



RIS

**Research and Information System
for Developing Countries**

विकासशील देशों की अनुसंधान एवं सूचना प्रणाली

DAKSHIN - Jhpiego WEBINAR SERIES

DIGITAL INNOVATIONS IN GLOBAL SOUTH HEALTH SECURITY

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REPORT

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Concept Note

Digital innovations are reshaping health security across the Global South at a moment when countries are confronting increasingly complex threats arising from rapid urbanisation, high population density, ecological disruption, and resource-constrained health systems. Recent public health emergencies such as COVID-19, Ebola, Zika, and Nipah have exposed longstanding gaps in surveillance, laboratory readiness, antimicrobial stewardship, and cross-sectoral coordination. These gaps are further compounded by socio-economic barriers, climate-related vulnerabilities, weak regulatory oversight, and high mobility across borders. To address these challenges, digital technologies offer low- and middle-income countries an opportunity to leapfrog traditional infrastructure limitations by supporting early detection, remote monitoring, community-level reporting, and timely public health response. Notably, countries in the Global South are leveraging digital tools to strengthen preparedness and resilience in their health systems.

Several BRICS+ nations are making significant strides in digital health innovation. Ethiopia's Digital Health Extension Platform equips rural health workers with mobile devices for real-time disease tracking and surveillance, enhancing early response and healthcare delivery in resource-limited settings. Indonesia's SATUSEHAT initiative has unified health data nationwide, enabling remote consultations and effective public health planning, particularly for populations in far flung regions. These best practices exemplify how digital transformation can address surveillance gaps and extend essential health services across diverse, low-resource communities, offering valuable models for scalable health security measures in the Global South.

This webinar organised by DAKSHIN – Global South Centre of Excellence at RIS in partnership with Jhpiego India will serve as a knowledge-sharing platform on how digital tools such as AI-powered surveillance systems, mobile health applications, digital diagnostics, telemedicine, and community engagement platforms can strengthen preparedness and response capacities in diverse Global South settings. Participants will hear examples of successful models from BRICS+ and other regions, learn how countries have integrated innovations with national health information systems, and reflect on policy and governance measures that ensure interoperability, data protection, and long-term sustainability. The discussion will bring attention to scientific advances that enhance real-time analytics, support

decision-making in low-resource settings, and encourage inclusive participation from communities that are often left out of digital transformation initiatives.

The webinar aims to answer key questions such as

- **How can AI and predictive analytics improve the timeliness and accuracy of outbreak detection in low-resource settings?**
- **Which digital diagnostic and telemedicine tools are most feasible and effective for primary health-care environments in the Global South?**
- **How can mobile health platforms and multilingual, culturally relevant digital content strengthen community-based reporting while ensuring frontline workers are not overburdened?**
- **How can countries integrate digital innovations into national health systems and scale them effectively while avoiding fragmentation and capacity challenges?**
- **What governance structures and regulatory measures are needed to balance digital innovation with responsible data use, privacy protection, and equitable access?**

The expected outcome of the webinar is a deeper understanding of regionally appropriate digital innovations that can advance health security across the Global South, along with clearer insights into the policy, regulatory, and operational strategies needed for sustainable implementation.

Agenda

Time (IST)	Details
4:00 PM – 4:30 PM	Inaugural Session Welcome Address • Professor Sachin Kumar Sharma, Director General, RIS Special Remarks • Ms Isabelle Tschan Harada, Deputy Resident Representative, United Nations Development Programme, New Delhi, India Inaugural Remarks • Mr Dadang Hidayat, Minister Counsellor, Embassy of The Republic of Indonesia, New Delhi
4:30 PM – 5:40 PM	Panel Discussion Moderator • Mr Atul Kaushik, GDC Fellow, RIS Panelists • Dr Sadek Aly Abdelaal, Member of the Egyptian Council of Foreign Affairs (ECFA), Egypt • Dr Tigistu Adamu Ashengo, Chief Medical Officer, Project Director: RISE, Jhpiego • Dr Pranay Verma, Joint Director, Integrated Disease Surveillance Programme (IDSP) Division, National Centre for Disease Control (NCDC), Ministry of Health & Family Welfare (MoHFW), Govt. of India • Mr Richard Lepardo, Monitoring and Evaluation Analyst, Jhpiego Philippines • Dr Parag Govil, National Lead, Global Health Security, Wadhwani Institute for Artificial Intelligence, India • Dr Mitra Aminlou, Head of the STI Commercialization and International Affairs Group, National Research Institute for Science Policy (NRISP), Iran • Dr Mona Duggal, Director, ICMR-National Institute for Research in Digital Health and Data Science (NIRDHDS), India • Dr Virgile Madua Kikaya, Country Director, Jhpiego Democratic Republic of the Congo, Jhpiego Technical Director for Global Health Security

