Executive Summary

The AeHIN 3rd General Meeting offered technical professionals an opportunity to understand in more detail what it will take to deliver results that are cheaper, faster and better using eHealth and mHealth. An innovations fair, and several knowledge-sharing and learning sessions were held. 130 participants from 15 countries attended the general meeting held at the Asian Development Bank Headquarters. A successful Conference on Measuring and Achieving Universal Health Coverage using ICTs in Asia and the Pacific was held preceding the meeting.

Against this backdrop, multiple development partners came together to support a conference on eHealth for UHC while maintaining their commitment to AeHIN as a collaborative community of practice that can increase institutional capacity for more optimal use of health ICT and information infrastructure.

Altogether, countries joined the call to achieve Universal Health Coverage through ICTs. Succeeding the Conference on Measuring and Achieving UHC with ICT in Asia and the Pacific, 10 countries (Bangladesh, Bhutan, Indonesia, Lao PDR, Malaysia, Maldives, Nepal, Pakistan, the Philippines, and Timor Leste) prioritized the ICTen Steps which resulted as a call from the previous conference. Ranking based on need and relevance with respect to country situation, below is the regional ICTen Steps:

1. Know your baseline - review not only pre-existing and existing conditions but also learn from other countries experiences to benchmark possible activities to improve eHealth implementations
2. Get everyone on board and bring your best team - as eHealth commitments are parallel to political climate, strong support and solid buy-in across various sectors would retain eHealth activities. With the network as a transparent platform for interest and concerns on eHealth amongst countries, it surfaced that AeHIN can help government understand depth in eHealth towards national development.
3. Build institutional readiness and a skilled workforce! - building institutional readiness surfaced not only by training the eHealth workforce but also from learning what other countries are doing through attachments and study tours across countries.
4. Invest in unique ID schemes and link CRVS and UHC- the overlapping role of policy in this area was recognize for the country to collect comprehensive CRVS data
5. Get concrete! Have an implementation plan with quick successes - ranging from general to very specific plan of intervention; countries have been encouraged to create strategy documents with quick wins.
6. Plan for sustainable financing mechanisms from the start! - medical insurance and donor support are two funding mechanisms identified by countries which will require harmonize plans to support eHealth development
7. Adopt, adapt or develop tools! - countries recognized that documenting learnings on eHealth activities and tools would benefit other countries as well. Reusability of interventions and open source technologies are tools to look forward to.
8. Define success, measure progress based on M&E criteria - monitoring and evaluating systems as criteria for progress and a measure for success
9. Keep data safe and secure - health data is handling people’s welfare making security and confidentiality a staple.

At the end of the conference, Haiham Al Noush from the Norwegian Agency for Development announced its support to the Asia eHealth Information Network funding AeHIN’s next two years.
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Introduction

The Asia eHealth Information Network is two years young. The first general meeting (GM) launched members’ and countries’ collective recognition of the importance of peer-to-peer learning and Network building among those sharing a journey leveraging the use of information and communication technology (ICT) towards better health. The second GM in 2013 convened AeHIN pioneers and expanded the membership to listen to more technical input on eHealth advocacy and implementation, review incipient Network agreements, share updates on country eHealth developments and craft a roadmap of activities to further strengthen the Network and develop eHealth in the region.

This 2014, AeHIN members were presented with a technical series of discussions to support the information needs of the Network, gathered through the year-long on-line and face-to-face discussions. This year’s theme is “from Strategy to Implementation”, depicted by the tool set (gear and wrench) of this year’s General Meeting logo. It underscored the AeHIN national eHealth capacity building roadmap, a means to scale and sustain ICT investments in countries and the Asia Pacific region.

Agenda

This year’s general meeting engaged members and experts was a venue for exchange of knowledge and recent experiences with eHealth and HIS: on multi-sectoral engagement and governance; project and program management; improving data quality, analysis and use; implementing health data standards; applying ICT-certified techniques; developing and reusing open source solutions, scaling and sustaining investments. Participants discussed the merits and bottlenecks of addressing emerging eHealth and mHealth technical topics. Panel discussions expounded on challenges in national eHealth implementation, leadership and capacity building, standards and enterprise architecture and, monitoring and evaluation. Small group learning sessions (innovations fair and ask the expert) catered to more specific sharing of individual experiences, addressing to detailed queries from members.

Participants

130 participants from 15 countries attended the general meeting held at the Asian Development Bank in Manila, Philippines from the health, finance, ICT, and planning sector.

