sevika didi in her village who works with Ekal Arogya Grama Sangathan[12]. The Sevika looks after a Sancha, or collective of 30 villages, advising the villagers on basic health assessment, home remedies & healthcare, and telemedicine support with a qualified doctor, along with doorstep deliveries of digital prescriptions that are free of cost.

The Sevika conducted an initial assessment and documented all the necessary details required by the doctor. She uploaded the full history and symptoms on the telemedicine app.

A specialist reviewed the case and issued a digital prescription. The Sevika shared the prescription with Tiki, explaining in detail the dosage and frequency of medication, the duration of the treatment, and the skin hygiene measures that were needed.

Tiki purchased the prescribed medicines from the local market and followed the treatment as advised. The Sevika monitored her progress during home visits. There were significant improvements within a week! "By the end of the treatment, I was completely cured of the skin patches. I was so relieved. I could resume my normal everyday activities", Tiki shares.

The Telemedicine + Sevika model has ensured that quality care can reach the community right at their doorsteps.

Story and image shared with written consent of Tiki

> "By the end of the treatment, I was completely cured of the skin patches. I was so relieved. I could resume my normal everyday activities."
>
> TIKI
> Jaunlibandh, Odisha

11 Sevikas are Frontline Health Workers that work with Ekal Arogya.
12 Ekal Arogya Grama Sangathan are village-level primary healthcare units.

Arogya Sampada

Intelehealth Innovation Site, Nashik

Intelehealth's direct implementation is reimagining how technology can transform last-mile healthcare. India's tribal population accounts for 8.6% of the country—around 104 million people from diverse communities. In just two talukas or sub-districts in Nashik—Peth and Surgana, one can find 7-8 tribes in a small, hard-to-reach region. The communities living in this belt face poverty and limited access to healthcare. Seasonal out-migration is common practice.

The region has been home to Intelehealth's Arogya Sampada project since 2021. The initiative addresses the challenge of healthcare access in the region through a scalable telemedicine model, covering 28 remote villages across four clusters. Trained 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.

This year we expanded the range of care—adding more specialist remote doctors to enable teleconsultations for gynaecology, orthopaedics, and internal medicine specialities through a partnership with the NAMCO Trust Hospital. As a response to the rise in sickness among children, we have onboarded a dedicated pediatrician,

IMPACT AT A GLANCE

TELECONSULTATIONS ENABLED	5,687
FOLLOW-UP CONSULTATIONS	5,261
PATIENTS RECEIVING FREE MEDICINES	5,647
FRONTLINE HEALTH WORKERS	5
COMMUNITY HEALTH ASSISTANTS	4
DOCTORS SUPPORTED	2

improving early diagnosis, age-appropriate management, and referrals.

We are working to increase the number of point-of-care diagnostics as well to cater to a broader range of conditions by testing the integration of an electronic stethoscope and a point-of-care HbA1C device. Bluetooth-enabled instant prescription printing has made patient communication and transparency into their health prescriptions even easier; the free availability and delivery of medicines continue.

We are researching and testing some new aspects of Ayu 2.0, our AI-enabled CDSS in the region–aspects that could help improve diagnostics, patient care and many other functions tremendously. You can read more about it here. Beyond this, CHWs continue to receive updated training deepening counselling, preventive-care, and community-engagement skills.

100 Voices

Leelabai Kashinath Padvi
Client, Peth, Nashik

Leelabai Breathes Easy

Leelabai had been feeling weak for a while, but now her cough and chest pain were getting worse. She was having difficulty breathing and the fatigue would never leave her. She is 52 and lives in the Peth taluka of Nashik, a district that has a notable tribal population. The village is one of the hardest to reach in the region. The nearest primary healthcare centre is approximately 20 kms away and the rural hospital, about 30 kms further. She needed consultations with specialists that were likely beyond both these centres. Traveling anywhere meant loss of wages and travel expenses she could not afford.

She got in touch with the local CHW. The CHW recognised the immediate need for care. Using the Intelehealth platform, she got in touch with the doctor. After a thorough assessment, the treatment began.

> "I was not necessarily avoiding a doctor as much as the travel. It is difficult to imagine that such care is possible right at our doorstep."
>
> LEELABAI
> Peth, Nashik,
> Maharashtra

Over multiple consultations, Leelabai was diagnosed with Upper Respiratory Tract Infection (URTI), along with gastritis, acute nasopharyngitis, and musculoskeletal concerns such as osteoarthritis and frozen shoulder.

"I was not necessarily avoiding a doctor as much as the travel. It is difficult to imagine that such care is possible right at our doorstep.", Leelabai was overwhelmed.

The CHW reassured her that she will continue to be in touch.

Leelabai received all the necessary medications and supplements. The CHW ensured that Leelabai adhered to the treatment plan and that her condition was regularly monitored and managed.

Today Leelabai can truly breathe easy.

Story and image shared with written consent of Leelabai

Teleoncology at TATA Memorial Hospital

Designing the Future of Teleoncology

Telemedicine can help reduce the burden of cancer care substantially. It can enhance efficiency, continuity, and access to oncology care, particularly for follow-up and second-opinion consultations. This is what we have learnt from our work with the Tata Memorial Hospital (TMH), Mumbai, in collaboration with the Koita Centre for Digital Oncology (KCDO).

HIGH SATISFACTION AMONG SPECIALIST - Doctors reported a high satisfaction score (4/5) in our teleoncology proof of concept.

India's cancer crisis is growing and premier public cancer hospitals such as 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.

