

Care Across Borders: Reimagining India's Telemedicine Platform for the Global South

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Abstract

This essay sets out a pathway for India to reshape South-South development cooperation by turning eSanjeevani, its national telemedicine platform, into a digital public good that other countries can adopt and adapt. India's long-standing pursuit of technological self-reliance, rooted in both developmental needs and strategic thinking since independence, now converges with the Ayushman Bharat Digital Mission. Together, they offer a model of digital health infrastructure that is low-cost, interoperable, and publicly governed- an alternative for countries that wish to reduce their dependence on expensive proprietary technologies or fragmented donor-led initiatives.

What strengthens this proposition is that India's capability is not aspirational; it is demonstrated. eSanjeevani has already facilitated more than 276 million consultations and reached primary health centres across the country- a scale that no other publicly run telemedicine system has matched (Adoption and Utilization). At the same time, research also points to weaknesses that matter for any attempt to take this system abroad: uneven digital capacity, inconsistent referral quality, and gaps in training that disrupt continuity of care (Reimagining India's National Telemedicine Service). Taking these findings seriously, the paper proposes a **Digital Health Cooperation Compact (DHCC)** built around three elements: provider-assisted telemedicine to offset workforce shortages; co-development arrangements that allow partner countries to shape the technology to their own regulatory and clinical contexts; and regional data-governance norms that safeguard against extractive practices while enabling secure and meaningful interoperability, drawing on principles from Digital Global Health Diplomacy (da Silva Jr. 3-4).

India's track record makes such a compact realistic rather than rhetorical. The hub-and-spoke model used across Health and Wellness Centres shows how non-specialist providers, supported by remote clinicians, can widen access to specialised care- an approach with clear relevance for many African and Asian health systems (Adoption and Utilization). Exporting a system that has been tested and refined at scale offers India a way to strengthen primary-care ecosystems, support local capacity, and reduce external dependency in partner countries. More importantly, it allows India to practise the solidarity it often articulates: positioning itself not as a power broker, but as a provider of practical solutions, a builder of institutional capacity, and a contributor to more equitable global health governance. If pursued seriously, such an approach could help India redefine leadership in the Global South- not through coercion or bloc politics, but by shaping the conditions that improve people's lives.