

## India leads Global Vision for Patient Safety at Apollo Hospitals International Health Dialogue 2026

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### Apollo Hospitals signed a Memorandum of Understanding with Roche Diagnostics India



International Health Dialogue (IHD) 2026 opened on January 30th in Hyderabad, bringing together clinicians, patient safety leaders, accreditation experts, and health system policymakers from India and abroad. With the theme Global Voices- One Vision, Day 1 centred patient safety where it truly belongs, as a leadership and governance priority, shaped by equity and enabled by responsible digital transformation.

The discussions reflected a clear direction across geographies: India's lived experience of delivering care at scale, while steadily strengthening standards and accountability, is increasingly informing how the world thinks about patient safety and trust.

Opening the conference, Dr Sangita Reddy, Joint Managing Director, Apollo Hospitals Group, recalled the founding purpose of IHD as a platform built for sharing learning that should not remain confined to individual systems. *“So much innovation is happening within our hospitals, within our systems. We are learning every day. But why is this knowledge staying within our own ecosystem? Why are we not sharing it more openly?”* she said, adding that the intent has always been to *“take what we have learned and make it useful for others”*, she said. Reflecting the expanding global relevance of the platform, she noted that IHD 2026 received over 5,000 registrations, 300+ paper submissions, and 120+ award entries from 75+ institutions worldwide.

Setting the tone for outcomes that work in real life, Dr Jayesh Ranjan, Special Chief Secretary for the Industries & Commerce (I&C) and Information Technology (IT) Departments, Government of Telangana, highlighted why equity must sit at the centre of patient safety design, *“When we talk about sharing learning and improving systems, we have to start with the truth that patients are not homogeneous. Different patients live in different worlds, and safety means different things in each,”* he said. *“An equity lens forces a design lens. If we want patient safety to hold up in the real world, we must design for those who are most vulnerable, and we must plan for continuity, access, and how people actually behave,”* he added. On digital inclusion, he observed, *“The digital divide is not only infrastructure. Often, the mindset divide is bigger.”*

Across the day, speakers converged on one practical point: patient safety outcomes increasingly depend on how well the ecosystem works as a coordinated whole, across regulators, accreditors, providers, and technology partners. In the opening plenary, Dr Madhu Sasidhar, President and Chief Executive Officer, Hospitals Division, Apollo Hospitals Enterprise Limited, emphasised shared ownership and organisational accountability, *“Patient safety cannot be solved by one stakeholder alone. It requires regulators, governments, accreditors, providers, and technology firms to work as one. Patient safety is not a departmental responsibility. It is in fact an organisational leadership responsibility.”*

A strong thread through multiple sessions was the need to move from reactive care to earlier, more preventive intervention. Speaking to the pressure health systems face globally, Dr Sangita Reddy noted, *“Healthcare demand is rising. We cannot solve exponential problems with linear solutions.”* The discussions linked this to sharper prevention strategies, clearer outcome measurement, and digital tools that are deployed with discipline and accountability.

From a global quality and safety lens, Dr Carsten Engel, CEO, International Society for Quality in Health Care (ISQua), reflected on the gap between sustained attention and on-ground improvement, *“Patient safety has been on the agenda for decades, but we still have to say we are not there yet,”* he said. He cautioned against adding activity without impact, noting, *“We risk creating safety clutter, procedures and activities done in the name of safety that do not improve safety.”* He urged leaders to adopt a systems view of behaviour and context: *“Don’t ask why people didn’t do what they should have done. Ask why it made sense for them to do what they did.”*

On standards and execution, Dr Atul Mohan Kochhar, CEO, National Accreditation Board for Hospitals & Healthcare Providers (NABH), underlined urgency with an implementation-first approach, *“Patient safety is not only a technical issue. It is a moral, social, and economic imperative. Policies alone do not improve safety. Implementation efficiency does,”* he said. Reinforcing ambition in measurable terms, he added, *“We must be ambitious when it comes to patient safety. Zero harm is the only number that can be accepted for patient safety risk.”*

Building on this emphasis on implementation, accountability, and measurable safety outcomes, Apollo Hospitals also signed a Memorandum of Understanding with Roche Diagnostics India as part of Day 1 proceedings to explore the integration of advanced artificial intelligence into clinical decision-making. The collaboration will focus on translating AI-enabled insights into practical, clinician-friendly support across care pathways, strengthening consistency in clinical judgement, earlier risk identification, and safer, more standardised care delivery at scale.

Apollo’s emphasis on culture-led transformation was articulated by Dr Rohini Sridhar, Chief of Medical Services, Apollo Hospitals, stressed that systems improve only when clinical teams move together with the organisation, *“Unless clinicians walk with you, zero harm cannot be achieved. If one unit experiences harm, every unit must learn immediately. Technology accelerates learning, but culture determines action.”*

Later in the day, IHD 2026 hosted a dedicated spotlight session for the newly launched digital health startup community, with a curated set of startups pitching to investors. The session focused on solutions grounded in real clinical and operational gaps, including safer workflows, decision support, early risk identification, improved documentation, and scalable patient engagement. The segment reinforced IHD’s emphasis on translating innovation into validated, implementable tools that strengthen safety, outcomes, and trust.

IHD 2026 continues on January 31 in Hyderabad with further sessions and showcases focused on patient safety, digital transformation, healthcare operations, and clinical learning.