



5G Maturity and Adoption in Asia-Pacific Hospitals

The Current Landscape of Advanced Network Adoption and Concept Development

Phase 1 of the Advanced Connective Collaborative Framework Programme

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Prepared by:
A/Prof Gao Yujia
Centre Director, National University XG AI Centre (NXAC)
National University Health System (NUHS), Singapore

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Preamble

This National University Health System (NUHS) report rests on a survey originated in the Collaborative Framework For Advanced Connectivity In Healthcare, conceived by the NUHS together with the GSMA, and with support from HIMSS. The framework's aim is to give healthcare organisations a comprehensive, evidence-based foundation for exploring, adopting and scaling advanced cellular connectivity within their systems of care, and closing the persistent gaps between technological capability, practical application, implementation challenge, and future development through recommendations, real-world case studies, and practical guidance developed jointly by healthcare providers, regulators, telecommunications industry, digital-health leaders, and industry.

The rationale is direct: the technology is ready and healthcare demand is real, yet knowledge gaps persist around implementation strategy, risk mitigation, resource and investment requirements, and the measurement of outcomes and return. The framework accordingly aims to accelerate safe and effective 5G adoption in healthcare settings, to establish implementation frameworks, address regional healthcare challenges through 5G-enabled solutions, and to foster collaboration between healthcare providers and telecommunications partners.

Its objectives are correspondingly practical: to define clear clinical and operational use cases, identify infrastructure requirements and specifications, identify security and privacy protocols, create roadmaps for phased implementation, develop metrics of deployment success, provide cost-benefit analysis frameworks, and address regulatory compliance.

The geographic focus is the Asia-Pacific, with potential for global extrapolation in follow-on work, and the intended audience spans hospital administrations, regulators, health and telecommunications ministries, industry partners, technology leaders, and innovation teams, with academic institutions, medical associations and consultants as secondary readers. Each partner brings a distinct contribution: the National University Health System with its pioneering smart-hospital and 5G implementation experience, carried from trial to critical infrastructure and integrated into clinical workflow; the GSMA and its representation of mobile network operators across more than two hundred

countries, its leadership role in the implementation of 5G standards and its research into the deployment of next-generation cellular communications; HIMSS with its maturity models its expertise around digital health transformation and artificial intelligence and its close working relationships with government agencies and policymakers. The method combines literature review, stakeholder consultation, evidence gathering and validation, and consensus guideline creation, informed by case studies of pioneering deployments in Singapore, Thailand, South Korea, Japan and China.

To ground the guidelines in evidence, the framework scoped an opening programme of surveys and case studies. Its first strand a regional 5G healthcare readiness survey keyed to GSMA and HIMSS assessment models. That strand is the instrument realised as Phase 1 of the Advanced Connectivity Guideline, whose findings form the substance of this report. The further strands the framework could include — user-perception and technical baseline studies, interoperability and clinical-impact assessments, and regulatory, socio-ethical and futures evaluations — chart the route from this market-research baseline to the eventual best-practice guidelines, extrapolations and practical user information sheets spanning planning, implementation, operation, scaling, security, governance, and financing. The findings that follow should therefore be read as the first layer of that evidence base: a measure of where the region's hospitals presently stand, and of the distance between current readiness and the framework's ambition.

Executive Summary

This NUHS report presents the current landscape of 5G advanced network adoption and concept development across hospitals in the Asia-Pacific region. It is grounded in Phase 1 (Market Research) of the Advanced Connectivity Guideline, a collaborative initiative between the National University Health System and GSMA, with support from HIMSS. It comprises a structured survey of fifty senior hospital decision-makers — predominantly C-suite leadership — across Indonesia, Japan, Malaysia, the Philippines, Singapore, South Korea and Thailand, conducted in December 2025. It is intended for C-suite executives and decision-makers in the healthcare, telecommunications, and technology industries.

The central finding is that 5G adoption in APAC hospitals is real but early, uneven and execution-constrained. Exactly half of surveyed hospitals report a 5G initiative, pilot or plan, yet only 24 per cent of the full sample have reached a concrete execution stage — an intent-execution gap that reflects organisational rather than technological limits. Knowledge is broad but shallow: nearly three-quarters of respondents place themselves in the middle bands of 5G understanding and only 6 per cent claim deep expertise. The region sits in a pre-normalisation phase in which 5G is no longer niche but not yet mainstream.

