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“For MedTech to work at the last mile, innovation must move beyond hardware”

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The Indian digital healthcare market, projected to grow from \$16.23 billion in 2025 to \$100.59 billion by 2035, is experiencing a transformative phase driven by advancements in technology and an increasing demand for accessible healthcare solutions. At present, the market appears moderately fragmented, with a mix of established players and emerging startups, each contributing to a competitive structure that fosters innovation and responsiveness to market demands. Amidst this scenario, Kolkata-based iKure Techsoft is extending across South Asia, Southeast Asia, the Middle East, and Africa, contributing to a broader South-South dialogue on scalable, prevention-first, community-rooted health systems for the next decade. During a recent chat with BioSpectrum, Sujay Santra, Founder & CEO, iKure Techsoft spoke about the company's growth plan and the key advancements in digital health technologies in the country.



**Digital health has moved from being an innovation initiative to becoming a critical component of healthcare delivery. How do you see the role of digital healthcare evolving in strengthening health systems, particularly in underserved communities?**

Digital health is moving from a support layer to a core infrastructure for healthcare delivery. The next phase will not be limited to digitising records or consultations; it will be about using data, connected workflows and decision-support tools to improve access, continuity of care and health outcomes at scale.

This is especially important for underserved communities, where healthcare systems often face limited infrastructure, shortages of skilled professionals, fragmented patient records and delayed interventions. Digital health can bridge these gaps by connecting frontline health workers, doctors, diagnostic devices and patients through an integrated care pathway. It enables real-time data capture, remote consultation, risk identification, referral management and structured follow-up.

At iKure, our belief has always been that technology creates the highest impact when it strengthens the healthcare ecosystem rather than functioning as a standalone tool. By combining WHIMS, our digital health platform, with a community-based care model, we are able to make primary healthcare more preventive, personalised and accessible. Going ahead, digital health will be central to strengthening primary care, enabling population health management and improving equity in communities that have historically remained outside the formal healthcare system.

**iKure has consistently focused on combining community-based healthcare with technology. How does this integrated approach help address the most persistent challenges in access, affordability, and continuity of care?**

Access, affordability and continuity are closely linked. If care is far away, people delay seeking help. If it is expensive, they avoid follow-up. If records and care pathways are fragmented, patients are lost after the first consultation. iKure's model addresses these challenges by combining local community health workers, point-of-care diagnostics, telemedicine-enabled doctors and WHIMS into one care delivery system.

Our iKure Community Health Activists, or iCHAs, serve as trusted links between communities and the formal healthcare system. They support awareness, screening, data capture, basic triage, referral and follow-up. WHIMS enables patient records, clinical workflows, diagnostic information and programme data to remain connected across the care journey.

This reduces unnecessary travel and out-of-pocket costs, brings care closer to communities and keeps patients engaged beyond a single episode of care. The model also shifts healthcare from reactive treatment to early detection, timely intervention and structured monitoring. In our experience, sustainable healthcare impact comes when technology strengthens human connection, trust and last-mile execution.

**iKure's frontline workforce — the iCHAs — are trained local women equipped with digital tools and point-of-care diagnostics. What has building and scaling this community health workforce taught you about what underserved populations actually need from a healthcare system, beyond what technology alone can deliver?**

Building and scaling the iCHA workforce has reinforced one important lesson: underserved populations need more than the availability of services. They need trust, awareness, cultural relevance, affordability and someone who can help them navigate the healthcare system.

Because iCHAs come from the communities they serve, they are able to build relationships that technology alone cannot create. They help families understand health risks, encourage screening, support adherence, follow up with patients and connect them to doctors and referral services when needed.

This has shown us that the last mile is not only a delivery challenge; it is a trust challenge. Technology becomes powerful when it equips frontline workers with better information, better tools and stronger linkages to care. The human connection created by iCHAs is what turns digital health into real health impact.

**How do you see the interplay between device-level innovation and platform infrastructure evolving, and what does it take to make MedTech genuinely work at the last mile rather than stopping at the clinic door?**

The true value of MedTech lies not only in the device, but in what happens after a measurement is taken. A portable diagnostic device can bring screening closer to the patient, but its impact depends on whether the data is captured correctly, interpreted in context and translated into follow-up care.