Our initiative successfully delivered 139 teleconsultations, including 96 follow-up and 43 second-opinion consultations, across departments such as Adult Hematology, Gynecology, Breast Oncology, BST, and Surgical Urology. Consultation turnaround time or Consultation TAT refers to the time taken for the patient to consult with the doctor. Using teleconsultation, this time was significantly reduced compared to in-person consultations for second-opinion cases, falling from 35–40 minutes to 13 minutes, and follow-up cases from 15–20 minutes to 7 minutes.

The model adopted a patient-centred and technology-enabled approach, integrating teleconsultation platforms with helpline support, structured case summary preparation, and pre-consultation patient readiness processes to ensure seamless and efficient care delivery.

Lessons from 31 international teleoncology models have reinforced design choices for an oncology-specific workflow model; this is scalable across all of India's National Cancer Grid (NCG) hospitals.

Building Capacities in Partnership with WHO SEARO

Our collaboration with WHO SEARO has resulted in policy and capacity-building initiatives at the institutional level in the South-East Asia region. Here is a brief snapshot of what we have been working on in the region.

The Promise of Telemedicine for Public Healthcare in Sri Lanka

Intelehealth held a workshop with government functionaries and healthcare experts in the country earlier last year. The workshop walked key government stakeholders through the Telemedicine Program Design Canvas; convening insights from stakeholders at all levels of the health systems from healthcare providers at the frontlines to ministry stakeholders and civil society. Together the group identified opportunities where telemedicine could strengthen the care delivery ecosystem, mapped to priority health areas. They compared strategies to identify the highest ROI approach and arrive at an action plan.

Co-authored Policy Brief for eSanjeevani Strengthening

Intelehealth and WHO SEARO jointly submitted a policy brief titled 'Improving the eSanjeevani programme & tech platform to Unlock its Full Potential for Universal Health Access in India' to the Ministry of Health & Family Welfare, Government of India. While acknowledging the strengths and achievements of the eSanjeevani programme, the policy brief highlighted persistent technology and implementation challenges that undermined its potential to deliver seamless, high-quality care and long-term sustainability. The brief proposed actionable recommendations to address these challenges along with the impact-feasibility analysis to guide evidence-based decision-making. Read the policy brief here.

World Health Organization
REGIONAL OFFICE FOR South-East Asia

Intelehealth

One of the outcomes of this effort was the implementation by MoHFW of an upgraded dashboard with key performance indicators and granular data at the state and district level. The states can utilise this for effective monitoring and resource planning.

Strengthening the eSanjeevani Programme in Madhya Pradesh

Following the success of Intelehealth's work with the state governments of Jharkhand, Odisha, and Karnataka, WHO SEARO committed to collaborate with Intelehealth to strengthen the eSanjeevani programme in Madhya Pradesh in the coming year.

Facilitating Inputs for Strategy for Artificial Intelligence in Healthcare for India

The Government of India launched its landmark Strategy for Artificial Intelligence in Healthcare for India (SAHI) along with the Benchmarking Open Data Platform for Health AI (BODH) at the India AI Impact Summit 2026.

We contributed to the strategy based on our work in aiding telemedicine solutions, use of AI in telemedicine, and development of clinical decision support systems.

Ms Sudha Srinivasan, Board Member, Intelehealth participated in the Regional Multi-Stakeholder Convergence Workshop as an invited expert reviewer during the strategy formulation stage. The workshop was convened by ICMR–NIRDH, in collaboration with WHO SEARO and the Koita Centre for Digital Health, Ashoka University (KCDH-A).

Official Pre-Summit Event

Intelehealth convened a panel discussion on Policy, Ethical, Regulatory, and Equity Considerations in AI-Enabled Telemedicine, as part of the Winter Dialogue on Responsible AI for Synergistic Excellence in Healthcare (RAISE). This was the official pre-summit event to the India AI Impact Summit 2026, jointly organised by the Koita Centre for Digital Health at Ashoka University, NIMS Jaipur, WHO SEARO, ICMR-NIRDH and the Gates Foundation.

Moderated by Mr Shyamsundar Kaluve (Board Member, Intelehealth and Partner, OJone) the panel comprised representatives from the Government of India, academia, research, and civil society organisations. The discussion focused on the practical challenges of deploying AI in telemedicine in India, the necessity of human-centric design, ethical governance frameworks, and the mitigation of gender and data biases.

Telemedicine in Action: A Webinar Series in Partnership with WHO SEARO

The 13 webinars spread across as many months brought together telemedicine practitioners, doctors, policy, and technology experts to put together a roadmap of how telemedicine can strengthen health systems, expand access to quality care, and drive progress toward universal health coverage across LMICs. Review the webinar slides and videos here.

100 Voices

Pushpalata Jena
ASHA Worker, Sisupalgarh, Odisha

Puspalata's Digital Leap with eSanjeevani

Puspalata Jena is a year shy of 60, yet she has the energy of someone much younger. In her village of Sisupalgarh, she is well-known. She is the ASHA bahin whom people can call upon at any time whenever they experience a health issue. She, in turn, links them to the CHO or Auxiliary Nurse Midwife (ANM) staff, sometimes by even personally walking them to the health centre. She is central to the village's healthcare ecosystem.

She has been working as an ASHA worker since 2006. She may have started late, but that certainly had had no impact on her drive.

Puspalata has learnt to pay special attention to Non-Communicable Diseases (NCDs) such as hypertension, diabetes, oral health issues, and heart conditions. These have become common health concerns in the village and she knows they can be a silent killer. She plays a crucial role in identifying these patients through her regular home visits.

