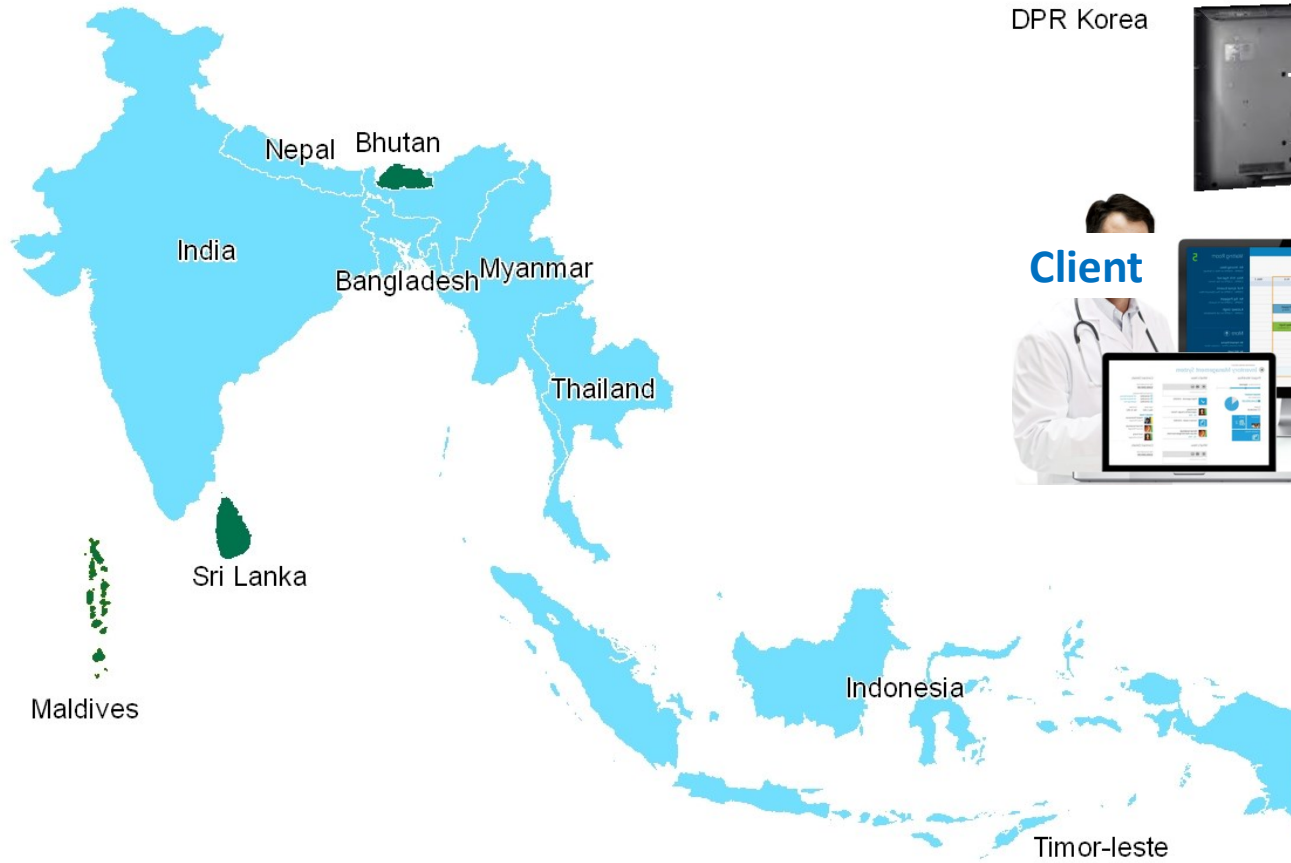


eHealth in South East Asia Region of WHO

WHO/ITU Regional Workshop on National eHealth Strategy for Improving Women & Children's Health
30 September to 2 October 2013



DPR Korea



Client



Presented by - Jyotsna Chikersal
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World Health Organization, South East Asia Region (SEAR)



World Health Organization

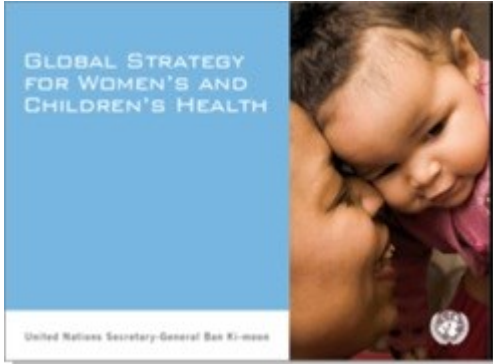
Overview of the presentation

- Commission on Information & Accountability (COIA)
- The Regional eHealth Context
- WHO ITU Partnership
- Objectives of the Meeting

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The aspiration to save 16 million lives gave birth to the Global Strategy for Women & Children's Health



September 2010, the Secretary-General of the United Nations launched the *Global Strategy for Women's and Children's Health*.