Institutional structure, rather than geography, is the strongest differentiator of maturity. Hospitals embedded in large care ecosystems are more than twice as likely to report active initiatives as small or standalone institutions, and the most advanced use cases appear almost exclusively within them. South Korea leads the sample on initiative presence at 80 per cent, while Japan is the outlier with none among its respondents. Governance remains overwhelmingly IT-led, with limited clinical and minimal finance involvement, and the barriers to adoption are concentrated and consistent across segments: cost, legacy-system integration, data security, uncertain return on investment, and workforce skills.

Momentum is nonetheless positive and selective. Among hospitals with any 5G expenditure, two-thirds expect budgets to rise and none expects a reduction, with capital most likely to flow to institutions that already operate artificial intelligence, Internet of Things, and analytics foundations. For healthcare leaders, the imperative is to convert intent into execution

through cross-functional governance, workforce enablement, and outcome-led use-case sequencing. For telecommunications and technology leaders, the opportunity lies in segmenting the market by execution readiness and offering integrated 'connectivity-plus' propositions — connectivity bundled with integration, security, enablement and return-on-investment tooling — under flexible commercial models. The Advanced Connectivity Guideline programme provides the collaborative vehicle through which these findings can translate into practical regional guidance.



Key Findings at a Glance

- Exactly half (50 per cent) of surveyed hospitals report a 5G initiative, pilot or plan; only 24 per cent of the full sample show tangible execution progress, with 32 per cent of initiative holders at initial planning only and 20 per cent unsure of their status.
- Self-assessed 5G knowledge is broad but shallow: 74 per cent of respondents sit in the middle two bands of a four-point scale and only 6 per cent claim deep expertise.
- Ecosystem scale is the strongest maturity differentiator: 61 per cent of large-ecosystem hospitals report initiatives, against 29 per cent of small or standalone hospitals.
- Country patterns reflect pacing rather than divergent strategy: South Korea 80 per cent, Thailand and the Philippines 60 per cent each, Singapore 57 per cent, Malaysia 40 per cent, Indonesia 33 per cent, Japan nil.
- Governance is IT-led: IT and digital-transformation functions lead 92 per cent of initiatives; clinical leadership is involved in 40 per cent and finance in only 12 per cent.
- Barriers are systematic and consistent: cost and budget constraints (94 per cent rating 4–5 of 5), legacy-system integration (86 per cent), data security and privacy (78 per cent), return-on-investment uncertainty (76 per cent) and staff readiness gaps (76 per cent).
- The AI–5G interdependence is widely recognised: remote patient monitoring and telemedicine (88 per cent) and real-time medical imaging (78 per cent) lead the AI applications expected to benefit, and adjacent-technology readiness is the strongest predictor of scaling.
- Investment is conservative but rising: most hospitals spend below 15 per cent of the IT budget on 5G, flexibility-first operating models dominate, and 67 per cent of spenders expect increases with none expecting cuts.



1. Background and Methodology

1.1 Provenance and Objectives

The findings presented in this report originate in Phase 1 (Market Research) of the Advanced Connectivity Collaborative Framework. The survey pursued two stated objectives: to gauge the maturity of 5G adoption in hospitals within specific Asia-Pacific markets, and to determine the key barriers impeding 5G implementation. Phase 1 was scoped to inform the current ecosystem, with subsequent guideline phases implied by its design. The collaborative framework from which the programme originates — its purpose, rationale, partnership and intended study architecture — is set out in the Preamble.

The findings and figures presented here are drawn from, and reconciled against, the finalised Phase 1 survey findings report, 5G Maturity & Adoption in Asia-Pacific Hospitals.