She also encourages and facilitates their visits to the Ayushman Arogya Mandir (HWC). She has been raising awareness about the eSanjeevani platform, sharing the following ways in which teleconsultations can be helpful:

- The availability of specialist consultation without any cost
- The importance of early diagnosis and regular follow-up
- Healthy lifestyle practices to prevent and manage NCDs

Puspalata has helped dispel the villagers' myths and doubts about the technology. She shares with a smile, "It has been a joy to serve my village (Sisupalgarh). After all, I am supposed to be an ASHA, the ray of hope."

Story and image shared with written consent of Pushpalata

> "It has been a joy to serve my village (Sisupalgarh). After all, I am supposed to be an ASHA, the ray of hope."
>
> PUSHPALATA JENA
> Sisupalgarh, Odisha

Tech Entrusted: A Last-mile That Keeps Regenerating

Strengthening and Scaling Telemedicine in Jharkhand

Our technical support that started with five districts in 2020 grew to capacitate every corner of the state and today is transitioning out, assured that the path built can continue to regenerate itself in the years ahead.

How did we achieve it? Here is that story in brief.

Capacity Building and Institutional Ownership

Six years ago, telemedicine was still an emerging healthcare delivery model. It required significant investments in system readiness, user capacity, service quality, and operational support.

To action our six-step implementation process with the Department of Health and Family Welfare, Government of Jharkhand, we put together a dedicated support structure that provided continuous assistance and training to government personnel in the eSanjeevani telemedicine services program.

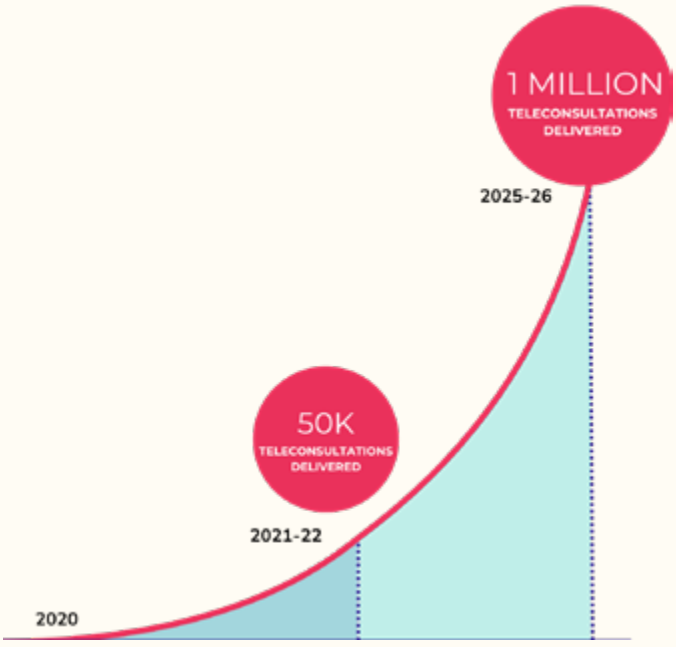
The project management team worked closely with district and facility teams on supportive supervision, performance reviews, operational troubleshooting, monitoring, and programme management. Clinical experts focused on quality of care, patient safety, and the integration of the 12 Comprehensive Primary Health Care (CPHC) service packages into teleconsultations.

Over time CHOs, medical officers, and program managers developed the expertise to manage services independently. Consequently, supervision mechanisms, quality assurance processes, performance monitoring frameworks, training resources, and operational protocols were gradually institutionalized within routine government systems, shifting the program from external technical assistance to government-led implementation.

The Implementation Toolkit: A Roadmap for Sustainability

A landmark achievement in this transition has been the launch of the Jharkhand eSanjeevani

Implementation Toolkit. This toolkit consolidates six years of operational frameworks, supportive supervision tools, and best practices into a practical roadmap for state and district teams to independently plan and improve services. The broad participation of stakeholders at the launch—from the Health Minister to frontline healthworkers, Sahiyas, and clients—reflected a strong political commitment and collective vision for the program. Today, Jharkhand's telemedicine ecosystem stands as a resilient, state-owned model in which established capacities and processes are embedded within the public health system.



In Sync with Community: Telemedicine for Education and Community Support

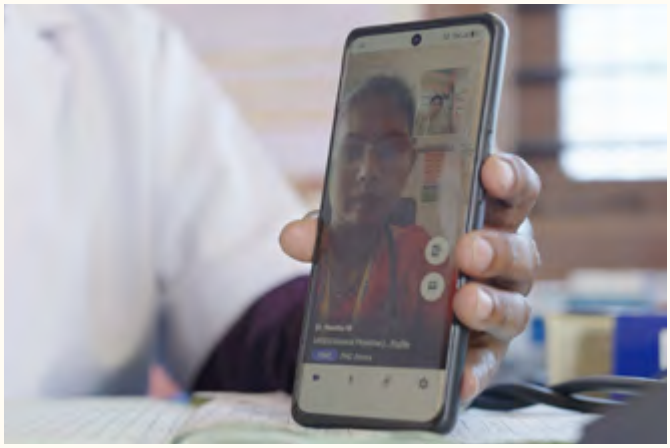
Over the years, Intelehealth enabled several community- and institution-led projects, integrating its learnings and technology into diverse frameworks such as education and community support. We sustainably exited most of these projects, continuing to offer the necessary tech support as required. Here are a select few.

