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**RAJENDRA
PRATAP GUPTA**

Founder, HEALTH PARLIAMENT



SHAPING THE AGE OF INTELLIGENCE

DR. RAJENDRA PRATAP GUPTA

Chairman, Digital First Foundation | Health Parliament | Project CREATE Member, Multistakeholder Advisory Group, United Nations Internet Governance Forum

Governing AI for Billions

A Leadership Conversation on Global AI Governance, Digital Economy, Job Creation, Digital Health, and Building Health Systems That Reach Everyone

The rules shaping AI in healthcare are being written now, with consequences for billions of people. As 4.6 billion people still lack essential health services, digital health and AI must serve those furthest from care.

Dr. Rajendra Pratap Gupta brings extensive experience across health policy, digital governance, and institution building. In May 2026, the UN Secretary-General appointed him to the Internet Governance Forum's Multistakeholder Advisory Group. He previously advised India's Union Health Minister, contributed to its National Health Policy 2017, and was invited to contribute to Bangladesh's AI policy framework.

His international work includes WHO digital health expert and guideline groups, leadership of IGF coalitions on Digital Health, Digital Economy, and Environment, and chairing the Commonwealth AI Consortium's capacity-building work.

He founded the Health Parliament, Academy of Digital Health Sciences, International Patients' Union, Disease Management Association of India, and Digital First Foundation. Through Project CREATE, he advocates for technology that creates livelihoods. He also developed the Functional AI Pyramid, a model guiding progressive AI adoption across organizations, industries, and governments.

The author of five books, including Digital Health – Truly Transformational, his guiding philosophy is: Internet for All, for Livelihood for All.



FOR HIS LEADERSHIP IN SHAPING HEALTH AND DIGITAL POLICY, AND HIS WORK TO ENSURE AI SERVES PEOPLE AND NOT THE OTHER WAY AROUND

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RECOGNIZES DR. RAJENDRA PRATAP GUPTA AS A
HEALTHCARE ICON 2026.

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You now sit on the UN Internet Governance Forum's Multistakeholder Advisory Group. With 2.2 billion people still offline, 96 percent of them in low- and middle-income countries, what must global AI governance get right for health?

DR. RAJENDRA PRATAP GUPTA

It must start with the people who aren't in the room. Today, the rules for AI are largely shaped by those who are already connected, the models are trained mostly on data from those who are connected, and the benefits flow first to those who are connected. If we don't correct that, AI will widen the divide it has the power to close.

For health, I see three priorities. First, inclusion by design: connectivity, local languages, and low-cost devices cannot be an afterthought. Second, integration-interoperability, so health data can move safely between systems and borders instead of being locked inside them. Third, oversight that is proportionate to risk. An AI that schedules appointments and an AI that supports a diagnosis should not be governed the same way.

This is why the multistakeholder model matters. Health cannot be governed by technologists alone, or by governments alone. Governments, industry, and the civil society all need a seat at the table, and the IGF is one multi-lateral body, where that happens at global scale.

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You created the Functional AI Pyramid, a five-level maturity model for AI. Why did organizations and governments need a new framework, and where do most of them actually sit today?

DR. RAJENDRA PRATAP GUPTA

Because most conversations treat AI as a single thing. A chatbot answering questions and a system making consequential decisions are both called AI, but they demand completely different levels of data, investment, skills, and oversight. When leaders don't distinguish between them, they either underinvest in governance or overpromise on outcomes.

The Functional AI Pyramid describes AI by what it actually does in an organization, not by what it is called. Each level up the pyramid delivers value, and each demands more in data readiness, governance, and human accountability. That gives a health minister, a hospital board, or a CEO a common language to answer three questions: where are we today, where do we need to be, and what must be in place before we move up?

In my experience, most organizations sit near the base of the pyramid while talking as if they are at the top. In most industries, that gap costs money. In healthcare, it can cost lives, which is why the level of AI autonomy must always determine the level of oversight. I am confident that AI will impact all of us in this decade and not in a decade, that shrinks our time to just three years. Also, all through management Guru's have said, always have a plan 'B', I say, have plan 'A', and that is Artificial Intelligence'.

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You advised India's Union Health Minister and contributed to the National Health Policy 2017. What does taking digital health from policy to practice at national scale teach other countries?

DR. RAJENDRA PRATAP GUPTA

That writing the policy is the easy part. The real test is whether it works for a nurse in a rural clinic at seven in the morning, with patchy connectivity and a queue of patients.