5:40 PM – 5:55 PM	Q&A Session
5:55 PM – 6:00 PM	Concluding Reflections & Vote of Thanks • Dr Monika Kochar, Advisor-Health, DAKSHIN, RIS

Summary

The webinar Digital Innovations in Global South Health Security, organized by DAKSHIN - Global South Centre of Excellence at RIS on 12 December 2025, brought together policymakers, researchers, multilateral partners, and practitioners to examine how digital technologies can strengthen preparedness, surveillance, and response capacities in low- and middle-income countries. The discussions drew on country experiences, programmatic lessons, and emerging evidence from across the Global South.



“Digital innovation offers countries of the Global South an opportunity to strengthen health security by addressing longstanding gaps in surveillance, laboratory systems, and coordination that recent global health emergencies have exposed.”

Opening of the Webinar

The webinar opened with remarks by Dr Monika Kochar, Advisor-Health at DAKSHIN, who welcomed participants and set the context for the discussion. She emphasized that health security threats are becoming more frequent, complex, and interconnected, while many Global South countries continue to face constraints related to infrastructure, financing, workforce capacity, and fragmented data systems. Dr Kochar underscored that digital innovation is increasingly central to preparedness and response, but must be practical, scalable, and grounded in country realities. She highlighted that the objective of the webinar was to move beyond conceptual debates and focus on real-world experiences, lessons learned, and approaches that can be adapted across countries through South-South cooperation.

Welcome Address

In his welcome address, **Professor Sachin Kumar Sharma**, Director General, RIS situated the discussion within the broader global development context. He noted that

geopolitical uncertainty, climate change, constrained development financing, and slow progress toward the Sustainable Development Goals are placing additional stress on health systems. Prof. Sharma highlighted how recent outbreaks, including COVID-19, Ebola, and Nipah, exposed persistent weaknesses in surveillance, laboratory systems, human resources, and coordination mechanisms, particularly in low- and middle-income countries.

He pointed to digital innovation as a critical pathway for addressing these gaps, citing examples from the Global South such as Ethiopia's digital health extension platforms, Indonesia's national health ecosystem, and India's initiatives including POSHAN Abhiyaan and Aarogya Setu. At the same time, he cautioned that technology alone cannot deliver results without supportive policy frameworks, sound data governance, trained frontline workers, and community trust. He reaffirmed RIS and DAKSHIN's commitment to fostering collective learning and partnerships rooted in evidence and cooperation.



“Digital health solutions must be designed with the realities of health systems in the Global South in mind. Technology can strengthen surveillance and service delivery only when it is integrated into routine health system workflows.”

Special Remarks

Ms Isabelle Tschan Harada, Deputy Resident Representative of UNDP India, reflected on India's experience in building digital public health infrastructure over the past decade and its relevance for other Global South countries. She highlighted the Electronic Vaccine Intelligence Network (eVIN), supported by UNDP since 2014, which now tracks vaccine supply chains nationwide and supports the delivery of hundreds of millions of vaccine doses annually.

She described how platforms such as U-WIN are extending digital support to maternal and newborn vaccination, and how digital systems are expanding into animal health and One Health surveillance through initiatives such as AVEN and NCDC-led platforms. Ms. Harada emphasized that digital technologies allow countries to overcome traditional infrastructure constraints and deliver services at scale in cost-effective ways. She stressed the importance of partnerships

and South–South cooperation, citing the adaptation of Indian platforms like eVIN in countries such as Indonesia, Zambia, and Lao PDR, and reaffirmed UNDP’s commitment to scaling inclusive digital health solutions.



“Interoperable national health platforms can significantly improve coordination and data sharing across health facilities, enabling governments to respond more quickly and effectively during public health emergencies.”