The Digital Health Lab at Maharashtra University of Health Sciences (MUHS)

The Digital Health Lab, established through a partnership between Intelehealth, the Koita Foundation, and MUHS, continues to provide medical students with hands-on exposure to telemedicine through simulated patient consultations. In the past year,

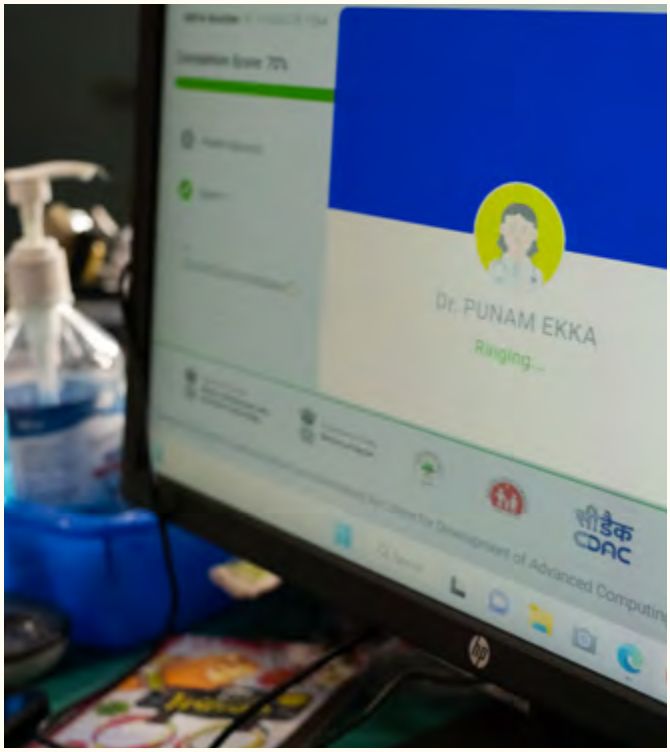
- Close to 2,000 students registered for the Digital Health Foundation Course (DHFC).
- Over 3,100 nursing students registered for the Digital Health Foundation Course for Nursing (DHFC-N).
- 8,100 members of the Trained Nurses' Association of India registered for DHFC-N.
- 500 students enrolled for the DHFC from the Rajasthan University of Health Sciences.

Intelehealth supports uninterrupted learning through a training database that is automatically refreshed and repopulated with ten sample



patient visits across five specialties. This enables every new batch of students to practice telemedicine using standardised clinical scenarios.

By combining automated data management and ongoing support, the Digital Health Lab continues to serve as a sustainable platform for strengthening telemedicine competencies among future healthcare professionals.



Vikalp Helpline

Vikalp Sansthan runs the Vikalp Helpline, with technology support from us to address gender-based violence across Rajasthan. The toll-free D2P helpline is accessible nationally—offering confidential counseling to survivors of domestic violence, working to prevent child marriage, and providing safe abortion information. By connecting survivors to legal awareness and professionals such as doctors and lawyers, the helpline empowers women and girls to access support and advocate for their rights.

As the technology partner, Intelehealth built the helpline platform and handed over its ownership and operation to Vikalp Sansthan, which now runs the service themselves.

The key methods used to enable this were:

- **Open-source, low-cost platform:** Built on open-source tools, keeping the helpline affordable to maintain long-term without licensing costs.
- **Localisation:** The platform and counselling workflows were aligned with Vikalp Sansthan's existing case-handling processes.
- **Integration-ready design:** The solution supports structured data capture for follow-up planning and reporting.
- **Capacity building:** Social workers and counsellors were trained to operate the helpline directly—logging cases, managing follow-ups, and troubleshooting basic issues themselves.
- **Data ownership:** The team has access to a dedicated dashboard and was trained to independently generate reports from real-time case data (e.g. survivor demographics and case types) to track trends and inform planning.
- **Sustainable training:** Experienced counsellors and senior staff to onboard and support new team members, reducing dependency on Intelehealth for scaling the team.
- **Technology handover:** Knowledge transfer to Vikalp Sansthan's tech point-of-contact covered system management and basic maintenance so that the app continues to run with minimal ongoing developer support.

Together, these activities ensured Vikalp Helpline could run independently with only limited backend support from us.

Building Financial Resilience

We have helped women and their families save $220 million so far!*

*$11 Saved in Every Teleconsultation

Technology Built on Trust

In Odisha,

4.1 out of 5
Client's overall teleconsultation experience

4 out of 5
Health providers' experience of the tech platform

6.3 out of 7
Client's overall satisfaction score

IN SYSTEMS WE TRUST

One of our key goals is to enable systems change through integrating telemedicine in public healthcare systems and to do this in a manner that is ethical, responsible, and cognizant of our clients' realities. Here are three stories that highlight how individuals, embedded in these systems, are leading this journey of change.

TelemedKG is the one and only telemedlcine platform that operates in the Kyrgyz Republic, and connects family medicine centres, family group practitioners or FHWs with secondary and tertiary health facilities to solve for the various health challenges that children under 14 suffer from.

Till date, over 1,200 telemedicine consultations have been conducted using the TeleMed KG platform. This enables access to quality healthcare services—especially for children with disabilities—while reducing economic costs. This also streamlines professional communication between doctors from remote regions and specialists at the country's leading medical centres working in this context.

