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  - Multi-sectoral approach - Govt. and partners need to work together
Last decade: 4 Pilots in SEAR have shown its usefulness

- **Goal:** to improve health service delivery in particular and health system performance in general, through the use of ICT

- 3 step implementation approach for Pilot projects
  - Step 1: Improve access to Information (tele-education)
  - Step 2: Improve access to Advice (tele-consultation)
  - Step 3: Improve access to diagnosis & patient management
Bhutan: Telemedicine for Service Delivery is an important option

- Bhutan has been making sincere efforts to implement Telemedicine since 1997
  - 3-step approach was piloted in 6 sites (2000-2005)
  - By 2004, the utilization improved to 20 consultations / month

- Lessons learnt from pilots, led to development of a National plan for Telemedicine in 2006
  - Not implemented due to funding constraints

- 2007: Expansion done to 10 more sites (JAICA Project)

- 2008: SAARC project established at National hospital
  - Provides Telemedicine consultation and CME services
  - From two super-specialty hospitals in India

- 2009: Rural Telemedicine Project (RTP) initiated at 14 sites
Bhutan: Decade experience led to National strategy 2011

- Telemedicine project Review done in 2011 suggested:
  - Insufficient investment has gone into the “People” aspect of making the change happen
  - Interviews with 10 RTP sites: we moved from Pilot project to National Program without essentials in-place
  - Interviewes with 7 Specialists at National Hospital revealed: An incentive system can motivate response off-hours

- National strategy provides phased approach for 3 years
  - 1st year: Integrate telemedicine with Health Call Centre
  - 2nd year: Further strengthen “People” aspects and SOPs
  - 3rd year: Impact assessment to develop medium-term strategy and operational plan
DPRK: Telemed expanded to 60 sites after successful pilot

- In 2007, WHO undertook a country’s need analysis and infrastructure readiness survey followed by planning a pilot project in 2008.

- In 2009, the pilot system was launched in 3 sites representing central, provincial and county levels to assess the adaptability and functionality of the system.

- Overall utilization was good at the all 3 pilot sites.

- During 2011, WHO/SEARO provided funding & technical support for establishing 60+ new sites.

- Now, all provincial hospitals and 60 county hospitals are connected through the telemedicine system
  - Tele-consultation for diagnosis and treatment of difficult cases
  - Tele-education for in-service medical staff

- In-country Project assessment is planned in August 2012

- Development of a National Policy on Telemedicine and study tours for capacity building are being planned for the near future.
Sri Lanka is implementing various e-health initiatives

- Telemedicine pilot project established in 2002-03 was used during Tsunami at one site, however 3 out of 4 sites were wiped off by Tsunami

- Sri Lanka’s responsible agency (ICTA) is taking forward various e-health initiatives
  - installed an open source Hospital Information Management System in various hospitals

- A number of other isolated systems developed by Family Health Bureau, Epidemiology Unit, Medical Statistics Unit etc

- WHO plans to work with ICTA on eHealth projects to ensure compliance to standards and norms
The review of the Telemedicine Pilot indicated more need on data sharing and e-learning.

Therefore, SEARO implemented SIDAS at Atoll level,
- Integrated tool for data collection, analysis and presentation (GIS) developed by WHO/SEARO.

Late 2010, WHO/SEARO provided inputs to draft the National eHealth strategy for Maldives.
Global Observatory for eHealth provides useful indicators & data

- Objective of the GOe was to undertake a global survey on eHealth to determine a series of benchmarks at national, regional, and global levels in the adoption of the necessary foundation actions to support the growth of eHealth
  - GOe conducted a survey in 2005 & 2009

- WHO’s eHealth resolution adopted in 2005 focuses on strengthening health systems through the use of eHealth
  - The Observatory model combines WHO coordination regionally and at headquarters to monitor the development of eHealth worldwide

- 8 SEAR countries participated in the 2009 GOe survey
  - BAN, BHU, IND, INO, MAV, NEP, SRL, THA
Policy framework and Implementation

- Although all countries responded, have National eGovernment policy
  - eHealth policy exists in 2 (25%)
  - Telemedicine policy in 1 (12.5%)
  - While only 1 country partially implemented National Telemedicine policy