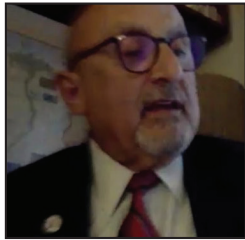
Inaugural Remarks

Mr Dadang Hidayat, Minister Counsellor from the Embassy of the Republic of Indonesia, New Delhi shared Indonesia’s experience in building a national digital health ecosystem in a geographically complex setting. He explained how Indonesia transitioned from fragmented health information systems to SATU SEHAT, a unified platform now connecting over 60,000 health facilities.

Mr Hidayat highlighted four key lessons from Indonesia’s journey: the importance of high-quality, real-time data for meaningful use of AI; the primacy of interoperability over technological complexity; the need to reduce reporting burdens on frontline workers; and the necessity of accompanying digital tools with structural and institutional reforms. He described Indonesia’s consolidation of more than 400 reporting applications into a single system and the introduction of citizen-controlled digital health records. He concluded by emphasizing Indonesia’s engagement in global digital health discussions and calling for a shift from a digital divide to digital solidarity.

Panel Discussion

The panel discussion brought together diverse perspectives on digital innovation and health security.



“Artificial intelligence can support the transition from reactive to preventive healthcare by enabling risk prediction and early identification of vulnerable populations.”



“Digital surveillance systems can significantly strengthen health security when they enable timely data collection, integration across health facilities, and rapid analysis that informs public health decision-making.”

DR SADEK ALY ABDELAAL

Member of the Egyptian Council of Foreign Affairs (ECFA), Egypt

Dr Abdelaal framed his intervention around the persistent inequities in child health outcomes, particularly in Africa, where under-five mortality rates remain disproportionately high despite global progress. He emphasized that Africa’s demographic profile characterized by a large and growing youth population, presents both a significant challenge for health systems and an opportunity to invest in preventive, future-oriented care.

He argued that artificial intelligence and digital analytics can enable a fundamental shift from reactive, treatment-focused models to preventive and pre-emptive health systems. By integrating multiple data layers, such as social determinants of health, environmental exposures, behavioral patterns, and geographic information, AI tools can help identify risks earlier and support targeted interventions. Dr. Abdelaal highlighted Egypt’s Vision 2030 as a national framework that embeds digital transformation and AI across sectors, including health, through initiatives such as smart hospitals, digital diagnostics, workforce upskilling, and international cooperation.

He cautioned, however, that technological innovation must be guided by shared values and global responsibility. Digital public goods, in his view, should not deepen inequalities or geopolitical divides, but rather serve as instruments of equity, solidarity, and peace. He concluded by calling for collective stewardship of digital innovation to ensure inclusive and ethical outcomes.

DR TIGISTU ADAMU ASHENGO

Chief Medical Officer, Project Director: RISE, Jhpiego

Dr Ashengo focused on the implications of digital and AI-enabled care for patient safety and quality, particularly in remote consultations and decision-support systems. He introduced the structure-process-outcome framework to explain how digitalization shifts safety risks upstream, from

clinical encounters to system design, algorithms, and data quality.

He explained that poorly designed digital systems can inadvertently scale errors, while well-designed ones can significantly enhance safety and efficiency. To mitigate risks, he outlined a set of critical safeguards: clearly defined clinical scope for digital tools, embedded escalation pathways for complex cases, structured communication and follow-up protocols, and strong human-in-the-loop decision-making. He emphasized that AI should support, not replace, clinical judgment.

Dr Ashengo also stressed the importance of continuous post-deployment monitoring. Digital tools, he noted, operate in dynamic real-world environments, and their performance must be regularly evaluated to detect unintended consequences, bias, or drift. He concluded by emphasizing that safety is not a one-time design feature, but an ongoing process that must be embedded throughout the lifecycle of digital health interventions.



“Technology alone does not generate participation—trust, community engagement, and the role of frontline workers are equally critical.”

DR PRANAY VERMA

Joint Director, Integrated Disease Surveillance Programme (IDSP) Division, National Centre for Disease Control (NCDC), Ministry of Health & Family Welfare (MoHFW), Govt. of India

Dr Verma’s intervention was centred on the role of communities in strengthening disease surveillance and health security. He explained that formal surveillance systems alone are often insufficient for early detection, particularly in diverse and densely populated settings. To address this gap, NCDC has integrated community reporting tools within India’s national health information platform.