1.2 Survey Instrument

Data were gathered through a twenty-question, branching online survey employing scaled-response, multiple-choice, and open-ended question types, with variant follow-up questions determined by earlier answers. Two qualifying questions gated participation: employment in a hospital in one of twelve eligible markets (Brunei, Cambodia, Indonesia, Japan, Laos, Malaysia, Myanmar, the Philippines, Singapore, South Korea, Thailand and Vietnam), and tenure in a C-suite or leadership, clinician-informatician or IT professional role. Core modules addressed 5G knowledge; the presence of initiatives, with branched follow-ups on objectives, leading departments and use cases, or on the reasons for inaction; workforce preparedness and capability gaps; acceleration factors; adjacent advanced technologies; investment relative to the IT budget, with conditional deep-dives on rationale; budget trajectory and its drivers or inhibitors; expected areas of impact; and ratings of optimisation priorities, challenge significance and support needs.

1.3 Maturity Framework and Segmentation

Responses were analysed against a multi-dimensional maturity framework examining adoption presence, execution progress, use-case depth, and organisational readiness. Findings were segmented primarily by hospital ecosystem size and secondarily by country, in order to distinguish structural from execution-driven differences. A hospital was classified as belonging to a large ecosystem where the respondent indicated two or more external partners — primary or community care clinics, residential or long-term care homes, emergency medical services, pharmacies, laboratory services or rehabilitation centres; those indicating fewer, often standalone institutions, were classified as small-ecosystem.



1.4 The Delivered Sample

The survey was conducted in December 2025 and closed with fifty valid responses, closely matching the anticipated country distribution and delivering the scoped outputs of a twenty-question instrument. Respondents were predominantly the intended senior audience, with C-suite and leadership roles accounting for more than three-quarters of the sample. Table 1 summarises the respondent profile.

Dimension	Category	Share of sample
Role	C-suite / Leadership	78% (n = 39)
	Clinician-informatician	12% (n = 6)
	IT professional	10% (n = 5)
Hospital type	Private hospital	68% (n = 34)
	Public / government hospital	32% (n = 16)
Ecosystem	Large ecosystem (two or more external partners)	66% (n = 33)
	Small ecosystem / standalone	34% (n = 17)
Market	Indonesia	18% (n = 9)
	Japan	8% (n = 4)
	Malaysia	20% (n = 10)
	The Philippines	10% (n = 5)
	Singapore	14% (n = 7)
	South Korea	20% (n = 10)
	Thailand	10% (n = 5)

Table 1: Respondent profile (n = 50)

2. State of 5G Adoption in APAC Hospitals

Self-assessed knowledge of 5G-enabled solutions is broad but shallow. On a four-point scale, 36 per cent of respondents placed themselves at level two and 38 per cent at level three, leaving nearly three-quarters in the middle bands; 20 per cent reported limited knowledge and only 6 per cent claimed deep expertise encompassing operational and strategic implications. This profile is consistent with a sector positioned for exploration and pilots, but likely to encounter constraints when scaling, where advanced technical and operational know-how becomes decisive.

Initiative presence divides the sample exactly in half: 50 per cent of hospitals report a 5G initiative, pilot or plan, and 50 per cent report none — a pre-normalisation phase in which 5G is no longer niche but not yet mainstream. The strongest structural signal lies in ecosystem scale: 61 per cent of large-ecosystem hospitals report initiatives, against 29 per cent of small or standalone institutions.

Country-level patterns, set out in Table 2, are fragmented: South Korea leads at 80 per cent, Thailand and the Philippines each record 60 per cent, Singapore

57 per cent, Malaysia 40 per cent and Indonesia 33 per cent, while all four Japanese respondents report no initiatives.

Reported adoption, however, does not equate to maturity. Of the twenty-five hospitals with initiatives, deployment is underway in six (24 per cent) and pilots in four (16 per cent), with two (8 per cent) planning pilots within twelve months; eight (32 per cent) remain at initial planning only and five (20 per cent) are unsure of their current stage. Only twelve of the twenty-five have therefore reached a concrete execution stage, meaning that just 24 per cent of the full sample demonstrates tangible adoption progress. Even among large-ecosystem hospitals, where nineteen of thirty-three report active programmes, fewer than 30 per cent have advanced beyond initial planning or uncertainty. Regionally, the sector remains in an assessment phase rather than active deployment: the defining feature of the landscape is an intent–execution gap driven by organisational rather than technological limits.

