GLOBAL COMMISSION FOR 21ST CENTURY HEALTHCARE

HOSTED BY HEALTH PARLIAMENT

REAL WORK | GREAT LEADERS | RIGHT POLICIES

LEADERSHIP SERIES

Global Health System Redesign Lab: Germany

Reimagining the Global Health System

DATE	VENUE	TIME
12 November 2025	Pfarrkirchen, Germany	03:15 – 04:45 PM (CET)

European Campus Rottal-Inn, Deggendorf Institute of Technology
Campus — Room EC 1.17–1.20.

www.parliament.health/gc21ch

1. Opening Remarks and Context

The session opened with Dr. Rajendra Partap, Founder and Chairman, Health Parliament & Co-Chair, Global Commission for 21st Century Healthcare expressing appreciation to the host institutions and collaboration, acknowledging both in-person and online participants. He highlighted the significance of delivering this lecture in the country where the social insurance model originated, stating that this was the first public discussion of its kind to be held there.

He introduced the session as part of the launch of the Global Health System Redesign Lab under Global Commission for 21st Century Healthcare, clarifying that the intent was not to deliver a finalized solution, but to walk participants through the thinking process, followed by discussion.

Dr. Rajendra Pratap Gupta opens the Redesign Lab in Pfarrkirchen.

2. Origin of the idea: Global Digital Health Summit

Dr. Rajendra traced the intellectual origin of the Global Commission for 21st Century Healthcare to the Global Digital Health Summit, Expo and Innovation Awards held on 19 September 2025 - 21 September 2025, which he hosts annually. He explained that participation at the summit is highly selective stating "Anyone who goes to the dais has either changed the system or has the capacity to change the system." He mentioned that at this summit, the opening panel began with a foundational question- "is the healthcare system broken? Can digital health fix it?".

Dr. Rajendra immediately challenged the popular belief that digital health can repair existing systems emphasising on the effect of accessing more resources into a broken healthcare system will lead to more broken pieces. He described the panel be comprising of global leaders from academia, nursing, government and development agencies which reached a consensus that creating a new health system can be a turning point for the Global Commission.

3. Questioning the Foundation of the Health System

> **"We cannot expect 21st century solutions from an 18th century system."**

Dr. Rajendra emphasised that healthcare continues to rely on outdated assumptions stating that "we cannot expect 21st century solutions from an 18th century system" he clarified that while the current system has notable successes, it remains very structurally flawed. He also acknowledged success of conventional healthcare in terms of increased life expectancy, control of acute disease and rapid response to COVID-19. However, he cautioned against dismissing systemic failures simply because of past successes.

4. Measurement Problems: What are We Really Measuring?

Dr. Rajendra offered a sustained critique of how health systems measure success. He noted that countries usually measure aspects like doctor to population ratios, bed to population ratios, mortality, morbidity, IMR, NMR, etc. He argued that these measuring parameters are negative indicator leading to predictable responses. He questioned whether this approach ever produces genuine health outcomes. In contrast, we proposed measuring parameters like health adjusted life years, preventive infrastructure (jogging tracks, swimming pools, meditation centers, etc).

Negative and positive indicators under discussion at the European Campus Rottal-Inn, Deggendorf Institute of Technology, Pfarrkirchen.

5. Ethical Reflection on "Normal" Medical Practices

Dr. Rajendra Pratap reflected on the historical medical practices once considered normal but later recognised as harmful for instance spraying DDT as an insecticide, giving thalidomide in pregnancy and cocaine in cough syrups. He argued that the persistence of harmful practices is not unique to the past.

6. Economics of Healthcare and Moral Contradictions

$117 trillion
Global GDP

$11 trillion
Spent on healthcare

Dr. Rajendra highlighted the paradox of healthcare economics mentioning the stats of 117 trillion dollar of global GDP out of which 11 trillion going to healthcare. Despite which, the disease burden is rising, cost of health is increasing and access remains unequal, driving the best in society into poverty. He shared a personal example of how cancer treatment pushed his family from above-poverty-line to blow-poverty-line status.

7. Chronic Disease and Standardized Treatment

Dr. Rajendra criticized what he described as assembly-line medicine, particularly in chronic disease management, pointing out the neglect of micronutrient deficiencies and individual metabolic differences. He called out he the negligence of modern medicine treating everyone with same medication.

8. Trust Deficit in Healthcare

Dr. Rajendra directly engaged the audience with rhetorical questions like “How many of you trust your healthcare system?” and “How sure are you that you will come back 100% healthy?” which we concluded that financially we are investing but so is the increase in the fear and loss in trust is observed.

The session was the first public discussion of its kind held in Germany.

9. Discussion

QUESTIONS FROM PARTICIPANTS AND RESPONSES



Indicators and System Assessment

> **QUESTION**
>
> Participants asked how the reliance on positive and negative indicators affects the way healthcare systems are assessed. He also raised a critical concern: whether ideals such as quality, equity, and affordability are mutually exclusive in real-world systems.

Dr. Rajendra acknowledged the complexity of the question and clarified that current systems disproportionately value longevity over healthy living. He emphasized that investment must begin early in life i.e., in childhood, adolescence, and early adulthood through structured health assessments and preventive interventions.