Goal: track progress towards **MDG 4 & 5** (child & mother health)

- Protect 120 million children from contracting pneumonia
- Prevent 88 million children from stunting
- Prevent 33 million unwanted pregnancies
- Prevent 15 million deaths of children under the age of 5
- Prevent 570 thousand deaths of pregnancy related complications

Promises must to be kept, efforts should be harmonized and progress monitored



Commission on Information and Accountability (COIA)

- In Nov 2010, Commission on Information and Accountability estd.
 - Objective: to develop framework for accountability for women & children health
- Report officially released by Dr Ban Ki-Moon, Sept 20, 2011
 - Recommendations
 - Priority areas for actions at country and global levels
- First progress report on implementation of recommendations released September 2012



Country Accountability Framework (CAF) developed to translate COIA recommendations into actions

7 Key Areas to Strengthen :

1. Monitoring of Results
2. Civil Registration and Vital Statistics
3. Maternal Death Surveillance and Response (MDSR) & Quality of Care Assessments
4. Resource Tracking & National Health Accounts
5. Innovation through the use of ICT (eHealth)
6. National Review and Accountability Mechanisms
7. Advocacy and Outreach

Steps taken – to develop CAF roadmap by Countries

- **Step 1:** Regional COIA workshop organized by WHO
 - September 2011 in Bangkok ✓
- **Step 2: National workshop** with broader stakeholders to draft the CAF roadmap ✓ (except India)
- **Step 3: Finalize the Roadmap** ✓
- **Step 4: Dissemination of the Roadmap** ✓
- WHO released the catalytic funding ✓
 - Bangladesh & Indonesia (50%), DPRK, Nepal, Myanmar
- Implementation going on
- Development of National eHealth Strategy prioritized by all 5 COIA countries in their roadmaps.

Performance measurement indicators for eHealth area in CAF Roadmap

- **Indicator 1:** National eHealth strategies in place
- **Indicator 2:** All districts are part of a national web based system to report health data and receive feedback
 - Some SEAR countries have web-based reporting system; but generally programme specific (like India, Thailand, Sri Lanka, Maldives and Bangladesh)
 - Various Hospital & Health Information Systems are being adopted by countries with web reporting option under the COIA Roadmap
 - SEARO Regional Health Observatory can be extended to National Health Observatory

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Today ICT is a Strategic enabler to Reach the unreached

- The SEAR is home to **26% of the World's population** but only **11 hospital beds** are available for every **10,000 population**, despite the fact that the region is **bearing about 1/3rd Global Disease Burden**.
- **2/3rd population** of the region is **living in rural or mountainous areas**
- Business as usual has not succeed in “Reaching the Unreached” - Its now time for Innovation for QOC- eHealth
- WHO supported several eHealth initiatives in SEAR in the last decade