Market	Respondents (n)	Reporting initiatives
Indonesia	9	33%
Japan	4	0%
Malaysia	10	40%
The Philippines	5	60%
Singapore	7	57%
South Korea	10	80%
Thailand	5	60%

Table 2: Presence of 5G initiatives, pilots or plans, by market

3. Objectives and Use Cases

The objectives attached to current initiatives skew toward tactical and exploratory. Operational efficiency leads at 68 per cent, followed by pilot projects in selected departments and virtual or remote patient care at 59 per cent each, and innovation or research support at 45 per cent. Strategic, transformational objectives are markedly rarer — chronic disease management at 23 per cent, clinical-outcomes improvement at 18 per cent and elder care at 14 per cent — and the most advanced ambitions, augmented- and virtual-reality training and remote robotic surgery, are cited by a single large-ecosystem hospital. The pattern is one of test-and-learn experimentation rather than institutionalised strategy, with multiple selections signalling breadth of interest rather than equal commitment.

Implemented or actively tested use cases cluster around incremental, lower-risk, workflow-adjacent applications: administrative and operational efficiency (55 per cent); in-hospital patient monitoring, telemedicine and virtual consultations, and IoT-enabled clinical devices (45 per cent each); outpatient or hospital-at-home remote

monitoring (41 per cent); and clinical operations (32 per cent). These share common characteristics — they extend existing connectivity and workflows, can be implemented in controlled environments, and carry comparatively low operational and clinical risk. Capital-intensive applications remain rare: XR-assisted surgery is being tested by 18 per cent of initiative holders and connected beds by one hospital. IoT-enabled clinical devices and facilities management appear exclusively within large-ecosystem hospitals, and South Korean respondents report the broadest experimentation across categories. Notably, similar categories of use case recur across all markets, suggesting a shared understanding of 5G's utility; observed maturity differences reflect pacing rather than divergent strategic visions.



4. Workforce Readiness and Governance

Workforce capability gaps are systemic and strikingly consistent regardless of ecosystem size. Network and infrastructure management is cited by 80 per cent of all respondents as the area most needing strengthening, followed by clinical workflow adaptation at 62 per cent and, at 54 per cent each, technical skills for connected devices, and data-security and privacy awareness. XR tool usage (14 per cent) and digital literacy (2 per cent) rank lowest. The absence of differentiation by ecosystem size suggests a sector-wide readiness deficit rather than institution-specific failings: greater resources do not automatically translate into workforce proficiency.

Device enablement mirrors the adoption divide. Slightly more than half of hospitals (52 per cent) report a workforce equipped with 5G-enabled devices, concentrated among large-ecosystem institutions with active or planned initiatives. Enablement co-varies with execution exposure, functioning as a reinforcing condition rather than a prerequisite, and does not reach universality even among structurally advantaged hospitals — capability lags strategic intent.

Governance is overwhelmingly technology-led. IT, digital-transformation and infrastructure functions lead 92 per cent of initiatives, with clinical leadership involved in 40 per cent, hospital administration and research functions in roughly a third each, external vendors or technology partners in 16 per cent, and finance in just 12 per cent. Large-ecosystem hospitals distribute ownership across as many as eight functions, whereas small-ecosystem hospitals involve only four. The absence of consistent cross-functional leadership leaves 5G at risk of remaining a departmental experiment rather than a coordinated enterprise capability, with governance structures still emerging and little evidence of enterprise-level standardisation. On this evidence, 5G continues to be treated as a technology procurement rather than a business-led initiative.



5. Enablers and Barriers to Adoption

Asked which factors would most accelerate adoption, respondents point decisively to institutional rather than technical levers: strong leadership and executive support (78 per cent), dedicated budget and funding (68 per cent) and reliable IT and network infrastructure (64 per cent) dominate, with staff training and clear regulatory guidance (22 per cent each), proven clinical evidence (20 per cent), vendor support (14 per cent), a central governing body or regulator (8 per cent) and business-model options (6 per cent) trailing well behind. The reading is that hospitals possess clarity on what progress requires but frequently lack the means to execute; the next phase of maturity will be driven by resource allocation and executive sponsorship rather than further technical experimentation.