Organizers

The AeHIN GM was conceived in tandem with, and was designed to follow the Conference on Measuring and Achieving Universal Health Coverage using ICTs in Asia and the Pacific. The GM would provide the venue to further discuss agreements that emanate from this. The AeHIN Chair and Co Chair, along with technical officers from WHO WPRO, GIZ, and ADB prepared the draft of the conference programs. The AeHIN Working Council composed of representatives from 14 countries* met in series to provide input on the General Meeting’s agenda and delivery. (*Bangladesh, Bhutan, Cambodia, Hong Kong-China, India, Indonesia, Malaysia, Maldives, Myanmar, Nepal, Philippines, Sri Lanka, Thailand)
Meeting Proceedings

This document records the dynamic sharing of ideas during the meeting, through various discussions formats: panel discussions, small group learning sessions and country discussions. The third part describes the simultaneous sessions where countries ranked their priorities and defined broad plans for the next two years. The latter will be the basis for AeHIN's next steps.
Welcome Remarks

Dr. Boonchai Kijsanayotin
AeHIN Co-Chair

I’d like to welcome you all to this 3rd AeHIN General Meeting and thank you everyone for sparing your valuable time to attend our annual Asia eHealth Information Network assembly. What I mean by “our”, that means our Network is owned by everyone in this room. Please allow me to list the achievements so far of AeHIN: the Network has over 450 professionals in eHealth, HIS and CRVS, from 25 countries in the region and 13 countries outside Asia; the membership increased by over hundred during the year. Knowledge flow is regularly maintained via Listserv and AeHIN HingX. AeHIN Hours and AeHIN Academy are the best examples for capacity building and knowledge sharing in the region. The local AeHIN Hours, like CameHIN Hour, AeHIN BD Hour, AeHIN Hour PH, and Thai AeHIN Hour (in Cambodia, Bangladesh, Philippines and Thailand, respectively) not only enable the participants to learn on various aspects of eHealth but also the knowledge are made available and made accessible anytime to the country eHealth community. AeHIN Hour enables the knowledge flow within and across region. As nothing is more important than building capacity for eHealth in the countries and in the region, AeHIN has successfully supported the several training programs both on-site and online such as HL7, TOGAF, DHIS2 Academy and COBIT5 for health and health IT professionals from the region in the past year. We have much to gain by working together, sharing knowledge and pooling resources on eHealth; rather than working in isolation.

Informed by the results of the just concluded Conference on Measuring and Achieving UHC with ICT, specially through the “iCTen” -- we will look deeper in more technical and practical ways of “how” we going to achieve the 10 priorities we had identified.

We will be discussing many important topics related to challenges faced in national eHealth development and implementation. The subject of our sessions throughout the meeting – such as enterprise architecture and standards in national eHealth programs, capacity-building strategies for eHealth, monitoring and evaluation framework for eHealth, and experiences with health information exchanges – are of vital importance. I also believe that experiences from one country can be highly instructive to others with similar ambitions, acing similar challenges. I hope you will all benefit from the
I would like to thank and acknowledge the support of all parties involved in organizing this meeting, especially all development organizations, specifically the WHO, ADB, NORAD, GIZ, JICA, KOICA, USAID, UNICEF, UNESCAP and PEPFAR that helped to make this meeting possible. I also thank everyone here for participating and bringing your passion and expertise to our meeting. I look forward to the remainder of the meeting: I believe that the outcome of this unique meeting, with the diversity of experiences within countries, will help guide the way as we move towards using eHealth for better health together. I would like to wish us all a very fruitful meeting and enjoyable stay in Manila.
Keynote Speaker

Teodoro Herbosa, MD FPCS, COBIT5-f
Undersecretary of Health,
The Department of Health, Philippines

(De. Teodoro Herbosa, Philippine Undersecretary of Health, is perhaps the highest-ranking government official in Asia to be COBIT 5 - Foundation - certified, and adopted this IT governance model in the development and implementation of the Philippines' eHealth strategy.)