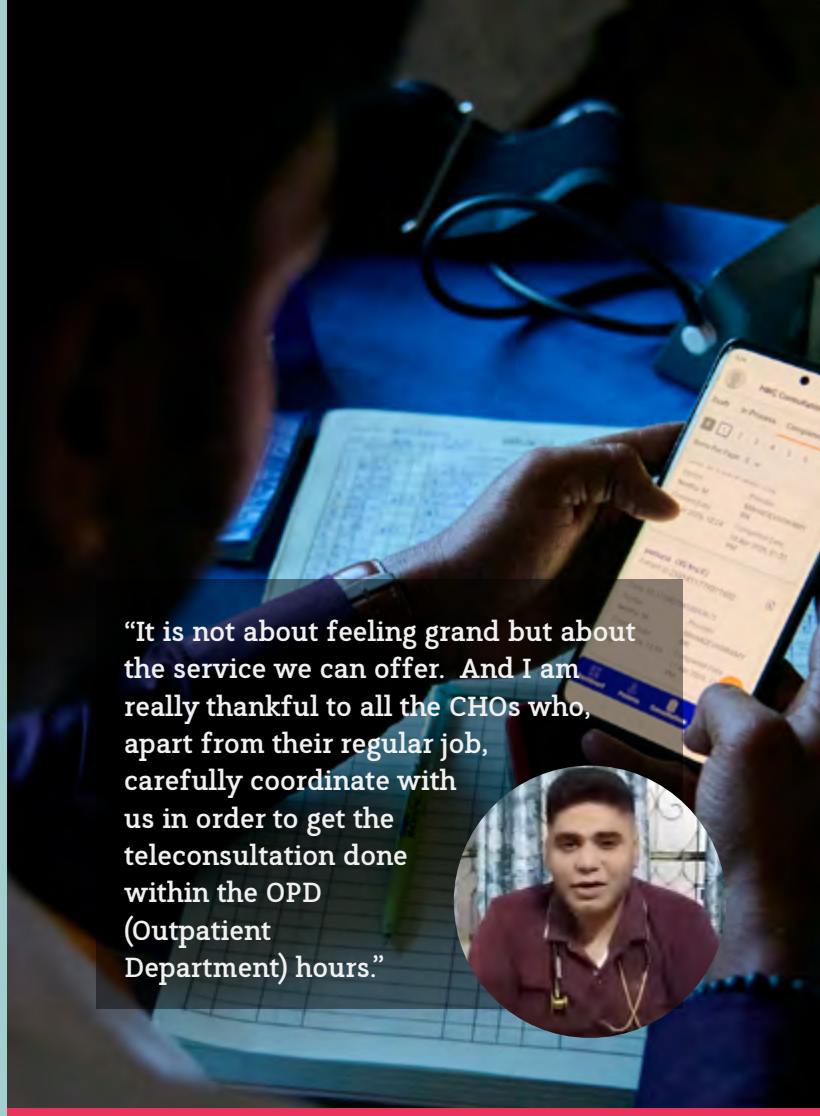
Ms. Aizhamal Matomorova
Head of Medical Evidence and Medical Technologies Department,
Center for Health Development and Medical Technologies,
Ministry of Health of the Kyrgyz Republic

IN SYSTEMS WE TRUST

Dr. Durgesh Jha
Doctor, Jamtara
eSanjeevani Jharkhand

Dr Durgesh Jha was eager to help women and girls access better healthcare. He had just finished his postgraduate specialisation in maternal and child health. Jamtara, a small town at the eastern end of Jharkhand, was the perfect place for him. There was a genuine need. The only problem was he was working at the district hospital and travel was not easy for his patients. This was 2017 and telemedicine had not yet taken off.

Even three years later when eSanjeevani, the National telemedicine service, started creating linkages, progress was slow. He stepped in as a 'Hub Doctor' in November 2021 and helped build the system from the inside, learning from and contributing to training sessions from Intelehealth. Starting from a mere 221 teleconsultations in 2021-22, he has contributed to 75,000 teleconsultations in 2025-26!



"It is not about feeling grand but about the service we can offer. And I am really thankful to all the CHOs who, apart from their regular job, carefully coordinate with us in order to get the teleconsultation done within the OPD (Outpatient Department) hours."

Sandip Chandrakant Bhoye
Village Head, Junothi, Nashik, India

The situation here was quite bad as people do not have money to go to the hospital. 70% of our village is made of farm labourers. Their economic condition is fragile and difficult. This causes great hardship for people when they try to travel to hospitals. It was especially difficult for the elderly, women, and children.

Through Intelehealth, about 100 to 150 people from our village have benefited from these teleconsultations. Our village has become more aware and now feels supported. The entire Intelehealth team is very good, helpful, and offer complete assistance. They provide services free of cost and deliver services to the patients. Regardless of the type of illness a patient has, they provide the necessary care.

Program Evaluations

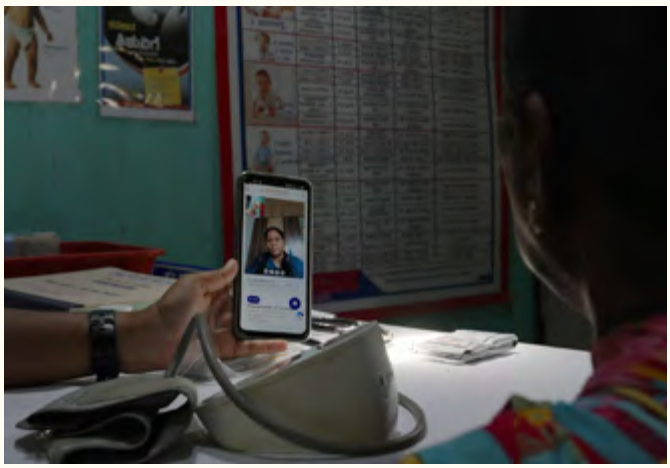
The Proof of Quality Care: Evaluating Telemedicine

The true measure of any public health program lies in its concrete, measurable outcomes. These results provide real-world evidence needed to scale up successful initiatives or course-correct our strategies. Over the past year, generating this evidence has been the central focus of our Monitoring, Learning, and Evaluation (MLE) team.