A few lessons travel well. Build the foundations before the applications: identity, health records, data standards, and interoperability. Design for the weakest point in the system, not the flagship hospital, because a digital health system is only as strong as its least-equipped facility. Align incentives, because if providers don't benefit from going digital, adoption stalls no matter how good the technology is. And measure outcomes, not installations. The number of systems deployed tells you very little; the number of patients reached, diagnosed earlier, or kept out of hospital tells you everything.

The shift that matters most is from treating illness to managing health. Chronic diseases are where health systems spend most of their resources, and continuous, digitally enabled care is how we manage them before they become expensive emergencies.

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The WHO projects a shortfall of 11 million health workers by 2030, mostly in low- and lower-middle-income countries. You focus heavily on capacity building. Can technology close a gap that large?

DR. RAJENDRA PRATAP GUPTA

Not on its own. You cannot digitize your way out of a workforce shortage. But technology can multiply the reach of every health worker we have, and that is the only realistic path to closing a gap of this size.

AI-supported decision tools allow community health workers to safely take on more tasks. Telemedicine brings specialists to places that will never have one on site. And digital learning lets us train health professionals at a scale that traditional classrooms never could, which is the purpose of the Academy of Digital Health Sciences's capacity-building work.

The gap that worries me most is not the number of workers, but their digital readiness. Many digital health programs fail not because the technology is weak, but because the people expected to use it were never trained. Leaders should budget for capacity building the way they budget for software. It is the least glamorous investment in digital health, and consistently one of the highest-return.

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You founded the International Patients' Union (IPU) and the Health Parliament. As AI moves into clinical care, why does the patient's voice need its own institutions and what is the future vision of IPU and Health Parliament ?

DR. RAJENDRA PRATAP GUPTA

Because the patient is the only stakeholder present at every point in the health system, and yet is rarely present where decisions are made. Health systems are largely designed around providers, payers, and regulators. Patients experience the consequences.

AI raises those stakes considerably. Decisions about how health data is used, how consent is obtained, and how algorithms prioritize care are being made right now, and too often without patients involved. If people don't trust how their data is used or how AI shapes their care, they will disengage, and the technology will fail regardless of how accurate it is.

I believe a few principles should be non-negotiable. Patients should know when AI is involved in their care. They should have a meaningful say in how their data is used. And they should have a clear way to question a decision that affects them. Trust is the real currency of digital health, and it is earned by giving patients a voice, not by asking for their patience. Also, the Patient's Union mobile app launched a disruptive service, DR. EASY, to fill the huge void of doctors in remote and rural areas. This can save millions of lives and dollars. The app and its services for end users for primary care would be free.

When it comes to global policy, advocacy and system redesign, Health Parliament is fast emerging as the world's foremost global executive think tank for health, accessible across 193 countries and committed to translating ideas into action. Having published more than 50 reports and hosted the Public Health Transformation Summit, it is filling critical gaps in global health by developing leadership, shaping forward-looking policies and convening decision-makers across sectors and geographies. Its most ambitious initiative—the Global Commission for 21st Century Healthcare (GC21CH)—is moving beyond incremental reform to design an entirely new healthcare system: one that is preventive, people-centred, digitally enabled, equitable and equipped for the realities of the 21st century. Health Parliament will focus on creating large canvass thinkers and executives for building a healthcare system for the 21st century.

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You have just returned to the San Francisco Bay Area. Where do you see the biggest opportunities in biomedical data infrastructure, AI, and health IT right now?

DR. RAJENDRA PRATAP GUPTA

Project CREATE – “Collaborate to Realize Employment and Entrepreneurship for All Through Technology Ecosystem” was launched on 30 November 2022 at the 17th United Nations Internet Governance Forum in Addis Ababa, Ethiopia, with the vision of turning “Internet for All” into “Livelihood for All.” Remarkably, this was the very day ChatGPT was launched, marking the beginning of the generative AI revolution. The coincidence was profoundly symbolic: as AI began transforming the future of work, Project CREATE began building a global framework to ensure that technology creates entrepreneurs, enterprises and dignified livelihoods rather than widening inequality. Launching it in Africa—home to the world’s youngest and fastest-growing workforce—reinforced its central message that the benefits of the intelligent age must reach every person, especially those historically left behind. We have created job maps for various sectors on how technologies can create jobs, and not just take away jobs.

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