SUMMARY REPORT

DIGITAL HEALTH FOR EQUITY

Precision, Personalised and Proactive Care Through Digital Leadership

Fa'afaletui

Weaving together the views from the mountain, the treetop and the canoe

Candice Apelu Mariner · Singapore and Malaysia | 2026
Winston Churchill Memorial Trust Fellowship Report

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COUNTRIES	**VIEWS**	**FINDINGS**	**GLOBAL ACTION LAB**
Singapore and Malaysia	Mountain, treetop and canoe	Woven from the three views	With Equitech Collective

The question

This Fellowship examined how Singapore and Malaysia are using digital technology, integrated care and precision public health to shift primary care from reactive treatment toward prevention, earlier intervention and more personalised support. The central question was not whether technology should be adopted, but how it can be introduced in ways that strengthen relationships, cultural safety, community agency and equity for Pacific peoples in Aotearoa New Zealand.

Why Fa'afaletui

Fa'afaletui is a Samoan framework for weaving (tui) together the knowledge held in different houses (fale) (Tamasese et al., 2005). It holds that any big problem needs three views: the long view from the **mountain**, the operational view from the **treetop**, and the close view from the **canoe**, nearest to the school of fish. Each view is partial. Woven together, they become wisdom.

HOW THE LEARNING WAS GATHERED

Site visits, talanoa, observation and relationship-building across **Singapore** (Equitech Collective, Home Nursing Foundation, SingHealth polyclinic, National University Hospital, Woodlands Hospital, Oxram Hospital, National University Polyclinic, Alexandra Hospital Innovation Lab, NurseFirst, the Design Masterclass Symposium on Virtual Care and the Singapore Primary Care Conference 2026) and **Malaysia** (Ministry of Health, VISION-RDC, Qualitas Medical Group, interviews with leading surgeons and researchers, and Health Summit Asia 2026).

Three views | What I saw and learnt

Every person, organisation and event from the Fellowship has been placed where its insight was strongest. Together, the three views show how Singapore and Malaysia are shifting primary care toward prevention, earlier intervention and more personalised support.

THE VIEW FROM THE MOUNTAIN
Va'aiga mai le Mauga

Systems and national direction

Malaysia's **One Citizen, One Record** programme, explored in an interview with Dr Mahesh Appannan, Director of Digital Health and his Team, showed that interoperability is a governance achievement before it is a technical one, and that people trust shared records when they can see and control them. Singapore's Healthier SG direction, the **Singapore Primary Care Conference 2026** and **Health Summit Asia 2026** showed whole systems committing to prevention, team-based primary care and public–private collaboration, and research leaders showed the importance of evidence built for the populations it serves.

WHAT THE MOUNTAIN SHOWED

- **Set the direction before building the systems.**
- **Name relationships as infrastructure.**
- **Keep particular peoples visible.**

THE VIEW FROM THE TREETOP
Va'aiga mai le Tumutumu o le La'au

How services are organised

Singapore's polyclinics, National University Hospital, Woodlands and community hospitals and the Alexandra Hospital Innovation Lab showed that integration is an operating model, not a building, and that innovation thrives when frontline teams are given permission to test, learn and stop what does not add value. Qualitas Medical Group showed that scale must be designed around relationships rather than instead of them, and the partnership with **Equitech Collective** showed how a community provider and a technology partner can build tools together, reciprocally.

WHAT THE TREETOP SHOWED

- **Organise around the journey, not the building.**
- **Give the frontline permission to innovate.**
- **Design scale and partnership around relationships.**

THE VIEW FROM THE CANOE
Va'aiga mai le Va'a

Closest to families and frontline care

Seeing **NurseFirst** nurse-led triage in a hospital emergency department and visiting the **Home Nursing Foundation** showed what skilled, warm nursing judgement can achieve at the front door of care and in people's homes. Malaysia's **VISION-RDC** community eye screening for disadvantaged children, together with my conversation with Dr Natarajan Rajaraman (Dr Raj) of Equitech Collective about low-cost technology and Equitech Collective's work in Myanmar, Hong Kong and Malaysia, showed that low-cost, well-designed technology creates high-value continuity when it reaches the people who would otherwise miss out. Speaking at the **Design Masterclass Symposium on Virtual Care**, hosted by DesignSingapore and Equitech Collective, confirmed that Pacific voices have a distinctive contribution to make.