He described how these tools enable public inputs to complement facility-based reporting, enhancing sensitivity and timeliness. However, Dr. Verma emphasized that technology by itself does not generate participation but trust does. He highlighted the critical role of frontline workers as trusted intermediaries who bridge the gap between communities and formal systems.

Dr Verma also discussed the importance of sustained public awareness campaigns and capacity-building initiatives to ensure that communities understand how and why data are collected. He noted that engagement during crises, such as outbreaks, can strengthen long-term trust and responsiveness, provided it is accompanied by transparent communication and feedback. His remarks underscored that community engagement is not an add-on, but a core pillar of effective health security.



“Digital technologies have the potential to transform health security, but their success depends on how effectively countries integrate data systems, strengthen institutional capacity, and ensure that digital tools support real-time decision-making.”

MR RICHARD LEPARDO

Monitoring and Evaluation Analyst, Jhpiego Philippines

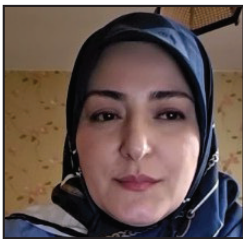
Mr Lepardo shared practical insights from Jhpiego Philippines’ work on cervical cancer prevention, illustrating how digital tools can improve service delivery pathways and data quality. He described the ISERVE platform, which supports HPV DNA testing, treatment, referral, and follow-up across multiple sites.

A key challenge he highlighted was the perceived additional workload associated with digital reporting. To address this, Jhpiego introduced innovative approaches such as gamification and micro-incentives. These included recognition mechanisms, performance dashboards, IT equipment, and data credits for facilities and health workers demonstrating timely and accurate reporting.

Mr Lepardo emphasized that these incentives were not intended as financial rewards, but as motivators that acknowledge effort, build ownership, and reduce resistance to new systems. He reported improvements in reporting completeness, timeliness, and data quality, demonstrating that thoughtfully designed incentive structures can play a meaningful role in sustaining digital health interventions.



“Digital platforms can significantly strengthen health security when they enable interoperability across health systems, allowing timely data exchange between laboratories, health facilities, and public health authorities.”



“Digital innovation must be accompanied by strong governance frameworks and ethical safeguards to ensure that technological advances benefit all populations.”

DR PARAG GOVIL

National Lead, Global Health Security, Wadhwani Institute for Artificial Intelligence, India

Dr Govil focused on the design and deployment of AI systems for surveillance and early warning, emphasizing the importance of human-in-the-loop approaches. He cautioned that while AI can significantly improve sensitivity, by processing large volumes of data and detecting weak signals, it can also overwhelm frontline workers if not carefully integrated into existing workflows.

He outlined key design principles, including embedding AI outputs into national platforms rather than creating parallel systems, using tiered triaging to prioritize alerts, and ensuring explainability so that users understand why a signal has been generated. Feedback loops, he noted, are essential both for improving algorithm performance and for building user trust.

Dr Govil shared examples of AI-supported media surveillance systems integrated with public health platforms, demonstrating how such tools can enhance early detection without increasing workload. His intervention highlighted that the success of AI in health security depends as much on system design and governance as on technical performance.

DR MITRA AMINLOU

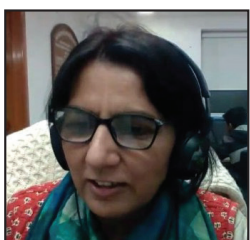
Head of the STI Commercialization and International Affairs Group, National Research Institute for Science Policy (NRISP), Iran

Dr Aminlou discussed the role of predictive analytics and early warning systems in anticipating health threats. Drawing on her experience in vaccines and digital health, she emphasized that continuous data flows are critical for proactive response, even when data are incomplete or imperfect.

She outlined several structural challenges faced by many Global South countries, including limited digital infrastructure, shortages of skilled human resources, fragmented regulatory frameworks, and concerns around

inclusion and intellectual property. These constraints, she argued, can limit the effective use of AI and advanced analytics if not addressed holistically.