Dr. Herbosa presented goals of the Philippine national health system and achieving Universal Health Care. First, it should be able to provide financial risk protection; he cited the continuing struggle in terms of building awareness among the poor regarding the importance of health insurance and the mechanisms to access these. Despite aiming for full coverage by 2010, only 77 million Filipinos and their dependents were enrolled in PhilHealth (the country’s national health insurance program), most of the insured are from the working class, while people who are not employed remain not covered by insurance. (There are about 100 million Filipinos,) Two other important goals are access to quality health care facilities, and achieve the public health Millennium Development Goals.

eHealth is recognized by the Philippine Department of Health as an important enabler to achieve these three-prong goals. Yet challenges in the country’s eHealth arena were already emerging, its potentials needed to be harnessed better – these were finally addressed through better IT governance measures. The Philippines formed National eHealth Steering Committee. This Committee, acts like a board, with the Minister of Health as the chair. Other members of the eHealth Steering Committee are the Department of Science and Technology, University of the Philippines Manila, Philippine Health Insurance Corporation, and the Commission on Higher Education. eHealthThis Committee defines expected benefits, acceptable risks and ensure available resources and assigns the eHealth Technical Working Group to serve as the workhorse for the ministers by organizing the activities in support to the eHealth programs. Created also is the eHealth Program Management Office which performs day-to-day operations.

The adoption of IT governance has been helpful in making sure that there is clear organizational structure, clear rules for making decisions and that all issues get resolved. eHealth implementers should be aligned with policy makers, who in turn, should always “look at the bigger picture”.
Panel 1: What challenges have you faced with national eHealth development or implementation?

Moderator:
Mr. A.U. Jai Ganesh  
Senior Manager (Healthcare Information Technology),  
Project Coordinator (Sri Sathya Sai Telehealth Programme)  
Sri Sathya Sai Central Trust (Medical Care Division), Prasanthi Nilayam

Panelists:
Dr. Teodoro Herbosa  
Undersecretary of Health  
Area Cluster Undersecretary for NCR and Southern Luzon  
Department of Health, Philippines  
Ayeaye Sein, Myanmar

Dr. Khol Khemrary  
Chief, Bureau of Health Information  
Department of Planning and Health Information  
Ministry of Health, Cambodia

Ms. Thinley Wangmo  
Telemedicine Focal Person  
Dept. of Medical Services, Ministry of Health, Bhutan

Mr. Shivnay Naidu  
Director of Health Information, Research and Analysis  
Ministry of Health, Fiji

Session Overview:
The journey towards the use of information and communications technology for universal health coverage is fraught with challenges. It is common knowledge that implementing eHealth solutions in one hospital is already very complex, how much more will it be to implement at national scale? This session brought government
leaders from different countries who wish to reap the benefits ICT in healthcare but are faced with significant challenges. In this session, the moderator will asked them to relate the story behind their journey.

**Session Objectives:**
1. Share experiences with eHealth development and/or implementation in your country/program/project
2. Share insights about particular challenges that your country/program/project had to address in using ICT in healthcare and/or UHC
3. Share your perspectives or lessons learned that other countries could draw upon to ensure that their own journey towards using ICT for UHC will be smoother and more successful

The five panelists shared different challenges they faced in developing and implementing eHealth in their countries and the solutions they came up with. An overview of the eHealth or telemedicine efforts they are implementing were provided.

Ms. Thinley Wangmo of Bhutan described that they encounter a lot of problems in developing software applications, such as these not being user friendly or versions they get are not compatible with existing systems. Another example is they had difficulty in operationalizing the telemedicine project they implemented in two of their hospitals. Another problem is that they had telemedicine systems in place but are not integrated with one another. To resolve these, Wangmo pointed out the possibility that perhaps using similar or related telemedicine systems being used in other countries that work could save cost and time. Wangmo explained that having a telemedicine policy in place, an implementation roadmap, and strategies in the pipeline could address these gaps. All these have financial implications, although she cited that the Asia Development Bank supports Bhutan’s eHealth strategies.

Fiji, represented by Mr. Shivnay Waidu, reported a unique ID system for nations. They have a centralized hospital based system connecting all divisions of hospitals and facilities or health centers at the community level. They have also have a web-based public health information system. Now, they have stable WiFi in hospitals and are implementing a centralized ICD10 coding though WHO technical assistance.

Dr. Teodoro Herbosa of the Philippines illustrated their venture in developing a national health information exchange. Since their government is investing on a single IT government platform, he advocated for more investments in security as well as data storage. IT Governance is helping the Philippines delineate tasks including concerns over procurement of IT equipment. For example, the Ministry of Health will focus on the applications, while the Ministry of Science and Technology will focus on the infrastructure. Without IT governance, each sector will buy their own equipment making it disadvantageous to a low-to-middle income country like the Philippines where streamlining expenditure is necessary. Dr. Herbosa also highlighted the difficulty of technology adoption in certain health worker groups such as those based in the communities. Many who are providing quality health services are technophobes. That is why supporting them, and connecting to them to and through technology is vital.