He introduced the idea of health-based assessments, potentially non-invasive and AI-enabled, as tools to shift systems from episodic care to continuous health monitoring.

On the issue of equity, quality, and affordability, Dr. Rajendra rejected the assumption that these goals cannot coexist, stating that systems should set high aspirational standards, rather than lowering expectations due to implementation challenges.

Clinical Decision-Making and Accountability

> **QUESTION**
>
> Drawing from her hospital experience, Participant questioned how individual treatment decisions especially conflicting medical advice can be regulated. She highlighted patient vulnerability when doctors prescribe different treatments for the same condition and asked who should be accountable.

Dr. Rajendra described this as a systemic literacy and accountability gap, not merely a medical one. He pointed out that both patients and doctors operate within a system built on episodic, symptom-driven care. He introduced digital therapeutics as a potential solution, explaining that technology-driven care pathways could standardize accountability, track clinical decisions and empower patients with information.

He emphasized that data-driven systems would make both providers and patients more responsible, increasing transparency and trust.

Feasibility in Developing Countries

> **QUESTION**
>
> Participant raised concerns about the realistic feasibility of patient-centred, digital-first healthcare in developing nations, citing limited access to technology and slow systemic development.

Dr. Rajendra acknowledged infrastructural gaps but rejected the idea that lack of access equates to impossibility. He argued that digital exclusion is a policy failure, not a technological one and mentioned risk stratification and basic health data collection can begin even in low-resource settings. He emphasized that change does not require universal digital access at once, but momentum builds as early adopters demonstrate value.

Patients as Co-Designers

> **QUESTION**
>
> Can patients become co-designers of the healthcare system instead of passive recipients?

Dr. Rajendra replied unequivocally that patients must become primary stakeholders. He shared personal experience from policy work, noting that patient voices are almost entirely absent from decision-making forums. He described initiatives where patient groups were formally included in discussions, leading to more grounded and humane health policies.

Health-Induced Poverty

> **QUESTION**
>
> What can be done to prevent people from becoming poor due to health expenses?

Using a personal example, Dr. Rajendra highlighted that even educated and economically stable families can fall into poverty due to catastrophic health events. During this he advocated for early screening systems, community-based health models and proactive health planning rather than crisis-driven care

Political Will and Investment

> **QUESTION**
>
> Participant asked how policymakers and budget authorities could be convinced to prioritize health investment.

Dr. Rajendra reframed healthcare investment as economic productivity strategy, arguing that population productivity is impossible without health. He criticized budgets that emphasize fiscal figures without addressing human productivity and urged health professionals to speak directly to political and financial decision-makers.

Profit, Pharma, and Trust

> **QUESTION**
>
> Participant questioned how a 21st-century healthcare system could overcome distrust caused by profit-driven care, pharmaceutical influence, and biased medical education.

Dr. Rajendra acknowledged pharmaceutical influence as one of healthcare's deepest ethical challenges. He discussed biased research funding Narrative control by large pharmaceutical companies and the need for governance reforms alongside technology. He stressed that while technology can improve transparency, ethical reform must be policy driven.

10. Conclusion

The session concluded with the Dr. Rajendra emphasizing that there is no single global situation and framework must adapt to local realities. And hence patient, professionals and policy makers must co-create systems.

The Global Commission was positioned as a two-year initiative to design a new healthcare framework focused on care, trust and outcomes rather than procedures and profits.

Closing the session: participants, professionals and policy makers co-creating the agenda.

ABOUT

Global Commission for 21st Century Healthcare (GC21CH)

GC21CH is convened by Health Parliament and is a once-in-a-century movement to rebuild healthcare for the 21st Century. It is co-chaired by Dr. Rajendra Pratap Gupta, Founder and Chairman of Health Parliament, and Prof. (Dr.) Thomas Zeltner, Chairman of the WHO Foundation.

The Commission brings together 12 global leaders spanning medicine, nursing, pharmacy, digital health, economics, informatics, and public health. Together, this group is working to design what the Commission calls a New Global Healthcare Architecture, one that is equitable, proactive, digitally enabled, and human-centered, built for a moment when health systems worldwide are straining under rising costs, fragmentation, and declining public trust.

Milestones So Far

12 Nov 2025

Global Health System Redesign Lab, Pfarrkirchen, Germany

An early working session bringing youth and students together to interrogate the current model.

15 Dec 2025

Inaugural Global Meeting held virtually as a side event of the WSIS+20 UN General Assembly High-Level Meeting

This was GC21CH's formal launch framed around the idea that the current system is, in effect, still an 18th-century model running on 21st-century problems, undermined by mis-measurement and misaligned incentives.

19 May 2026

Global Health System Redesign Lab: From Proliferation to Purposeful Progress of AI

Hosted at the John Knox International Centre in Geneva during 79th World Health Assembly. This session zeroed in on how AI's rapid, scattered growth in healthcare can be redirected toward purposeful, system-wide progress.

GLOBAL COMMISSION FOR 21ST CENTURY HEALTHCARE

A once-in-a-century movement to rebuild healthcare for the 21st Century.

If your organization would like to engage and participate in the Commission's work, write to us at contact@parliament.health

HOSTED BY HEALTH PARLIAMENT

REAL WORK | GREAT LEADERS | RIGHT POLICIES