Dr. Aminlou stressed the importance of regional cooperation and shared learning to overcome these barriers. Ethical governance, contextual adaptation, and capacity building were central to her recommendations, as was the need to ensure that digital innovation benefits vulnerable and underserved populations.



“For digital health systems to deliver meaningful impact, they must be supported by clear governance frameworks, ethical safeguards, and policies that ensure equitable access and responsible use of data.”

DR MONA DUGGAL

Director, ICMR-National Institute for Research in Digital Health and Data Science (NIRDHDS), India

Dr Mona provided an overview of India’s evolving regulatory and policy landscape for digital health and artificial intelligence. She highlighted key instruments such as the Digital Personal Data Protection Act and the Health Data Management Policy, which together aim to enable innovation while safeguarding privacy and individual rights.

She explained India’s emphasis on federated, consent-driven data architectures, which allow data to remain with the source while enabling controlled sharing for public health purposes. Dr Mona discussed the balance between self-regulation by developers and stronger government oversight, particularly for high-risk AI applications.

She emphasized the importance of robust evaluation frameworks and post-deployment surveillance to assess real-world performance and unintended effects. Her remarks underscored that regulation should be adaptive and evidence-driven, evolving alongside technological innovation.



“Infectious diseases do not respect national borders, making trusted cross-border data sharing and regional cooperation essential for effective health security.”



“Digital health systems are most effective when they enable real-time data use, informed decision-making and stronger coordination across institutions responsible for public health security.”

DR VIRGILE MADUA KIKAYA

*Country Director, Jhpiego Democratic Republic of the Congo,
Jhpiego Technical Director for Global Health Security*

Dr. Kikaya focused on cross-border data sharing and regional preparedness, stressing that infectious diseases do not respect national boundaries. He emphasized that data-sharing arrangements must respect national sovereignty while enabling timely and meaningful collaboration.

He outlined practical mechanisms for achieving this balance, including federated data architectures, purpose-limited sharing agreements, standardized legal frameworks, and capacity sharing across countries. Dr Kikaya also highlighted the role of regional institutions and international partners in convening trusted platforms and providing technical support.

He concluded by advocating a shift from compliance-driven reporting toward action-oriented preparedness, where shared data directly inform joint analysis, coordinated response, and mutual support during health emergencies.

MR. ATUL KAUSHIK

GDC Fellow, RIS

Mr Kaushik, as a moderator, guided the discussion by continuously linking the diverse panel interventions to the overarching theme of strengthening health security in the Global South through digital innovation. In synthesizing the panellists’ inputs, he emphasized that while digital tools and artificial intelligence offer unprecedented opportunities, their effectiveness depends on how well they are embedded within health systems, governance structures, and human workflows.

He highlighted three cross-cutting insights that emerged from the panel. First, digital innovation must be viewed as core health system infrastructure, rather than as a series of disconnected pilot projects. Second, human judgment and accountability remain central, particularly in AI-enabled surveillance and clinical decision support. Third,

trust at the level of communities, frontline workers, and government acts as the enabling condition for successful digital transformation.

Drawing on the panellists' examples, he reflected that Global South countries are not merely adapting imported technologies, but are actively designing solutions suited to their contexts. These experiences, he noted, offer valuable lessons for global health governance and challenge traditional narratives that frame innovation as flowing only from high-income settings.

Q&A Session

The Q&A session allowed participants to engage directly with panellists on practical and policy-oriented concerns. Questions reflected strong interest in moving from conceptual discussions to implementation realities.

One set of questions focused on data quality and the use of imperfect data for AI-driven early warning systems. Panellists acknowledged that data gaps and inconsistencies are common in many settings, but emphasized that waiting for “perfect” data often delays action. Instead, they advocated for iterative approaches that improve data quality over time, coupled with transparency about limitations and safeguards against misuse or bias.

Another set of questions addressed frontline worker burden and acceptance of digital tools. Participants asked how countries can ensure that digital reporting and AI-enabled systems do not overwhelm already stretched health workers. Panellists responded by reiterating the importance of system design and integrating digital tools into existing workflows, reducing duplicate reporting, and providing clear value to users through feedback and decision support. Incentive mechanisms, recognition, and capacity building were also discussed as ways to improve adoption.