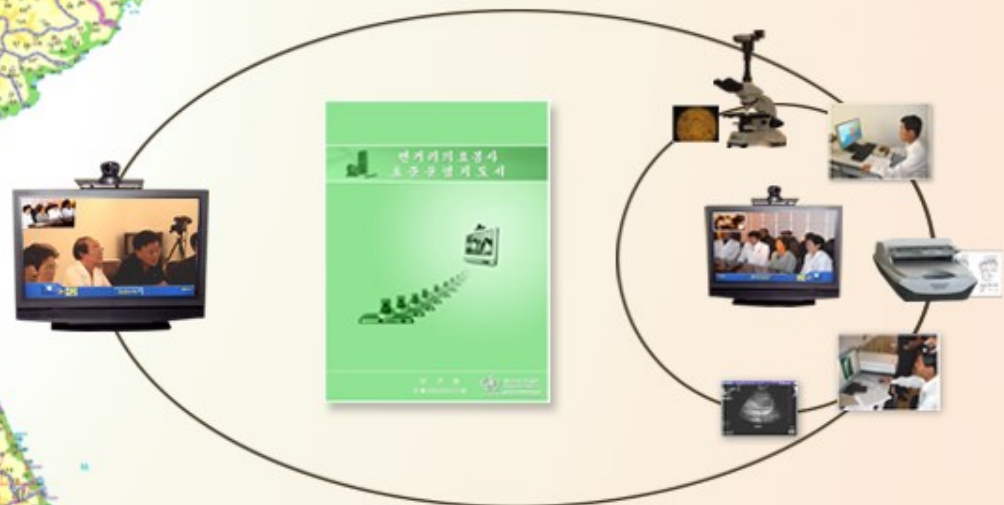
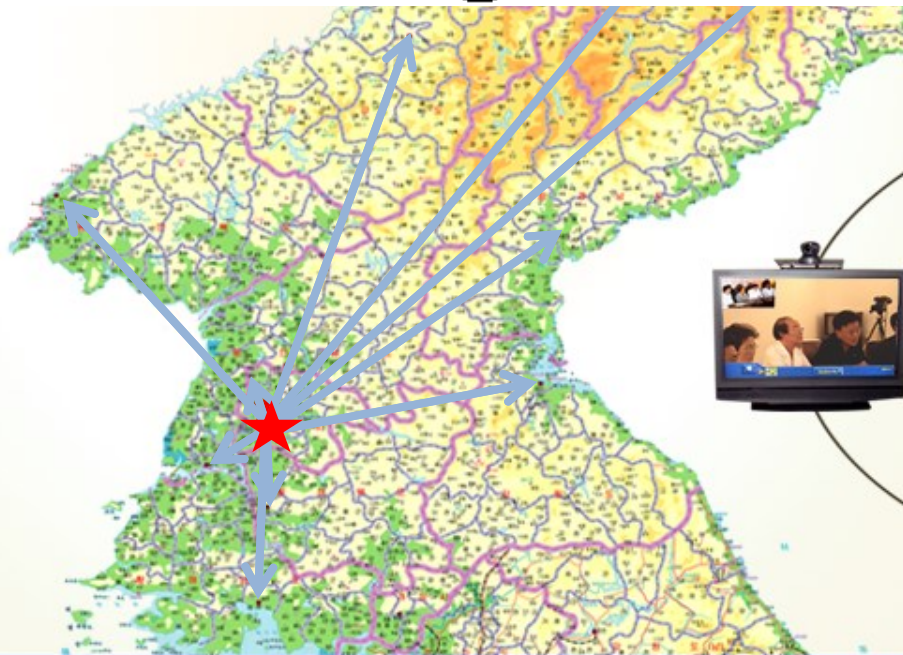
WHO supported in DPR Korea

Establishment of national telemedicine system

- 4 central hospitals
- 10 provincial hospitals
- 10 provincial maternity hospitals
- 189 city, county hospitals



A total of 213 hospitals covered



Successful Establishment of the Telementoring system for Surgery

As of June 2013 all provincial, city, county hospitals are covered by the telementoring system for surgery

DHIS (aggregate public health information system) & OpenMRS (for EMR) being Piloted



Effectiveness of telemedicine service

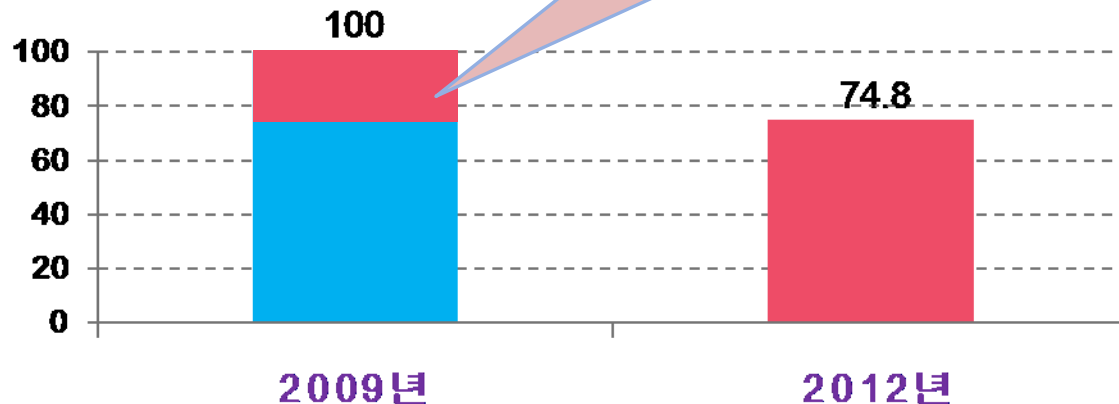
Shortened lead time for treatment



Average of days per patient

Reduction in the rate of case referral, **25.2%**

Reduction of case referral



Tele education

on medicine to a total of **144 506** audiences



1432 times
(2010.2-2013.6)