WHAT THE CANOE SHOWED

- **Skilled, warm nursing judgement is the heart of navigation.**
- **Care belongs where people are.**
- **Start with the experience of the people closest to the problem.**

> *"Healthcare providers are the custodians, the government is the steward, but the individual fundamentally owns their own story."*
>
> DR MAHESH APPANNAN'S PHILOSOPHY FOR ONE CITIZEN, ONE RECORD, MALAYSIA

Tui | Six findings

In Fa'afaletui, once each house has reached its own understanding, delegations from every house meet to weave a shared understanding. Woven together, the three views produce six findings. No single view would have been enough on its own.

FINDING 1

Digital equity must be designed, not assumed.

Access to a device or internet connection is only one part of equity. Language, confidence, disability, trust, cost, privacy, workflow and the availability of human support all shape whether a digital service is usable.

FINDING 2

Trusted relationships remain the core infrastructure.

The most effective technology extended relationships between patients, families and care teams. It did not remove the need for culturally safe engagement or clinical accountability.

FINDING 3

Integration requires shared responsibility.

Digital tools work when ownership of enrolment, monitoring, escalation, documentation and follow-up is clear across the multidisciplinary team.

FINDING 4

Precision must include culture and context.

Risk scores and analytics are incomplete if they ignore 'āiga and whānau structures, lived realities, language, housing, transport, income and community strengths.

FINDING 5

Start small, measure carefully and scale deliberately.

Rapid prototyping is valuable, but scaling should follow evidence of safety, usability, equity impact, workforce feasibility and clinical benefit.

FINDING 6

Pacific providers should be innovation partners, not implementation sites.

Pacific organisations and communities need decision-making authority in priority setting, design, governance, data use and evaluation.

KEY CONCLUSION

Technology is most valuable when it enables trusted, culturally grounded care rather than replacing relationships. Like a fine mat, a good health system is woven from many strands: the view from the mountain, the treetop and the canoe. Pacific communities must hold those strands from the outset, with influence over design, data use, implementation and evaluation.

Lalaga le Fala Fou | Bringing it home

As the Fellowship recipient, I will apply this learning in my current workplace, community and primary health care and in the wider digital health space. The learning strongly supports a direction of integrated primary and community care, a workforce working at the top of scope, digitally enabled outreach and stronger prevention. Implementation should be disciplined and realistic.

- Embed digital pathways within primary care-led and multidisciplinary care rather than operate them as stand-alone technology projects.
- Use population health and outreach teams to support enrolment, digital navigation, health literacy and social prescribing.
- Design patient journeys for diabetes, hypertension and other priority long-term conditions that specify home monitoring, review thresholds and escalation.
- Use community feedback and equity measures alongside clinical and operational indicators.
- Develop staff capability in digital health, information governance, AI literacy, change management and culturally safe implementation.
- Explore nurse-led triage and navigation approaches, informed by Singapore's NurseFirst service and home-nursing models, to help Pacific families get the right care in the right place.
- Apply learning from the Singapore Primary Care Conference and Health Summit Asia by strengthening interprofessional, team-based primary care and by pairing prevention-focused, digitally enabled models with Pacific governance and public–private partnerships.

THE GLOBAL ACTION LAB

Through the Global Action Lab, I will contribute Pacific perspectives from Aotearoa, connect our implementation experience with international peers, and bring new learning home to Pacific Health Service Hutt Valley and the wider Pacific health sector. The Fellowship is therefore not the end of the learning journey. It is the foundation for an active, reciprocal exchange, a new house in which knowledge will continue to be woven.

SHARING THE KNOWLEDGE BACK

In the spirit of fetufaa'iga, the learning will be shared through:

- Pilots, workforce development and patient-journey redesign in my workplace
- Pacific providers, PHOs, hospital and community partners across the Central Region
- Academic partners, to build the evidence base on Pacific digital health
- Health, primary care, digital health and Pacific leadership forums
- Our communities, churches and families, where they gather

O le Fa'aiuga | Conclusion

For Aotearoa, the opportunity is to adapt rather than copy. A Pacific-led model should combine the best of international innovation with local relationships, cultural knowledge, robust governance and measurable accountability. If woven carefully, this work can improve care for Pacific communities while contributing practical solutions to the wider primary care system.

O le fogava'a e tasi. We are on one canoe.

Read the full report: Digital Health for Equity: Candice Apelu Mariner Winston Churchill Memorial Trust Fellowship Report, 2026