Several questions related to governance, ethics, and regulation of AI was asked by audience. They sought clarity on how countries can balance innovation with privacy

protection and accountability. Panellists highlighted risk-based regulatory approaches, federated data architectures, and consent-driven models as promising pathways. They stressed that regulation should be adaptive and evidence-informed, with strong post-deployment monitoring rather than reliance on static approvals.

Cross-border collaboration featured prominently in the Q&A. Participants asked how data sharing can be operationalized across countries while respecting sovereignty. Panellists emphasized the importance of clear purpose-limited agreements, regional platforms, and trust-building measures, including reciprocal benefits and capacity sharing. Regional institutions and multilateral partners were seen as essential conveners to support these arrangements.

Throughout the Q&A, the moderator encouraged panellists to connect their responses back to real-world examples, reinforcing the webinar's emphasis on practical learning and applicability across the Global South.



“Strengthening health security in the Global South requires not only digital technologies but also strong governance frameworks, community trust, and sustained capacity building to ensure that innovations translate into resilient and inclusive health systems.”

Concluding Reflections & Vote of Thanks

In the closing remarks, **Dr Monika Kochar** thanked the panellists, speakers, partners, and participants for their active engagement and thoughtful contributions. She reflected on the richness of the discussions, noting that despite the diversity of country contexts and institutional perspectives, several common themes clearly emerged.

She emphasized that digital innovation is now inseparable from health security, but that technology alone cannot deliver resilient systems. Ethical governance, human-centred design, community trust, and sustained capacity building are equally critical. Dr. Kochar highlighted the strong message that emerged from the panel: the Global South is not only confronting shared challenges, but also generating practical, scalable solutions that can inform global practice.

She reaffirmed DAKSHIN's role as a platform for South-South learning and collaboration, noting that the insights from the webinar would be carried forward through documentation, policy research, and capacity-building initiatives. She encouraged participants to continue engaging with DAKSHIN and with one another to translate dialogue into action.

Concluding the session, Dr. Kochar reiterated that strengthening health security in the Global South requires collective effort, mutual trust, and shared responsibility. She thanked all participants once again and formally closed the webinar.

Outcomes of the Webinar

Digital Innovations in Global South Health Security

The webinar resulted in the following key outcomes, reflecting shared understanding, consensus, and forward-looking priorities among participants and speakers:

1. Recognition of Digital Systems as Core Health Security

Infrastructure

Participants collectively recognized that digital technologies such as interoperable surveillance platforms, telehealth systems, electronic registries, and AI-enabled analytics, are no longer supplementary tools but foundational infrastructure for health security. There was strong agreement that preparedness, early warning, and response capacities in the Global South depend on embedding digital solutions within national health systems rather than treating them as stand-alone or pilot initiatives.

2. Consensus on Responsible and Human-Centred Use of Artificial Intelligence

The discussions established clear principles for the deployment of AI in health security. These include human-in-the-loop decision-making, explainability of algorithms, clearly defined scope of use, and continuous post-deployment monitoring. Participants agreed that AI should augment public health and clinical judgment, not replace it, and that safety, accountability, and trust must guide all AI applications.

3. Strengthened Understanding of Data as a Strategic Public Health Asset

The webinar reinforced the importance of continuous, routine, and interoperable data systems for effective early warning and risk assessment. Participants acknowledged that while data in many Global South settings may be imperfect, timely and responsibly used data is preferable to delayed or absent information.

The need to address data bias, exclusion of marginalized populations, and ethical use of data emerged as a shared priority.

4. Emphasis on Governance, Ethics, and Trust as Enablers of Digital Health Security

A key outcome was the recognition that digital innovation cannot succeed without robust governance frameworks. Participants emphasized consent-driven and federated data architectures, risk-based regulation of AI, privacy protection, and transparent accountability mechanisms. Trust among communities, frontline workers, institutions, and across countries, was identified as a central determinant of system effectiveness and sustainability.

5. Reinforcement of Frontline Worker- and Community-Centred Design

The webinar highlighted the importance of designing digital systems that reduce, rather than increase, the burden on frontline health workers. Integration into existing workflows, reduction of duplicate reporting, clear value to users, and appropriate incentive mechanisms were recognized as critical for adoption and sustained use. Community engagement and trust-building were affirmed as essential for effective surveillance and reporting

6. Validation of the Global South as a Source of Scalable Innovation

Country experiences presented during the webinar demonstrated that the Global South is generating practical, cost-effective, and scalable digital health solutions. Participants agreed that these innovations can inform global norms and be adapted across diverse contexts, challenging the traditional perception of the Global South as only a recipient of technology.