In Myanmar, infrastructure is very limited. Ms. Ayeaye Sein explained that they have to work on mobile infrastructure and to expand their DHIS2. Aside from mobile infrastructure, she also advocated for more adequate policy support.
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<th><strong>Discussion</strong></th>
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<tr>
<td><strong>Q:</strong> Please cite examples of ICT applications in health financing, if any</td>
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<td><strong>A:</strong> Because health financing business rules are different for each country, it is hard to have the same software for all. But there are useful software such as business process management software and business rules management software which can be customized with country-specific rules.</td>
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<td><strong>Q:</strong> What is most challenging concern in applying or implementing eHealth or ICTs in health sector?</td>
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<td><strong>A:</strong> In our experience (Philippines), it is governance. Unless there is clear governance, the eHealth program will not have support and it will not be able to progress beyond implementation.</td>
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<td><strong>A:</strong> Infrastructure is very limited, although mobile is there. We (Myanmar) still need adequate policy support.</td>
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Plenary: National Health Identifiers: Foundations for UHC

Mr. Xenophon Santas
Lead, Health Information Systems
Division of Global HIV/AIDS
U.S. Centers for Disease Control and Prevention

Mr. Santas described the development and implementation of national health identifiers as an emerging practice supported by development partners at UNAIDS, WHO and US President Emergency Plan for AIDS Relief (PEPFAR). Identifiers ensure that a patient has one unique existence within the healthcare system. This facilitates the development and availability of longitudinal medical records as it also allows tracking of medical services delivered across medical facilities.

Challenges that impede the implementation of health identifiers include the lack of person-level unique identifier and lack of standardized fields used for the health identifiers. Identifier systems are almost never complete; in particular, they do not cover children and immigrants. Hence, the use of ICTs and patient matching are important tools. Different methodologies on patient matching include deterministic, fuzzy watch, probabilistic, and machine learning. The probabilistic method provides better results in terms of accuracy and consistency.

Standard fields are important to allow merging of duplicated data. An identifier should be free of the patient initials, and birth date. These are commonly violated among the implementers. A common issue raised is the impact of identifiers on patient privacy and confidentiality. Yet an identifier, if implemented properly, should strengthen the patient’s privacy and confidentiality of patient information. And in order to maintain the privacy, a policy on the access, proper training and education on those who has access on the system, data encryption and physical security should be considered. Universal IDs should not be the health identifier to avoid fraudulent activities.
Discussion

Comment: We recommend to have a special training or technical meeting for the Asia region to have detailed discussion on NHID.

A: We’ll take note. If we get a lot of votes for this, we’ll program this in the next two years of AeHIN capability-building program. There are emerging evidence-based best practices that can help countries avoid early mis-steps and develop effective and efficient patient identification strategies.

Q: What is an appropriate way to link the unique identifier at birth (such as birth registration) with health identifier? And if we have more unique health identifier how we combine those ID in one?

A: This is an important, complex and context-dependent question. Often multiple identifiers are used to satisfy regulatory or legal mandates, so linking these fields may or may not be permitted. When seeking to merge or decrease the number of identifier schemes used, the demographics associated with the identifiers must be used to establish a link. Consequently, matching algorithms with appropriate performance characteristics (accuracy, etc.) must be implemented. Selecting these algorithms requires expert knowledge of the characteristics of your data (data quality, discriminating power, etc.)

Q: We often implement identifiers in funded health projects. If a country does not yet have identifiers, how would you recommend that projects proceed? Is there a “recommended” short ID?

A: If there is no national strategy, then at a minimum 1) ensure the identifier value space will cover the number of persons to be covered, 2) use a check digit, and 3) avoid incorporating meaning in the actual identifier, and 4) of course continue to advocate for a unified national strategy!

Q: Any suggestion for a country that has enacted law on national ID, but does not comply with ASTM criteria for content-free?

A: This is a challenge, but ultimately one must work within the constraints of your system. When identifiers contain embedded content, data protection mechanisms should be considered to ensure that patient privacy is preserved. And of course, continue to advocate for enhancements to your countries processes and policies regarding patient identification.

Q: What competencies will we need to manage/implement national health ID? Eg, statisticians, developers, etc...