At iKure, we view devices, WHIMS and community health workers as three connected pillars. Devices enable screening and diagnostics at the point of care. WHIMS converts this information into longitudinal health records, risk insights, dashboards and care workflows. iCHAs and clinical teams ensure that patients receive counselling, referral, treatment guidance and follow-up.

For MedTech to work at the last mile, innovation must move beyond hardware. It requires integration with care pathways, training for frontline users, quality assurance, reliable data systems, referral linkages and accountability for outcomes. The future of MedTech will be shaped by connected ecosystems that convert device-level innovation into measurable health impact.

**What have been some of the most important lessons in scaling technology-enabled healthcare solutions across diverse geographies and populations?**

One of our strongest learnings is that healthcare solutions cannot be scaled through technology alone. Scale requires trust, local relevance, operational discipline and the ability to adapt to different geographies and population needs.

Across the 11 states where iKure works, we have seen that each geography has a different health-seeking behaviour, language context, infrastructure gap and community reality. A solution that works in one setting may need to be adapted in another. This is why our approach combines a standardised digital platform with locally embedded teams and implementation models.

Another important lesson is simplicity. Tools must be easy for frontline workers to use and meaningful for doctors, programme teams and communities. Data must not remain as reports; it must support decisions, follow-up and accountability. Sustainable scale happens when technology strengthens community trust, improves frontline productivity and creates measurable value for patients, partners and health systems.

**With India emerging as a leader in digital public infrastructure, what trends will shape the future of Digital Healthcare and MedTech, and how is iKure positioning itself to contribute to this transformation both in India and globally?**

India's digital public infrastructure is creating a strong foundation for the next phase of healthcare innovation. The major trends will include interoperability, AI-enabled decision support, predictive and preventive care, remote care delivery, connected diagnostics, multilingual digital tools and real-time population health intelligence.

For Digital Healthcare and MedTech, the opportunity is to move from isolated products to integrated care ecosystems. Devices, platforms, care teams and public health systems will increasingly need to work together so that data leads to action and action leads to improved outcomes.

iKure is positioned at this intersection of primary healthcare, technology and community engagement. Through WHIMS, point-of-care diagnostics, telemedicine and our iCHA network, we are building scalable models for underserved populations. The lessons from India are highly relevant for other emerging markets facing similar challenges in access, affordability and workforce availability. Our focus is to contribute to this shift through practical innovation, strong partnerships and demonstrable health outcomes.

**As AI enters clinical and operational workflows, how is iKure thinking about responsible adoption — what it should augment versus what must remain a human judgement — especially when patients may be first-time users of formal healthcare?**

AI has significant potential to improve both clinical and operational efficiency, but it must be adopted responsibly. At iKure, we see AI as an augmentation layer, not a replacement for clinical judgement or human relationships.

AI can support risk stratification, decision support, predictive analytics, patient prioritisation, workflow optimisation, programme monitoring and identification of care gaps. These are areas where AI can help health workers, doctors and programme managers make faster and better-informed decisions.

However, healthcare is built on trust, empathy and context, especially when patients are first-time users of formal healthcare. Diagnosis, counselling, treatment planning and sensitive clinical decisions must remain human-led and guided by trained professionals. Our approach is to ensure that AI improves efficiency, consistency and insight, while keeping ethics, accountability, clinical judgement and patient relationships at the centre.

**Any major expectations from the government to further strengthen the AI-driven digital healthcare sector?**

India has made important progress in building a digitally enabled healthcare ecosystem through initiatives such as the Ayushman Bharat Digital Mission and recent national efforts such as SAHI and BODH for responsible health AI adoption and evaluation.

Going forward, four areas will be important. First, accelerating interoperability and adoption of digital health standards so that data can move securely and meaningfully across the healthcare ecosystem. Second, supporting high-quality, privacy-preserving health data environments for the development, validation and benchmarking of AI solutions. Third, strengthening regulatory and governance frameworks so that AI remains safe, ethical, transparent and accountable. Fourth, investing in capacity building for doctors, nurses, community health workers and programme teams so that AI can be used effectively in real-world care settings.

India has the opportunity to become a global leader in responsible AI-driven healthcare. The key will be to ensure that innovation is not limited to large hospitals or urban markets, but also reaches primary care systems, frontline workers and underserved communities where the need is greatest.

**Dr Manbeena Chawla**

**([manbeena.chawla@mmactiv.com](mailto:manbeena.chawla@mmactiv.com))**