The barrier profile is equally concentrated and consistent across segments, indicating systematic rather than idiosyncratic obstacles. As Table 3 shows, cost and budget constraints are rated highly significant by 94 per cent of respondents — 60 per cent at the maximum level — with legacy-system integration, data security and privacy, uncertainty over clinical outcomes and return on investment, and staff readiness following closely. Network reliability, vendor dependency and

regulatory or compliance requirements are rated lower but remain present across the sample. Small-ecosystem hospitals face compounding constraints, frequently citing four or more barrier categories simultaneously, whereas large-ecosystem hospitals report fewer but more complex barriers centred on integration and governance; cost pressure is persistently high across all.



Barrier	Rated 4–5 of 5
Cost and budget constraints	94%
Integration with legacy IT systems	86%
Data security and privacy	78%
Uncertainty about clinical outcomes / return on investment	76%
Staff readiness or training gaps	76%

Table 3: Principal barriers to adopting or scaling 5G (share rating 4–5 on a five-point significance scale)

6. AI and Adjacent-Technology Outlook

Respondents perceive broad, cross-functional value in pairing 5G with artificial intelligence, with no single dominant priority and no significant difference by ecosystem size. Remote patient monitoring and telemedicine lead the AI applications expected to benefit most from 5G at 88 per cent, followed by real-time medical imaging processing and analysis at 78 per cent, AI for emergency care at 74 per cent, AI for hospital asset tracking and smart IoT devices at 72 per cent, embodied AI at 62 per cent and AI-assisted robotic surgery at 60 per cent.

The twelve-month technology pipeline is led by AI and machine learning (78 per cent), followed by IoT and connected devices (56 per cent), robotics and automation and cloud-based systems (46 per cent each) and telemedicine platforms beyond 5G (40 per cent). Extended reality, at 20 per cent, ranks consistently lowest across every section of the survey — in active implementation, in capability priorities and in forward plans — most plausibly reflecting limited current

awareness or prioritisation rather than a hard maturity constraint; blockchain appears in only three large-ecosystem hospitals. The wider significance of this pattern is predictive: hospitals already operating AI, IoT and analytics foundations are structurally prepared to extend 5G beyond pilots, making adjacent-technology readiness the most reliable indicator of where adoption will scale.



7. Investment, Budgets and Business Models

Current investment is deliberately conservative. Among initiative holders, 31 per cent allocate a moderate 5 to 15 per cent of the IT budget to 5G and a further 31 per cent less than 5 per cent; 15 per cent spend without a dedicated budget line, 12 per cent are unsure; only one hospital commits more than 15 per cent, and one reports no 5G expenditure at all. The posture is cautious, phased and 'wait-and-see', with fragmented funding structures and significant commitment rare.

Forward intent is nonetheless positive. Of hospitals with any 5G expenditure, 67 per cent anticipate budget increases over the coming years, 24 per cent expect no change and 10 per cent are unsure. But none expect a reduction, a pattern suggestive of a sector approaching a deliberate acceleration phase. Planned increases are driven by execution enablers rather than reactive pressures: expansion of digital-health initiatives (79 per cent), investment in smart-hospital operations and automation (71 per cent), a strategic focus on innovation and digital transformation (64 per cent), demand for reliability and low latency in critical workflows (57 per cent) and network upgrades for future readiness (50 per cent) all rank well ahead of competitive pressure

and growing clinical need (29 per cent each). Large-ecosystem hospitals cite the full range of drivers; smaller institutions concentrate on digital-health expansion and critical-workflow reliability, a return-led posture. Among the small group maintaining or reducing budgets, uncertainty over benefits and infrastructure gaps dominate, followed by competing priorities, limited evidence of return and, in a single case, regulatory constraints — blockers that constrain investment continuity rather than initial adoption, and that imply acceleration depends more on reducing execution risk than on enlarging budgets.

Operating-model choices reinforce the theme of control and risk containment. Self-managed (52 per cent) and managed-service (44 per cent) models dominate, while capital-expenditure-led (20 per cent) and leased (12 per cent) models remain marginal across both ecosystem segments. Larger ecosystems scale faster not by heavier upfront spending but by leveraging operational scale and service-based models that lower deployment friction; smaller institutions favour flexibility and learning over long-term financial lock-in.