A: The OpenHIE community is developing a planning and implementation guide that will cover these is greater detail.
### Discussion

**Q:** There are many methods and/or algorithms (e.g. card, biometrics) for unique identifier?

**A:** There are many methods that can be tailored to your particular data. A key necessary step in developing a robust identification/matching approach is to be sure you understand well the quality/discriminating power of your demographic/identifying data.

**Q:** What guidance would you provide on migrating patient IDs in projects out to national patient IDs once a government has provided guidance? Is there a recommended ID for projects to make migration easier?

**A:** The process, at a minimum, will be informed by the quality of the source and destination IDs. The more consistent and discriminating the identifiers are, the ‘deterministic’ (one-to-one) the transfer/transition will. Lower quality/less discriminating data will require more ad-hoc, idiosyncratic strategies.
Panel 2: How do we obtain support for leadership and governance for eHealth?

Moderator:
Dr. Md Khadzir Sheikh Ahmad
Deputy Director
Health Informatics Centre
Planning and Development Division
Ministry of Health, Malaysia

Panelists:
Dr. Fazilah Allaudin
Deputy Director, Telehealth Division
Ministry of Health, Malaysia

Dr. Oscar Primadi
Head, Data and Information
Ministry of Health, Republic of Indonesia

Mr. Ousmane Ly
General Director
National Agency for Telehealth and Medical Informatics (ANTIM)
Ministry of Health, Mali

Prof Prof Dr Abul Alam K. Azad, Bangladesh
Additional Director General (Planning & Development) &
Director, Management Information System (MIS)
Directorate General of Health Services (DGHS)
of Ministry of Health & Family Welfare, Bangladesh

Mr. Haitham El-Noush
Senior Adviser
Department for Global Health, Education and Research
Norwegian Agency for Development
Session Overview:
With the many stakeholders involved in a national-scale eHealth development and implementation, there should be clear leadership and governance. This session asked panelists to share their experiences with gathering leaders to support eHealth programs and their strategies for ensuring broad stakeholder involvement.

Session Objectives:
1. Share experiences with obtaining support from leadership and with strengthening good governance of eHealth programs
2. Share insights about particular challenges that you had to address in obtaining attention from the leadership and in formalizing the governance structure
3. Share your perspectives or lessons learned with eHealth leadership and governance that other countries could draw upon to ensure that their own journey towards using ICT for UHC will be smoother and more successful

Dr. Fazilah Allaudin of Malaysia emphasized the importance of having a clear policy and strategy, and functional committees to support national eHealth implementation. Organizational, technical and implementation committees could be formed by the national steering committee. In ICT for health, the buy-in of the leaders is important. The role of a champion or communicator between the stakeholders and top management is crucial in making them understand what Health ICT is. To communicate its importance, regular meetings are held, albeit short ones, with the different stakeholders and top managers.

Dr. Oscar Primadi of Indonesia believes that one of the important foundations in health IT leadership is political commitment to an eHealth national plan. Policy commitment emanating from different stakeholders and ministries ensures continuity of programs regardless of the political leader. A specific group under the Ministry of Health should focus and take the lead for health ICT. In Indonesia, each institution (national government agency) has its own IT system; therefore, national leadership required a good strategy to synchronize the data from the different stakeholders. To communicate effectively, eHealth leaders should understand the importance of interoperability, clearly given importance in the eHealth national plan.

Dr. Ousmane Ly presented the importance of change management in different levels. Similar to what Dr. Alaudin shared, communication between stakeholders is important to introduce eHealth. Training and education are effective components of change management. As new systems are communicated down to the front line health workers, training them on using the new IT system would yield the best result for them to embrace eHealth endeavors. With success with these health workers, leaders in the top management would appreciate and understand the importance of eHealth. Dr. Ly also mentioned the importance of monitoring and evaluating the implementations in order to assess whether the goals of the projects are met and are scalable to a national level.

Bangladesh’s situation is not different from other countries. Gaining support of the political leaders posits a most important role and its biggest challenge in eHealth development and implementation. Dr. Abul Alam Azad believes that eHealth is very complex to implement and needs collective effort from all stakeholders. eHealth implementers in Bangladesh show how the system would benefit the people and the decision makers gaining the trust of the people and the political leaders. Dr. Azad said that it is wise to always “keep the big picture in mind”. It is important to build capacities among colleagues to ensure continuity of the program even new set of
leaders comes in. Another thing to consider is to build a system fit to the needs of your country. Systems should communicate with each other and should produce data for the decision makers.