DPR Korea's

Experiences from the Implementation of Telemedicine

First, Adoption of appropriate national policy and guidance is important for the successful establishment of the telemedicine system.

Second, Telemedicine is an effective mode of service delivery contributing to the improved quality of care for the people.

Third, Establishment and upgrading the standard of the telemedicine service can be successful when it is implemented with a good strategy and a plan defining clear objectives to be achieved through various stages of implementation.



Bangladesh is an **Emerging Economy** with many **Success Stories** against the odds



UN MDG 4 Award 2010



GAVI Award 2009 & 2012



UN South-South (eHealth) Award 2011

MDG 1 poverty reduction target (28.5% poverty rate)	✓
MDG 4 & 6 targets	✓
MDG 5 target	Well on track
UN eHealth Award	Y2011
One of 11 next economic wave countries after BRIC (Ref: Goldman-Sachs)	✓

Bangladesh has shown remarkable change in last 5 years

Digital Bangladesh Vision 2021 was the driving force



Challenges

- Huge population
- Resource constraints
- Competing health priorities
- Shortages of skilled ICT staffs

Solutions:

- Simple
- Low cost
- Innovative
- Locally appropriate
- Scalable



All Health facilities connected in Bangladesh

Internet Rollout



Super-specialized Hospitals

Tertiary Hospital /
Medical College Hospital

District Hospital /
Medical College Hospital

Sub-district Hospital

Bangladesh
(Pop. ~150 million)

Divisions (7)
Pop. 23 million

Districts (64)
Pop. 2.5 million

Sub-districts
(483)
Pop. 0.3 million

Device >



Connected
April 2009



Union Health Center (Day care)

Community Clinic (Day care)