NCDs are on the rise and continuous care and management is crucial in most cases. How do you enable such care in last-mile settings? Our recent implementation pilot provides clinical and operational evidence that pairing digital health platforms with frontline health workers creates a scalable framework for chronic care.

Climate change is likely to throw many more challenges. Can large-scale telemedicine networks help us actively mitigate carbon emissions while adding to our adaptation mechanisms? Our modeling exercise shows that it actually can. These networks can simultaneously lower system-wide financial burdens and secure economic relief for vulnerable populations. The study ‘Odisha eSanjeevani: Telemedicine Climate Impact Assessment’ was done using state administrative and geospatial data.

Building on our October 2022 facility readiness baseline, our November 2025 'Client Satisfaction Study' examines how patients’ trust, perspectives, and adoption of eSanjeevani have evolved in Odisha. This study explicitly measures the platform's impact on expanding geographic access and reducing out-of-pocket healthcare expenditures compared to traditional, in-person consultations.



From Pilot to Proof: Integrating telemedicine with NCD screenings in Cuttack

Asha-supported Telemedicine Interventions Fare Far Better Than Standard Care

To address the rising burden of non-communicable diseases (NCDs), Intelehealth launched an implementation pilot across three Ayushman Arogya Mandirs (AAMs) in Cuttack, Odisha.

The study evaluated an integrated model combining point-of-care HbA1c devices and ASHA-facilitated screenings with eSanjeevani teleconsultations and community tracking, compared against standard care in control arms.

> The control arm produced zero follow-up completions, while the ASHA-supported intervention consistently outperformed at every stage.

Key learnings from the pilot reinforce the case for structured ASHA-led support as the model scales:

- Community screening flagged 63% of the 3,700 participants as high-risk for hypertension and/or diabetes.
- ASHA-supported intervention sites retained 57% of referred patients compared to just 13% in the control arm, underscoring that mobilisation alone is insufficient without structured escort and follow-up support.
- Despite steep drop-offs across the care cascade, the treatment arm consistently outperformed the control group, which yielded zero follow-up completions.

The pilot also surfaced a critical post-diagnosis gap: patients waited a median of 39 days for their first follow-up, well beyond the recommended 15-day window, during which early medication side effects and self-discontinuation went undetected.

Additional operational lessons:

- Need for a dedicated patient-tracking register separate from routine OPD records.
- Minimum medicine buffer stocks to prevent stockout-driven dropout.
- Differentiated outreach strategies for men (who largely bypass the AAM) versus women (who face accompaniment barriers).

Additionally, navigating operational barriers such as medication stockouts remains vital as these insights lay the groundwork for a large-scale RCT across 3 districts and 60 facilities.

Telemedicine Reduces Carbon Emissions by 93%; Prevents 1,100 Tonnes of Co2 Emissions Across Odisha

The 2024 Climate Impact Assessment of 1.46 million eSanjeevani teleconsultations proves that digital health is a powerful mechanism for environmental and social equity. By shifting care to village-proximate facilities, the platform cut travel-related carbon emissions by 93%—avoiding 1,108.7 tonnes of CO2, an offset equivalent to growing 50,000 tree seedlings for a decade. Structurally, the program functioned as an economic safety net for Odisha's most vulnerable populations.

Patients in total bypassed 35 million kilometres of travel saving 674,000 hours of travel time, reducing total household economic burdens by ₹63.39 crore ($6.5 million USD). Ultimately, these findings demonstrate that climate mitigation and health equity are complementary goals, providing a robust empirical foundation that directly advances India’s commitments to Sustainable Development Goals (SDGs) 3, 9, 11, and 13.

6.3 Out of 7: High eSanjeevani Platform Satisfaction Rating in Odisha

In 2025, researchers evaluated the eSanjeevani platform by interviewing 527 clients across 52 Ayushman Arogya Mandirs (AAMs) in 18 districts of Odisha. The 'Client Satisfaction Study' mapped patient satisfaction and financial relief, yielding an outstanding overall satisfaction score of 6.3 out of 7.

Clients reported positive experiences in accessing healthcare services, including ease of consultation, reduced waiting times, and effective communication with providers. On average, clients saved approximately 32 minutes of travel time and 16.8 kms per visit (round trip) compared to accessing the in-person care pathway. This provided significant economic relief, sparing rural families from a ₹350 ($3.7) average out-of-pocket expense per outside visit, plus food and lodging costs.

93% of Facilities regularly use telemedicine

In the Facility Readiness Study in Odisha, a midline evaluation was conducted in 2024 to assess the status of eSanjeevani telemedicine services and the impact of technical support, compared to a baseline study conducted in 2022.

Both providers and clients were highly satisfied with eSanjeevani services; providers gave the platform an average score of 4 out of 5; clients reported an average of 4.1 out of 5 for the overall teleconsultation experience.

The percentage of:

- Facilities regularly using telemedicine increased from 69% to 93%.
- 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%.

Access the full report here.

Products

NEW FEATURES

We upgraded our technologies. We made our servers more interoperable and more adaptable for low-bandwidth settings. We developed services to meet the rising NCD challenge across geographies.