Providing the donors’ perspective, Mr. Haitham El-noush shared that implementers should align eHealth targets with the national priorities to secure commitment of the national leadership. He also suggested to be creative in raising funds, and not to wait for the donors/funders. But rather, as national eHealth leaders, one should be proactive to coordinate / communicate directly with the funders.

### Discussion

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<th>Q: If you are in (the top) policy maker position, what you will do first to strengthen eHealth governance?</th>
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<td>A: Adopt an inclusive approach, build partnerships and craft an eHealth implementation plan.</td>
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<th>Q: How do you implement your change management? Do you have a guide we can follow?</th>
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<tr>
<td>A: By use training and capacity on eHealth for decision maker, health worker and parliamentarians. And we have do intensive communication to users.</td>
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<td>A: We have a guide for change management. for HIS implementation project.</td>
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<th>Q: How can we design our eHealth program so it is not ‘disturbed’ when the leadership changes (example, after elections, and current leaders are changed)?</th>
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<tr>
<td>A: eHealth in my opinion is just an enabler or a means to deliver the program objectives. So as long “e” is used to achieve the health objectives, it should continue.</td>
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<th>Q: Is there any other country who wants to join us in proposing a regional interoperability project through Global Fund? AeHIN would like to demonstrate a simple interoperability project between countries; maybe on TB drugs purchase and use? What other data is sharable?</th>
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<tr>
<td>A: Usually performance data is hard to share but something as simple as what types of drugs are used in health facilities might be safe enough.</td>
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<td>A: The Philippines, Pakistan, Indonesia volunteered to participate.</td>
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<tr>
<td>A: Indonesia is underway to to submit a health system strengthening proposal for the New Funding Model.</td>
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Discussion

Q: The private sector is an important part of the governance equation. What are the ingredients for a successful partnership between the public and private sectors in the context of eHealth development?

A: Transparency is key in the involvement of the Private sector in eHealth development. Whatever you need to do must have that high level of transparency, for the private sector to key in. At times ownership can also help: let them be a part of it from the stage you are planning it and let them have a specified role to play.

A: Partnership is the key. After all we do not only govern the public sector but also the private sector.

A: Through economic transformation program, Private-Public Partnership (PPP) is important” (Malaysia)

A: In Philippines, the eHealth Steering Committee created an Advisers Group composed of private sector. The Advisers Group meets quarterly to review the state of activities and they give recommendations. There is also the ICT for Health Group created in 2010, who recommended crafting enterprise architecture for the health sector. ICT4H was composed of representatives from telephone companies, software development companies, academe, NGO, and of course, chaired by DOH (health ministry). (Philippines)

A: The role of the government is to create the infrastructure, to connect facilities, and for all sectors including the private sectors, to use the infrastructure. This is one way how the government can involve the private sector. It can have an impact in the economy. (Indonesia)

Q: If the leaders are not IT-aware, or maybe even afraid of technology, how can we convince them?

A: Start small and grow big. Let them have a feel of what you are talking about by showing quick wins that demonstrate benefit – these would convince them.

A: Work at demystifying the ideas you are promoting by diminishing technical jargon and translate things to terms they understand.

A: The first step would be to get the leaders into a zone that demonstrates success of using technology in small and simple examples. As stated by colleagues, start small and grow big. It may be a long road ahead, but they will come around, In shaah Allah.

A: Choose an eHealth advocate who is a good communicator as an “educator” of the leaders. Conduct frequent short meetings to update them about eHealth; indirectly, these are education sessions. (The leaders get sensitized, and hopefully, learn to value and advocate for eHealth with you.)
Panel 3a: What are the roles of enterprise architecture and standards in national eHealth programs?

Panelists:

Dr. Boonchai Kijsanayotin
Co-Chair, Asia eHealth Information Network

Dr. Md Khadzir Sheikh Ahmad
Deputy Director
Health Informatics Centre, Planning and Development Division
Ministry of Health, Malaysia

Dr. Mean Reatanak Sambath
M&E Program Leader
Better Health Service Project (BHS)
University Research Co., LLC, Cambodia

Mr. Rajendra Gupta
Chairman
Continua Health Alliance

Session Overview:
Because of the complexity of national-scale information systems, best practice advises the use of enterprise architecture (EA) approaches and standards in eHealth development. This panel presented experts who will share their experience with EA and standards and provide inputs to the audience on what worked or did not work for their countries.
Session Objectives:
1. Share experiences with enterprise architecture and standards vis-à-vis eHealth development and/or implementation in your country
2. Share insights about particular challenges that your country had to address in using EA approaches and standards in healthcare
3. Share your perspectives or lessons learned that other countries could draw upon to ensure that their own journey towards using ICT to achieve UHC will be smoother and more successful

The different panelists shared their insights on the role of standards and enterprise architecture (EA) in implementation of national eHealth programs.

