



Countries Chart Path Forward with Interoperable, Standards-Based Health Ecosystems on Day Two of Regional Open Digital Health Summit 2025

Strong regional consensus on the need for national digital health architectures built on open standards and FHIR

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The second day of the Regional Open Digital Health Summit (RODHS) 2025 in New Delhi witnessed deep technical exchanges and country-led demonstrations as health leaders from across the South-East Asia region showcased national progress in building interoperable, scalable digital health architectures grounded in open standards and open-source technologies.

Day two concentrated on turning vision into practical action, with sessions examining national digital health architectures, Fast Healthcare Interoperability Resources (FHIR)-based interoperability, open-source health solutions, disease surveillance systems, and electronic health records. Participants from **Bangladesh, Bhutan, India, the Maldives, Nepal, Sri Lanka, Thailand, and Timor-Leste** shared real-life experiences, challenges, and innovations in establishing digital public health infrastructure.

A key takeaway of the day's first session was the regional consensus to adopt FHIR as the primary standard for health data exchange. Delegates advised a gradual transition to FHIR, employing adapters and iterative testing to modernise older systems and minimise IT risks. Speakers also emphasised the importance of robust governance in digital health architecture to prevent vendor-driven fragmentation and to ensure scalability. Essential national services such as terminology, patient registries, consent management, health information exchanges, and standardised formats remain works in progress across most countries.

Throughout the day, country presentations highlighted various approaches to digital health transformation. **India** shared its success with the HMIS, Care Expert and Care 3.0 as configurable enterprise systems. **Sri Lanka** reported significant progress in adopting surveillance systems and electronic health records based on HL7 FHIR, SNOMED CT, ICD-11, and DICOM standards. **Bangladesh, Bhutan, Nepal, and the Maldives** demonstrated how open, modular digital infrastructure is being adapted to local needs, with increased use of digital IDs, cloud services, and shared registries. **Thailand** discussed its experiences in adapting disease surveillance and overcoming

challenges in integrating vertical health programs with digital systems. Meanwhile, Timor-Leste shared its strategy for developing a national digital health architecture aligned with open standards and regional best practices.

On the ‘Programmatic Perspective of Implementing Open-Source Digital Health Solutions’, speakers emphasised a paradigm shift from isolated pilot projects to unified, programmatic digital health ecosystems. Experts demonstrated how advanced frontline technologies, telemedicine platforms, digitally enabled cause-of-death workflows, drone networks for diagnostics and medicine delivery, and configurable surveillance platforms can integrate into a single intelligent public health system.

The session on ‘Advancing Digital Surveillance’ highlighted persistent challenges of data fragmentation, inconsistent case definitions, and limited interoperability across countries. Adoption of the WHO's SMART Guidelines, Digital Adaptation Kits (DAK), and HL7 FHIR standards were identified as foundational to building integrated, responsive, and future-proof surveillance ecosystems.

On ‘Electronic Health Records’, the panelists opined that EHR adoption succeeds when solutions are modular, scalable, and adaptable—whether developed as locally created platforms, open-source ecosystems, or configurable enterprise systems.

The last two sessions of the day dealt with Governance and Legislative Ecosystems at the Sub-National & National level. At the sub-national level, session discussed topics such as governance, legislative systems, and ethical frameworks for sustainable digital health transformation. Panelists suggested strategies like incentives, public-private partnerships, CSR funding, and community involvement. The session was optimistic that digital health has the potential to transform healthcare and significantly improve lives, much like how digital payments have advanced financial inclusion.

At the national level, the session underscored a clear message that technology alone cannot deliver universal health coverage. Trust, governance, and legislation must lead the way. Experts from India, Sri Lanka, and Thailand shared how robust data protection laws, citizen-centric frameworks, and legal recognition of digital health records are essential to building trust. The session championed a shift to platform-based Digital Public Infrastructure with open standards like HL7 FHIR, ensuring interoperability and innovation without vendor lock-in. The governments must regulate emerging technologies such as Health AI and Software as a Medical Device while strengthening cybersecurity and digital literacy. Sustainable digital health is not just about tech, it’s about accountable governance and resilient systems that put citizens first, the panel concluded.

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