Community Health Workers

Unions (4,501)
Pop. 35,500

Wards
(13,503)
Pop.
12,000



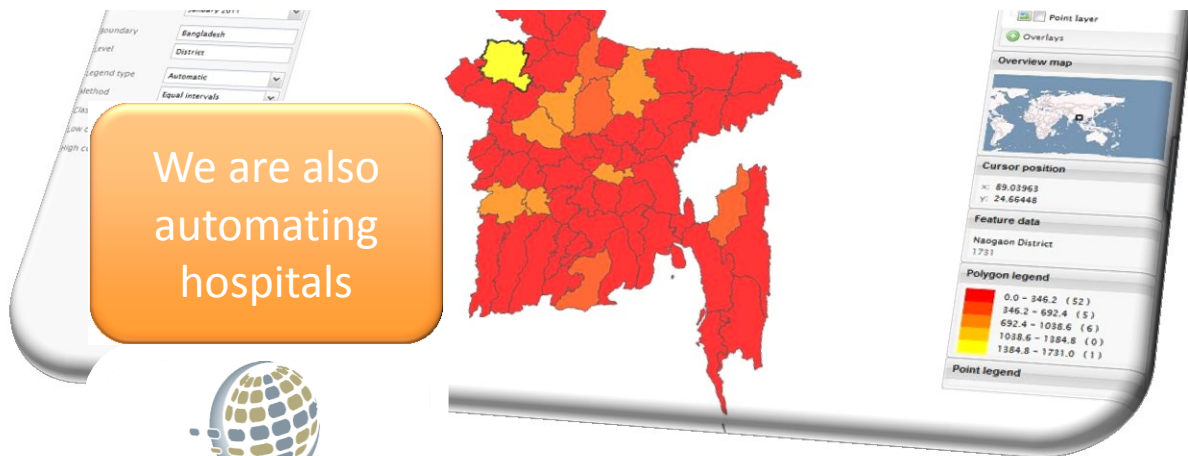
Connection
Jul-Sept
2013

18,000 community clinics, Handheld being provided



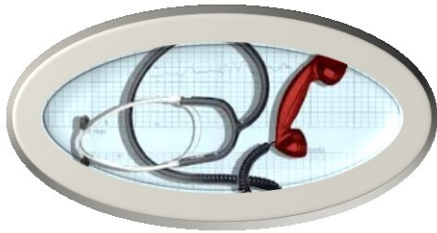
national HIS

- **Users**
 - > 20,000 public health facilities
 - All CHWs



We are also automating hospitals





Dedicated Telemedicine Centers



*Old centers
*New centers

No. of consultations provided (9 centers)	
Y2012 (Jan-Dec)	2,812
Y2013 (Jan-Jun)	2,626
Total (1.5 yrs)	5,818

- **Telemedicine:** A call-centre approach with 24-hour doctor has been set up, & is linked to 582 sites, including all district/sub-district hospitals.
- These sites are linked to 9 centers.
- In 1.5 years over 5,800 consultations provided.

Other eHealth programmes in Bangladesh

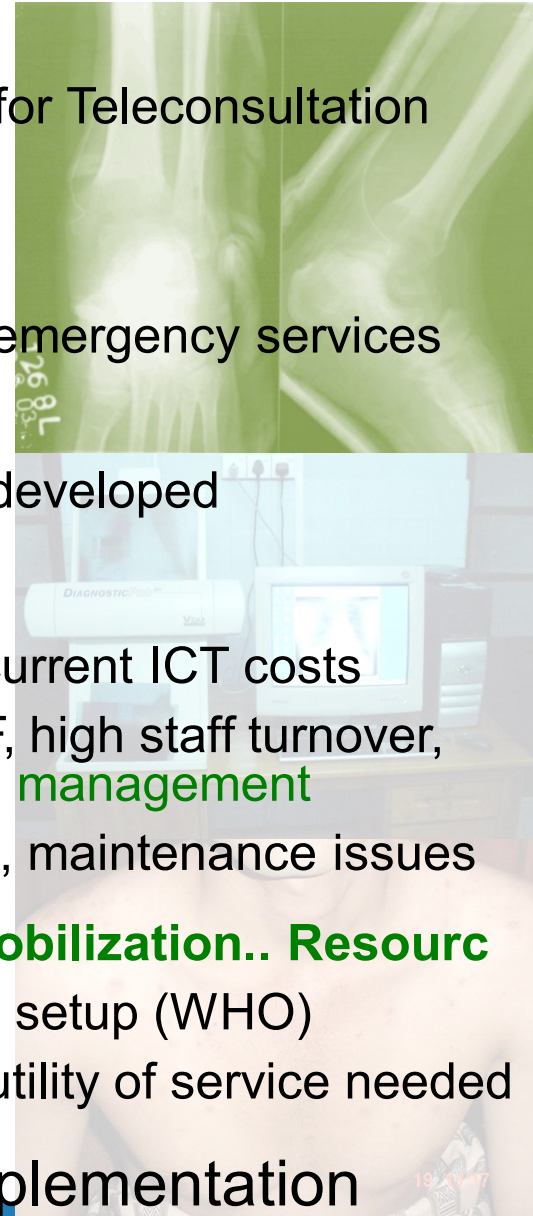


- Remote Time Attendance
- Complaint-Suggestion Box
- Web & social media portals
- mHealth – SMS pregnancy advice
- Population EHRs
- GIS
- Priority disease surveillance
- Client education
- eLearning
- **Preparing for eCODIRS**



Bhutan: Telemedicine for Service Delivery is important

- 2000-05: WHO supported Telemedicine in 6 hospitals
- 2008: SAARC project established at National hospital for Teleconsultation & CME from 2 Indian super-speciality hospitals
- 2009: Rural Telemedicine Project (RTP) at 14 sites
- 2010: **Health Help Centers a success story** for G to C emergency services & health advise using a Decision support system
- 2011: Review done by WHO & medium-term strategy developed
- **Key challenges:**
 - **Budget constrains:** Expensive medical equipment, recurrent ICT costs
 - Human Resources: Low technological literacy of HWF, high staff turnover, poor commitment, **low investment in “People” Change management**
 - Infrastructure: **Poor Internet coverage**, power outages, maintenance issues
- **A Way Forward: (Resource mobilization.. Resource mobilization.. Resourc**
 - **Simple Teleconsultation** – mobile & Email forms being setup (WHO)
 - A **strong policy framework, M&E & incentive** to guide utility of service needed
- **HIS & Hospital Information Systems under implementation**



eHealth in India began late 90's with indigenous technology development for HMIS & Telemedicine