Some countries have seen the benefits of an enterprise architecture approach. This is particularly true in India where they utilized the ecosystematic approach in the past, but has adopted the enterprise architecture as of late. Mr. Rajendra Gupta also explained that in India, the priority eHealth programs of the government include telemedicine and device communication. The government is an advocate of eHealth, encouraging working closely with different ministries to ensure positive outcomes.

Dr. Boonchai Kijsanayotin emphasized that implementing an EA can be very difficult. Standards are very important and without it, you cannot migrate, aggregate and exchange data. Moreover, the whole country should be aware of these standards. At present, Thailand doesn’t have a robust enterprise architecture, but they are continuously following and developing it in parallel with the existing standards. They are implementing drug terminologies and are exploring laboratory standards such as LOINC. They are also looking on SNOMED-CT for as a framework for drug characterization.

Dr. Mean Reatanak Sambath, on the other hand, reported that they do not have an EA yet for Cambodia but are very much willing to learn more about it and the standards available.

Dr. Khadzir Ahmad stated that in Malaysia the EA work is being done at the national level, building upon syntactic and semantic views to primarily support interoperability. Proposing standards, planning every strategy, and consulting whenever it is needed are just some of the key approaches they are using. Government is very supportive of the initiative.

Everyone in the panel agreed that they should not only focus in interoperability but rather on data efficiency. The systems should have eHealth standards in place, which should be regularly evaluated if adequate. Harmonization is vital.
Panel 3b: What are effective capacity-building strategies for eHealth?

Moderator:
Prof. Dr Abul Alam K. Azad, Bangladesh
Additional Director General (Planning & Development) &
Director, Management Information System (MIS)
Directorate General of Health Services (DGHS)
of Ministry of Health & Family Welfare

Panelists:
Mr. A.U. Jai Ganesh, India
Senior Manager (Healthcare Information Technology),
Project Coordinator (Sri Sathya Sai Telehealth Programme)
Sri Sathya Sai Central Trust (Medical Care Division),
Prasanthi Nilayam

Dr. Vajira H.W. Dissanayake
President
Department of Anatomy
Faculty of Medicine
University of Colombo, Sri Lanka

Prof. Anis Fuad, Indonesia
Faculty
University of Gadjah Mada Indonesia

Dr. Jai Mohan
Professor of Health Informatics & Paediatrics
International Medical University, Malaysia

Mr. Sam Quarshie
Member
Ministry of Health’s Ministerial eHealth Steering Committee and Ghana Health Service
ICT Technical Committee
Prof. Seewon Ryu
Professor
Department of Health Policy and Healthcare Management
Inje Institute of Advanced Studies (IIAS)

Session Overview:
Despite the advancements in technology, developing human capacity for health information management is difficult. This session brought experts from different countries who have implemented and/or evaluated capacity-building programs for eHealth.

Session Objectives:
1. Share experiences with eHealth capacity-building in their country
2. Share insights about particular challenges that your country had to address in building capacity for eHealth in your country
3. Share your perspectives or lessons learned with capacity-building that other countries could draw upon to ensure that their own journey towards using ICT for UHC will be smoother and more successful

Three questions on effective capacity building strategies for eHealth were posted by the moderator to the panelists:

- What are the capacity building strategies have been employed for the national eHealth development?
- What challenges and what did you do first from these strategies?
- What do you need to be able of to succeed in capacity building?

Mr. Jai Ganesh shared that mentorship is offered in India to those who are taking research projects in health informatics. They are pushing for the addition of health informatics as a course on the national level.

In Ghana, their approach on capacity building is top-down with their government as author of their enterprise architecture. Mr. Sam Quarshie also added that eHealth capacity building should involve the top management.

Prof. Seewon Ryu of South Korea also concurred with this, strong leadership is important, not only in capacity building, but also in other eHealth implementations.