No. of countries responded "Yes"
The topmost barriers to implementing Telemedicine solutions are:

- Perceived costs too high
- Lack of policy frameworks
- Organizational culture not supportive
- Underdeveloped infrastructure
- Lack of demand by health professionals
- Lack of knowledge of applications
- Lack of legal policies/regulation
- Lack of technical expertise
- Competing priorities
- Lack of nationally adopted standards

No. of Countries responded "Yes"
The top most barriers to implementing mHealth initiatives are:

- Lack of policy framework
- Lack of knowledge of applications
- Lack of technical expertise
- Perceived costs too high
- Competing priorities
- Cost effectiveness unknown
- Underdeveloped infrastructure
- Lack of demand
- Lack of legal policies/regulation
The topmost barriers to eLearning are:

- Lack of policy framework
- Underdeveloped infrastructure
- Lack of knowledge of applications
- Lack of skilled course developers
- Availability of suitable courses
- Perceived costs too high
- Lack of demand

No. of countries responded "Yes"
Regional Strategy implementation would strengthen HIS in SEAR

- 10 Point Regional strategy to strengthen HIS in SEAR countries has been Endorsed by RC59 in 2006 and RC63 in
  - Significant improvement to be reported to the RC by 2015

- HMN assessments done in 6 countries in 2007-08 and their HIS plans updated.

- Implementation of COIA recommendations also compliments the implementation the regional strategy.

- There is an urgent need to have a fully functional Regional Health Observatory to collate information required by decision makers.

- Every country in SEAR has an HIS, with different levels of maturity. Some improvements done since 2007 in line with the regional strategy.
  - More work required on: disaggregation of data, data quality, data management at sub-national level and district level, data collation from multiple sources, standards, interoperability, ICD-10, CRVRS, ………
Improving Civil registration and Vital statistics system

- Recommendation of the COIA: Significant improvement in the reporting of vital events in all countries by 2015
  - 6 of the 11 countries of the SEAR region have made a commitment

- Tool to assess country CRVS System developed by WHO & UQ, was pilot tested in Sri Lanka in 2009

- In Maldives, assessment of the coverage and completeness of the VRS was undertaken in 2010-11, the causes of deaths validated and training on verbal autopsy conducted.

- Currently comprehensive assessment is going on in 2 SEAR countries – Timor-Leste & Indonesia, Planned in 2 countries – Bangladesh & Myanmar.

- DPRK & Thailand are undertaking rapid assessment

- SEARO is following up with Bhutan, Nepal and India for conducting assessment at the earliest.
Countries have e-Health projects worth sharing with others

- **Bangladesh MOVE-IT:**
  - to register all pregnant mothers and their children in Bangladesh in a unified electronic information system by leveraging a multi-stakeholder collaborative framework.

- **Indonesia MOVE-IT:**
  - to develop and implement software solutions for data entry, management, quality control and processing of vital registration data from a selected sample of field sites in Indonesia.

- **Indonesia: Verbal Autopsy using mobile phones at community level**

- **India innovation initiative:**
  - eMamta of Gujarat, adopted by nationally – to track MCH services
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The way forward

- WHO to support development of National eHealth / mHealth policies, National telemedicine policies
- Implement Regional strategy for improving HIS
- Establish pilots in other requesting countries
- Evaluation of pilot projects
- Organize regional meeting to share experiences and plan a roadmap to accelerate the e-health / m-health initiatives in the country
- Harness initiatives and developments under COIA recommendations and MOVE-IT
Mobile Cellular Subscriptions per 100 population

- **Highest subscribing countries**
  - Estonia : 202.99
  - Qatar : 175.4
  - Saudi Arabia : 174.43

- **Lowest subscribing countries**
  - Eritrea : 2.78
  - Ethiopia : 4.89
  - Brundi : 10.10

- **A few surprises**
  - Maldives : 147.94
  - USA : 94.83
  - Kyrgyzstan: 81.85
Brain Gym Quiz
# Mobile Cellular Subscriptions per 100 population

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