- **2010: Mother & Child Tracking System (MCTS):** by MoH to track every pregnant woman & child for healthcare services.
Registered >10 m pregnant women & 5 m children
- All health facilities being inter-connected with high speed band 100MB B/W. for
 - Medical college network,
 - National Rural Telemedicine Network,
 - m-Health and mobile health on wheels.
- Initiatives of tele-education, tele-consultation & other tele health care services in place in various Government & private institutions
- Establishment of **National HER & National EMR Standards** finalized
- **National Population Register** under-establishment



Sri Lanka & Maldives have some eHealth Strategy

Sri Lanka

- Telemedicine pilot project estd in 2002-03, was used during Tsunami at one site
 - 5 districts in collaboration with WHO.
- Joint-venture with hospital in India offering cross-border consultations to patients: X-rays, scans & E.C.G
- HIS plan funded by WB, TA by Partners.



Maldives

- Implemented SIDAS at Atolls for data collection & analysis
- 2011: National eHealth strategy developed
 - implementation plan needed
- 4 Regional Hospitals & 35 Remote sites connected for telemedicine



Timor-Leste & Nepal developing eHealth Strategy

Timor-Leste

- Implementing Swasthya Slate produced by PHFI to perform 33 diagnostic tests using an android, Data uploaded to EMR – 90% cost saving
- WHO technical assistance to develop eHealth Strategy for Nation-wide implementation.



Nepal

- 30 district hospitals connected for Tele-Dermatology, Tele-Radiology & Tele-Pathology, 120 consultations/day
- MoH approved DHIS for HMIS & evaluating adapted OpenMRS for Hospital Information System
- Key Stakeholders of CRVS keen on piloting eCODIRS
- Development of National eHealth Strategy planned



Key challenges around eHealth in SEA Region of WHO

- Lack of eHealth policy, strategy & legal framework to support the national health system
- Uncoordinated investment in ICT in health due to absence of an overarching plan for eHealth
- Duplication of Efforts- A low degree of cooperation, collaboration & sharing across sectors.
- Limited capacity - within the public sector to implement eHealth programs
- Widely differing levels of eHealth maturity across and within countries
- Poor Quality & Disparities in data- Health information systems exist in silos, segmented by disease specific control, health programs or donor-driven initiatives with little interoperability & communication.
- Poor communication infrastructure- lack of broadband connectivity & internet access, prevent use of ICT in health

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WHO partners with ITU to leverage ICT for transforming health services for people to attain better health outcome

- Joint MOU to support rec3 of Commission on Information and Accountability for Women's and Children's Health (COIA)
 - Recommendation.3 Innovation: By 2015, all countries have integrated use of ICT in their national HIS & health infrastructure.
- Developed WHO-ITU National e-Health Strategy Toolkit
 - offers great opportunity & resource for developing country's e-Health strategy
- Compendium of eHealth applications that can support the COIA recommendations
- Joint Ministerial Meeting for SEAR in Nov 2013 during the connect summit.
 - Other Development Partners invited



WHO-ITU joint Ministerial session is planned during Connect Summit to foster Health & ICT ministries work together

This session would stress collaboration for:

- Developing or revitalizing National e-Health strategy
 - Joint WHO-ITU meeting next week to start process
- Adopting e/mHealth Interoperability health data standards at National & Sub-national level.
- Improving the use of ICT for better health outcomes in the areas including , but not limited to:
 - Women's and Children's Health
 - Communicable & non-communicable disease control, cure & prevention
 - Medical services & Health care delivery
 - Health promotion
 - **Universal Health coverage**



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Objectives of the WHO/ITU Regional Workshop on National eHealth Strategies for Improving Women's and Children's Health”



World Health
Organization



Specific Objectives of the meeting:

- Identify & showcase eHealth innovations that address WCH
- Develop participants' understanding of how to use the WHO/ITU National eHealth Strategy Toolkit and to learn from other countries' experience to help develop well-informed strategies at national level; and
- Review & Feedback on a proposed “Regional eHealth Strategy” for SEAR countries.