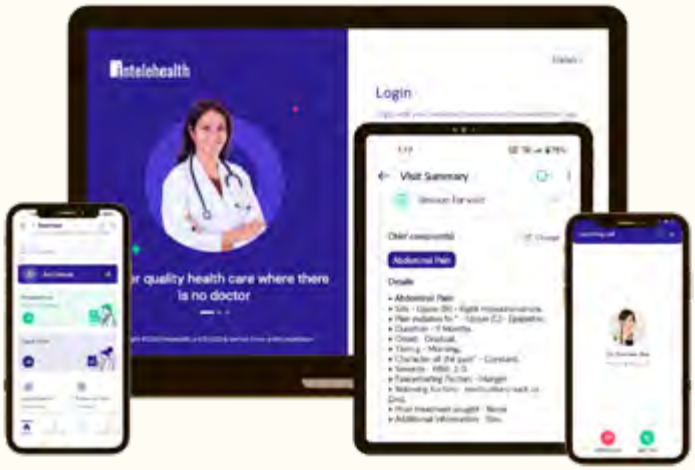
intelehealth

Ayu 2.0

ezazi

Intelehealth

The Intelehealth app is a free, open-source telemedicine platform built for health systems operating in low-resource environments. Multilingual and designed for limited connectivity, it enables low-bandwidth video consultations, appointment management, and integrated electronic medical records — equipping frontline health workers and clinicians to deliver structured, continuous care without requiring new physical infrastructure. The app is configurable for the specific project requirement of a partner.



This year, the platform underwent significant foundational improvements.

NCD MODULE

Transitioned from basic visit tracking to a comprehensive NCD care platform that empowers frontline CHWs to provide structured, technology-assisted patient care in remote villages.

IMPROVED TELECONSULT FEATURE

The WebRTC audio-and-video calling features were enhanced to improve efficiency, by auto downgrading/ upgrading to audio/video during bandwidth fluctuations, particularly in areas with lower bandwidth.

ADDED PoC DEVICE SUPPORT

We are integrating new product capabilities in our point-of-care device program through digital stethoscope and HbA1c workflows. These will reach deployment soon.

FHIR R4-COMPLIANT

Updated to a standardised, interoperable workflow format: FHIR R4-compliant data structures for clinical assessment.

NEW BASELINE QUESTIONNAIRES

Baseline surveys were enhanced to support selection logic mechanisms for NCD protocols within the screening process.

IMPROVED APPLICATION STABILITY

Crash-free user rates rose from 68% to 96%, and initial application sync time reduced by 90%.

NEW LINGUISTIC SUPPORT

Tamil and Telugu were added as supported languages, expanding the platform's reach into new Indian communities.

WEB-BASED HEALTH WORKER PORTAL

Developed alongside the existing mobile application, it extended access to browser-based workflows.

ABDM COMPLIANT

Positioned the platform for seamless integration with external health information systems and national digital health initiatives such as ABDM.

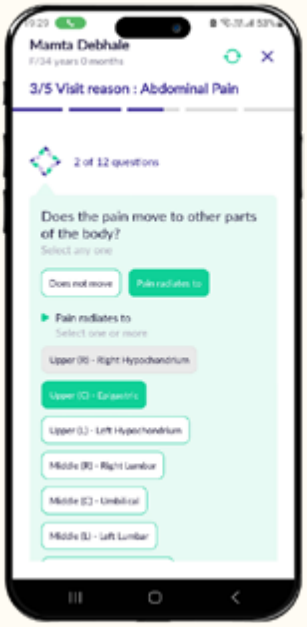
Ayu 2.0

Clinical Decision Support System

Ayu 2.0 is Intelehealth's clinical decision support system — an evidence-based tool designed to support frontline providers at the point of care, precisely when and where it matters most.

Built with over 250+ structured clinical protocols, Ayu guides health workers through systematic patient history capture and connects that information to real-time clinical decision-making by the consulting doctor.

This year, we introduced Ayu 2.0 with significant AI capabilities.



PRODUCTION-GRADE USAGE

Ayu 2.0 moved from study readiness towards production-grade usage, including Differential Diagnosis(DDx), Treatment Plan(TTx), Patient Story, and safety validation processes.

BETTER DATA QUALITY

Enabled structured, machine-readable clinical data collection, thus improving data quality and consistency across deployments.

EASIER CONVERSION PIPELINE

Reduced protocol maintenance overhead through an automated conversion pipeline.

Ayu 2.0 showed remarkable success at our Nashik Innovation Centre:

- Diagnostic accuracy improved by 12%.
- Consultation time reduced by 47%.
- Prescribing safety improved by 54% (indicating fewer dosage errors, drug interactions, and unnecessary duplications).
- Doctors used AI-generated suggestions in 86% of patient cases.
- Of the AI-generated diagnostic suggestions, 91% were rated ‘very appropriate’ by independent clinical evaluators.
- Correct diagnoses was included in the top five differential diagnoses 93% of the time.
- Early audio or speech processing work showed approximately 74% high-quality transcript output.

Ezazi

Digital Labour Decision Support System

eZazi is Intelehealth's digital labour monitoring platform, built in compliance with the WHO Labour Care Guide — the international standard for intrapartum care. Designed for skilled birth attendants and remote obstetricians working in under-resourced settings, it replaces paper-based partograms with real-time, structured, clinical workflows.

In 2024, eZazi's clinical usability was formally validated with UNICEF, MSF, Jhpiego, and FOGSI. In early 2026, we partnered with Jhpiego to deploy eZazi in five hospitals across Nepal. This feasibility and acceptability pilot is the beginning of a larger deployment of eZazi in South and Southeast Asia.

Here are the eZazi app's key features:

RISK SCORES, ALERTS, AND REMINDERS

Automated visual and sound alerts for abnormal readings—enabling immediate triage based on clinical risk profile rather than end-of-shift review.