7. Renewed Momentum for Regional and Cross-Border Collaboration

The discussions strengthened consensus on the need for cross-border and regional cooperation to address transnational health threats. Participants highlighted federated data-sharing models, purpose-limited agreements, standardized frameworks, and capacity sharing as practical pathways to enable collaboration while respecting national sovereignty. Regional and multilateral institutions were recognized as key conveners in this process.

8. Commitment to Continued Engagement through the DAKSHIN Platform

The webinar concluded with a shared commitment to carry forward the insights generated through continued South-South cooperation under the DAKSHIN platform. This includes documentation of best practices, policy-relevant research, capacity-building initiatives, and ongoing dialogue to support the development of resilient, digitally enabled health security systems across the Global South.



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RIS specialises in issues related to international economic development, trade, investment and technology. It is envisioned as a forum for fostering effective policy dialogue and capacity-building among developing countries on global and regional economic issues. The focus of the work programme of RIS is to promote South-South Cooperation and collaborate with developing countries in multilateral negotiations in various forums. Through its following centres/forums, RIS promotes policy dialogue and coherence on regional and international economic issues.



The word “DAKSHIN” (दक्षिण) is of Sanskrit origin, meaning “South.” The Hon’ble Prime Minister of India, Shri Narendra Modi, inaugurated DAKSHIN – Global South Centre of Excellence in November 2023. The initiative was inspired by the deliberations of Global South leaders during the Voice of the Global South Summits. DAKSHIN stands for Development and Knowledge Sharing Initiative. Hosted at the RIS, DAKSHIN has established linkages with leading think tanks and universities across the Global South and is building a dynamic network of scholars working on Global South issues.



AIC at RIS has been working to strengthen India’s strategic partnership with ASEAN in its realisation of the ASEAN Community. AIC at RIS undertakes research, policy advocacy and regular networking activities with relevant organisations and think-tanks in India and ASEAN countries, with the aim of providing policy inputs, up-to-date information, data resources and sustained interaction, for strengthening ASEAN-India partnership.



CMEC has been established at RIS under the aegis of the Ministry of Ports, Shipping and Waterways (MoPS&W), Government of India. CMEC is a collaboration between RIS and Indian Ports Association (IPA). It has been mandated to act as an advisory/technological arm of MoPSW to provide the analytical support on policies and their implementation.



FITM is a joint initiative by the Ministry of Ayush and RIS. It has been established with the objective of undertaking policy research on economy, intellectual property rights (IPRs) trade, sustainability and international cooperation in traditional medicines. FITM provides analytical support to the Ministry of Ayush on policy and strategy responses on emerging national and global developments.



BEF aims to serve as a dedicated platform for fostering dialogue on promoting the concept in the Indian Ocean and other regions. The forum focuses on conducting studies on the potential, prospects and challenges of blue economy; providing regular inputs to practitioners in the government and the private sectors; and promoting advocacy for its smooth adoption in national economic policies.



FIDC, has been engaged in exploring nuances of India’s development cooperation programme, keeping in view the wider perspective of South-South Cooperation in the backdrop of international development cooperation scenario. It is a tripartite initiative of the Development Partnership Administration (DPA) of the Ministry of External Affairs, Government of India, academia and civil society organisations.



FISD aims to harness the full potential and synergy between science and technology, diplomacy, foreign policy and development cooperation in order to meet India’s development and security needs. It is also engaged in strengthening India’s engagement with the international system and on key global issues involving science and technology.



As part of its work programme, RIS has been deeply involved in strengthening economic integration in the South Asia region. In this context, the role of the South Asia Centre for Policy Studies (SACEPS) is very important. SACEPS is a network organisation engaged in addressing regional issues of common concerns in South Asia.



Knowledge generated endogenously among the Southern partners can help in consolidation of stronger common issues at different global policy fora. The purpose of NeST is to provide a global platform for Southern Think-Tanks for collaboratively generating, systematising, consolidating and sharing knowledge on South South Cooperation approaches for international development.

— Policy research to shape the international development agenda —

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