8. Market Context: The Wider APAC 5G Trajectory

The survey's early-stage findings sit against a backdrop of rapid regional build-out. The GSMA's Mobile Economy Asia Pacific 2026 analysis projects 5G connections reaching 1.5 billion by 2030 — half of all mobile connections in the region — supported by more than US\$200 billion of operator capital expenditure between 2025 and 2030, with mobile technologies and services contributing an estimated US\$1.4 trillion to the regional economy by the end of the decade. Developed Asia-Pacific markets are expected to rank among global 5G leaders while Southeast Asian adoption lags, mirroring the maturity gradient this survey observes among hospitals.

Country exemplars illustrate both the promise and the unevenness. In Singapore, the National University Health System deployed indoor private 5G across operating theatres and inpatient wards, as well as a hybrid infrastructure leveraging on the macro network, and is now scaling further through its GSMA Foundry partnership. In South Korea, Samsung Medical Center built an enterprise-dedicated 5G network with KT for applications including digital pathology, as well as logistics use cases. In Thailand, Siriraj Hospital launched a nationally significant 5G smart-hospital programme with the telecommunications regulator and industry partners, spanning smart emergency services, AI-supported pathology, edge computing and autonomous logistics, with a joint innovation laboratory incubating dozens of applications for wider promotion. In Malaysia, leading operators have progressed to 5G-Advanced trials, with healthcare applications among the early candidates. These, however, are marquee deployments; the survey's contribution is to show that beneath such flagships, the median APAC hospital remains in assessment or early pilot. Japan's result — no initiatives among its four respondents — is consistent with a

market whose enterprise 5G energy has concentrated in industrial local-5G deployments rather than hospitals, and must in any case be read against the very small national subsample.

Technically, the capabilities most relevant to hospitals — network slicing, ultra-reliable low-latency communication, private and standalone 5G, and edge computing, each enhanced under the emerging 5G-Advanced standard — map directly onto the mission-critical, secure and deterministic connectivity that clinical applications demand. This reinforces the survey's central message: **the technology is ready; organisational execution capacity is the constraint.**

9. Strategic Implications and Extrapolations

The survey’s findings extrapolate into distinct agendas for the two leadership audiences this report addresses, set out below alongside a staged view of next steps.

The finalised survey report distils its evidence into three headline takeaways, each paired with an explicit extrapolations for vendors, policymakers and provider leadership. Table 4 reproduces them in summary, and the agendas that follow build directly upon them.

9.1 For Healthcare Leaders

1. **Close the intent–execution gap through cross-functional governance.**

The IT-led ownership pattern — with finance engaged in barely one initiative in eight and clinical leadership in fewer than half — is the single most correctable weakness the survey identifies. Hospitals should establish an enterprise-level advanced-connectivity steering group co-owned by clinical, operational, finance, and technology leadership; where fewer than three functions are actively engaged, the programme should be treated as at-risk of remaining a departmental experiment.
2. **Sequence use cases from workflow-adjacent to transformational.**

Institutions should begin where the sample already shows traction and lower risk — operational efficiency, in-hospital monitoring, telemedicine and IoT-enabled devices — and use demonstrated returns to unlock capital for higher-value applications such as XR-assisted surgery, connected beds and robotics. Capital-intensive clinical applications should not be attempted before infrastructure reliability and systems integration are secured.
3. **Fund workforce enablement ahead of hardware.**

With network and infrastructure management and clinical workflow adaptation the leading capability gaps, structured upskilling and change management should run concurrently with deployment; device rollout should follow a workforce plan rather than precede it.
4. **Anchor every business case in measurable outcomes under flexible commercial models.**

Given near-universal cost concern and widespread uncertainty over returns, hospitals should define outcome indicators — latency-sensitive workflow gains, asset utilisation, and effects on complications, readmissions and length of stay — and favour managed-service or self-managed

Key takeaway	Stated extrapolation
5G adoption is early-stage and uneven, driven by institutional execution capacity rather than geography	Prioritise execution enablement — integration, skills and governance — over awareness-building; engage execution-ready hospitals early, while constrained and standalone institutions receive foundational support before adoption can realistically accelerate.
Execution, not awareness, is the bottleneck	Pair connectivity with integration services, workforce enablement, cybersecurity support and return-on-investment-backed implementation pathways — especially for smaller ecosystems and standalone hospitals, where constraints compound.
Investment is rising, but selective and maturity-dependent	Position 5G as part of an integrated digital stack — explicitly linked to AI, automation and measurable operational outcomes — rather than a standalone connectivity upgrade, with capital expected to flow first to institutions holding existing AI, IoT and analytics foundations.