TELECONSULTATION SUITE

Integrated video, audio, and chat, enabling remote OB-GYNs to review cases, provide real-time guidance, and participate in shared clinical decisions from any location.

OFFLINE-FIRST ARCHITECTURE:

Observations recorded without internet connectivity and synced to the cloud on restoration. Compatible with low-cost tablets and a wide range of mobile devices.

FHIR R4-COMPLIANT DATA CAPTURE

Structured, standardised clinical data enabling interoperability with national health systems.

REAL-TIME DASHBOARD

Central visibility across all active labour cases at a facility—with export capability for surveillance and health information systems

ABDM Compliance: A Healthcare Milestone for Our Operations in India

Our platform has successfully received the approval to go live approval under the Ayushman Bharat Digital Mission (ABDM), marking a significant milestone in enabling interoperable digital healthcare.

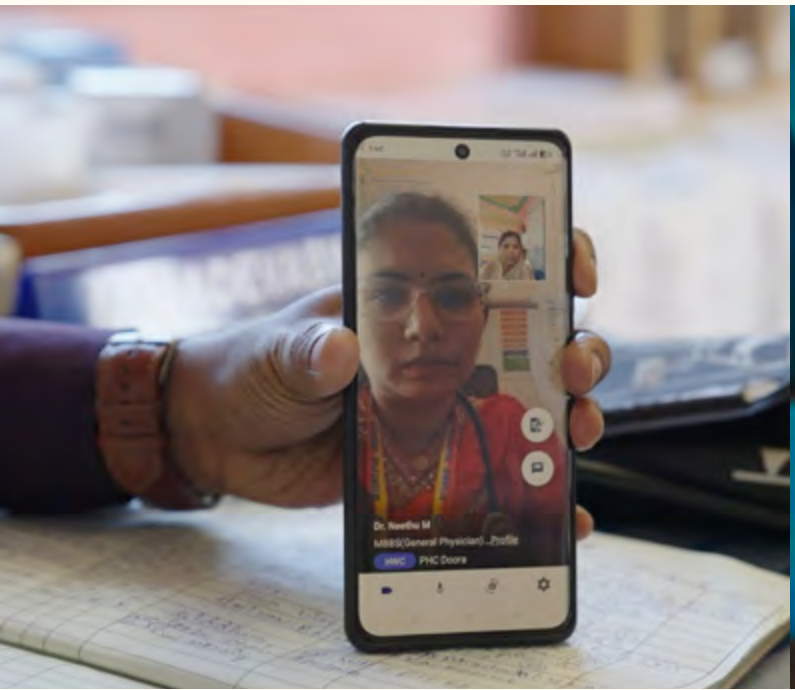
This achievement enables us to:

- Facilitate secure, consent-driven health data exchange
- Improve continuity of care through longitudinal patient records
- Align with India's national digital health ecosystem and standards

The platform is production-ready, with deployments completed and production credentials provisioned by the National Health Authority (NHA). We are now positioned to scale Health Information Exchange (HIE) transactions across our implementations, with formal listings under the NHA partner ecosystem as the final administrative step.

KEY MILESTONES ACHIEVED

- **Facility & Provider Onboarding:** Successfully completed onboarding on the National Healthcare Providers Registry (NHPR) with all facility and provider details verified and published as per ABDM requirements.
- **Health Information Provider (HIP) Integration:** Achieved integration as an HIP, enabling secure, consent-based sharing of patient health records in compliance with ABDM protocols.
- **ABDM Compliance Readiness:** Completed integration with ABDM APIs, ensuring adherence to national standards for interoperability, security, and consent management.
- **Go-Live Approval:** Received official approval from the National Health Authority (NHA) to go live in early 2026.
- **Production Deployment:** Published production builds and shared them with NHA for validation and compliance confirmation.



Financials

BALANCE SHEET AS ON 31ST MARCH 2026

ASSETS		LIABILITIES	
Current Assets	$613.820	Current Liabilities	$255,012
Bank Accounts	$1,744,625		
Accounts Receivable	$25,000		
Fixed Assets	$25,285	Total Equities	$2,153,717
Total Assets	$2,408,729	Total Liabilities & Equities	$2,408,729

INCOME & EXPENDITURE

REVENUE		EXPENSE	
Philanthropic Grants	$2,556,103	Program Implementation	$807,719
Earned Revenue	$96,005	Software Development	$710,743
Other Miscellaneous	$13,636	Fundraising	$344,733
		Management and General	$324,438
Total Income	$2,665,743	Total Expense	$2,187,634
Net Surplus	$478,110		

Donors and Partners

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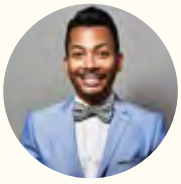

Dr. Adler Archer


Sara Pacque Margolis

KEY TEAM MEMBERS

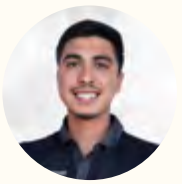

Dr. Neha Verma
CEO & Co-Founder


Dr. Shekhar Waikar
Chief Programs Officer


Neeraja Reddy Karna
Vice President - Technology


Subhashis Ray
Chief Financial Officer


Wayan Vota
Chief Strategy & Growth Officer


Fernando Urbina
Chief of Staff

Glossary

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

CHW Community Health Worker

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

FLW 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 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 Behavior Change

SC Sub-Centre

SC Scheduled Caste

SHG Self-Help Groups

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

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India (Telehealth Innovations Foundation)
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