

ICRIER, in partnership with the University of Queensland (UQ), Australia, and the ICRIER Centre for Internet and Digital Economy (IPCIDE) hosts workshop on the transformation of Health Systems through Digital Public Infrastructure

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ICRIER in partnership with the University of Queensland (UQ), Australia, and the ICRIER Prosus Centre for Internet and Digital Economy (IPCIDE) convened a workshop to gain deeper insights into the functioning of Ayushman Bharat Digital Mission (ABDM), India's flagship DPI-health initiative. The importance of this workshop cannot be overstated. The workshop, "Transformation of Health Systems through Digital Public Infrastructure" had two sessions focusing on, "Strengthening Technical Foundations for Inclusive and Efficient DPI-Health", and a "Discussion on Governance, Public-Private Partnership and Security in DPI-Health". This workshop has been convened as part of an Australia-India Cyber and Critical Technology Partnership (AICCTP) project titled, "A Paradigmatic Shift in Public Service Delivery: Inclusive, Efficient and Secure DPI", funded by the Department of Foreign Affairs and Trade (DFAT), Australia. This workshop was supported by the Gates Foundation.

The first session of the workshop identified technical design principles that can guide countries in implementing DPI-H systems that are both technically robust and socially inclusive. Participants spoke on milestones and challenges in promoting interoperability in digital health through ABDM, efficiency gains and technical barriers from the provider perspective, ensuring inclusion by design and shared learnings from international experiences of building interoperable digital health systems. Participants in the second session engaged in dialogue on the levers of ABDM impact through a decentralised governance model, levers of regulatory interventions in ABDM diffusion, market participation and public-private partnership in scaling ABDM and data governance and cybersecurity for privacy preserving and secure DPI-H.

Some questions posed to the Participants covered ways in which ABDM has been streamlining the patient journey and improving operational efficiencies through workflow transformations among healthcare providers and other ecosystem stakeholders. The effectiveness of ABDM's technical architecture in supporting the inclusion of rural, remote, and marginalized populations by design, the lessons from state implementation and microsite projects, the integration journey of healthtech providers and the pathways to leverage ABDM building blocks for innovation were also discussed. Finally, there was an open discussion on the potential for ABDM as a replicable DPI model for the Global South, and the contextual adaptations necessary for the same.

Giving his welcome address at the workshop, Dr. Shekhar Aiyar, Director & CE, ICRIER, said, "India is a pioneer in the DPI field. Examining the micro- and macro-economic impact of DPI across a range of uses should keep economists busy for a long time to come. Applying DPI to critical governance programs promises broader socio-economic progress and inclusion not just in India, but also in the rest of the Indo-Pacific. With this event, we hope to not only strengthen the DPI framework and its application to select use cases, but also facilitate its adoption more widely, both in India and other countries."

Dr. Ram Sewak Sharma, Distinguished Visiting Professor at IIT Kanpur and Former CEO of the National Health Authority, was the keynote speaker and presented the key Architecture Principles of India's DPI. He said, "we must consider the scale of adoption given the high diversity in India. Interoperability is key for transparency".

Professor Clair Sullivan, Director, Queensland Digital Health Centre, The University of Queensland, Australia, delivered her keynote address. She said, “technology alone cannot improve digital health. There is a Quintuple aim of healthcare. Building trust is key.”

A Special Address was delivered by Mr. Vikram Pagaria, Director, National Health Authority. He said, “ABDM promotes interoperability. There is now a focus on achieving adoption and awareness of ABDM – these are the challenges faced currently. Frictions in the healthcare system need to be solved. Stakeholders want immediate results – the value proposition of ABDM needs to be clear.”

Mr. Satyanarayana Jeedigunta, Chief Advisor at C4IR India, Distinguished Fellow and Chairperson, DPI Academy at Artha Global and Former Secretary, Department of Electronics & IT, Government of India, also delivered his keynote address. He said, “we are thinking of moving from an outputs-focused approach to health outcomes-focused approach. Health is a multidimensional issue. We must look at four dimensions – people, process, technology and business model. Build capacity and awareness.”

Mr. Vinayak Godse, CEO, Data Security Council of India was also a keynote speaker at the workshop. He shared that, “India is a great market for B2C innovation.” He also discussed quantum technology adoption and maintaining security in the health sector. He further argued that security and privacy must be treated as a public good.

University of Queensland (UQ), Australia is one of the leading universities globally, as a pioneer for its impact-focused research. The ICRIER Prosus Centre for Internet and Digital Economy (IPCIDE), set up jointly in 2022 by the Indian Council for Research on International Economic Relations (ICRIER), one of India’s premier economic think tanks, and Prosus Services B.V., the largest consumer Internet company in Europe, provides policy evidence to inform India’s digital transformation.

Digital Public Infrastructure for Health (DPI-H) is a novel and evolving paradigm for the digital transformation of health systems. It refers to a country’s digital health infrastructure- a set of reusable digital building blocks, including health IDs, shared trusted health registries and open health networks, that enable the creation of inclusive, scaled and user-driven applications in a health system. The DPI-H approach is gaining traction across countries such as India, Brazil and Kenya, primarily to substitute traditionally siloed and fragmented digital health solutions with integrated and interoperable systems. As of 7th January, 2026, 846.4 million health IDs (ABHA) have been created, 0.7 million health professionals registered on the Health Professional Registry (HPR) and 0.4 million health facilities have been onboarded on the Health Facility Registry (HFR).” In terms of usage of ABDM, 815 million health records have been linked to ABHA, 178 million scan and share tokens have been issued and 0.2 million facilities are using ABDM enabled software.