Table 4: Key takeaways and stated extrapolations of the survey report

models over heavy capital commitment while the evidence base matures, releasing rising budgets against roadmap milestones.

5. Build on adjacent-technology foundations.

Institutions already operating AI, IoT and analytics should position 5G as the connective layer of that stack; those without should prioritise foundational digital maturity first — for which the HIMSS maturity models provide a ready benchmark — before expecting 5G to deliver.

9.2 For Telecommunications and Technology Leaders

1. Segment go-to-market by execution readiness rather than geography.

Ecosystem scale and adjacent-technology readiness predict adoption more reliably than country. Large-ecosystem, AI- and IoT-ready hospitals warrant early, high-value engagement; standalone hospitals need lower-friction, foundational entry points first.

2. Sell connectivity-plus, not connectivity.

With integration, security and skills among the most severe barriers, 5G propositions should bundle legacy-system integration, cybersecurity, workforce enablement and return-measurement tooling. Bare connectivity will not scale beyond pilots.

3. Lead with flexible commercial models.

The revealed preference for self-managed and managed-service arrangements over capital-led and leased models argues for productised as-a-service offerings — clinical-grade network slices with defined service levels and quality-of-service guarantees — that match hospitals' risk appetite and lower deployment friction.

4. Engage the executive suite, not only the IT department.

Because leadership support and funding are the decisive accelerators and 5G is still treated as a technology rather than a business initiative, propositions should be made to chief executive, operating and finance officers in the language of strategic and operational outcomes, supplying the return-on-investment evidence hospitals say they lack.

9.3 Staged Next Steps

- **Within six months:** stand up cross-functional governance; complete a workforce capability baseline; and launch one or two workflow-adjacent pilots with defined indicators. If pilots cannot demonstrate a measurable operational effect within two quarters, scope should be revisited before further expenditure.
- **Six to eighteen months:** convert successful pilots to production under flexible operating models; integrate with the AI, IoT and analytics stack; and formalise return reporting. Sustained evidence justifies escalation from minimal towards moderate budget allocation.
- **Beyond eighteen months:** scale to enterprise-grade, security-hardened deployments and higher-value clinical applications, aligning roadmaps to emerging Advanced Connectivity Guideline reference designs. Enterprise deployment standardisation and ownership across three or more functions signal readiness for transformational use cases.

10. Conclusion and Outlook

The APAC hospital sector stands at a genuine inflection point in its adoption of advanced connectivity. The evidence assembled here describes a region in which awareness is broad, intent is strengthening, and budgets are poised to rise, yet in which execution remains the decisive constraint: half of hospitals have started, a quarter are executing, and structural capacity — ecosystem scale, cross-functional governance, workforce capability and adjacent-technology foundations — separates the leaders from the rest more sharply than geography does.

The direction of travel is nonetheless unmistakable. No surveyed hospital intends to retreat from 5G; the question is not whether adoption will proceed, but how quickly the intent–execution gap can be closed. Two shifts will define the next phase: conceptually, from connectivity as an infrastructure upgrade, towards 5G

as the connective and AI layer of an integrated digital stack spanning artificial intelligence, the Internet of Things, robotics and extended reality; and institutionally, from isolated pilots towards collaborative frameworks that make deployments repeatable, comparable, and evidence-based. Healthcare, telecommunications, and technology leaders who align early with that trajectory, and who invest as deliberately in governance, workforce and measurement as in networks, will shape the methods by which the region's intelligent hospitals are built.



GSMA Head Office

1 Angel Lane
London
EC4R 3AB
UK

Email: info@gsma.com