The pressing challenge of eHealth is that there are no standards on eHealth competencies because it is ever changing. The solution is that for medical informatics professionals to build the discipline further, to better explain realities with theory, and thus improve the way eHealth practitioners respond to opportunities and challenges.
### Discussion

**Q:** What capacity building strategies for eHealth are you implementing in your country?

**A:** Indonesia developed the Centers of Excellence (CoE) on Health Information Systems at universities to train MOH (Ministry of Health) staff on health informatics. Nine universities have been selected as the CoE. Annually, Indonesian Ministry of Informatics conducts INAICTA (Indonesian ICT Awards) to invite students, practitioners, researcher and communities to submit entries on IT innovations. eHealth is among the areas of innovation.

**A:** For 2014-2020, Malaysia planned Health ICT workforce development program through five strategies intended to build knowledge and skill: [a] short courses: training, seminars, attachments, [b] professional certification, [c] career development (diploma, masters, doctorate degrees in health informatics), [d] change management, and [e] retention programs (to retain subject matter experts within the MOH).

**Q:** There are various capacity development needs for ICT engagement in advancing eHealth such as skills on networking, programming, system analysis, project management. How do we prioritise the needs?

**A:** AeHIN recommends stepwise approach: first is (build capacities on) governance, then enterprise architecture. With EA, you can now define what standards you need. This is followed by standards training. Next is project management. Please refer to http://www.aehin.org/Resources/eHealth.aspx. All are priorities, although different groups of people are actually targeted. But fundamental governance structures must be set up, in order to maximize the personnel who would be trained on the other aspects of eHealth development.

**Q:** How do we strengthen regional cooperation and coordination for eHealth human resource including capacity development, to minimizing duplication efforts and maximize use of resources?

**A:** There are various opportunities: the AeHIN academy, setting up inter-university forums on eHealth, MOOCs and online courses (such that offered by the Massachusetts Institute of Technology http://sana.mit.edu/education/2014hst936/).
Panel 4a: Monitoring and Evaluation Framework for eHealth

Moderator:
Ms. Athika Abdul Sattar
Director
Ministry of Health and Gender, Maldives

Panelists:
Dr. Supasit Pannarunothai
Head of Center of Health Equity Monitoring
Professor, Faculty of Medicine
Faculty of Medicine, Thailand

Mr. Tsolmongerel Tsilaajav
Director, Strategic Policy and Planning
Ministry of Health, Mongolia

Mr. Southanou Nanthanontry
Chief, Planning Division
Dept. of Planning & International Cooperation, Ministry of Health, Lao PDR

Dr. Rose Azcuna
Consultant
World Health Organization
Regional Office for the Western Pacific

Session Overview:
This session brought experts from different countries who have experience with monitoring and evaluating their eHealth programs.

Session Objectives:
The organizers have organized this session with the following objectives in mind. We appreciate your contributions as a participant during the session to help to achieve these:
1. Share experiences with monitoring and evaluating eHealth in your country
2. Share insights about particular challenges that your country had to address in monitoring and evaluating eHealth
3. Share your perspectives or lessons learned with M&E that other countries could draw upon to ensure that their own journey towards UHC will be smoother and more successful

All the countries in the panel agreed on the importance of monitoring and evaluation. This critical activity is performed in different countries, with variations in perspectives and processes. In the past years, capacities on eHealth quite improved, more specially on data generation. Attaining the MDG’s created the focal point for the improvement but the challenge remains in terms data quality. How do we get everyone see the added value of eHealth? The panelists agreed that ICT enabled systems do contribute to a more efficient health care delivery. Every person in high position needs to appreciate eHealth.

Monitoring and Evaluation for eHealth requires leadership to harmonize and standardize. A medical informatics expert who will train an IT professional will aid in the structuring of the process. In Thailand, they have been implementing a computer based system and designed a data flow for hospitals which facilitated a standard data set. Dr. Boonchai Kijanayotin emphasized that eHealth data should be monitored at the patient care level. It should not be language specific since everyone should benefit from it.

The panelists encouraged countries to think about integrating all (health-related) information systems into eHealth systems and at the same time advocate for its importance, specially through demonstrating success of ICT-enabled health information systems. Money to fund these activities is an important factor, thus countries have to invest.

### Discussion

<table>
<thead>
<tr>
<th>Q: What do you think are the essential elements of a sound monitoring and evaluation framework for eHealth?</th>
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<tbody>
<tr>
<td>A: Panelists recommended WHO-ITU- toolkit volume 3</td>
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<tr>
<th>Q: How do we actually measure the direct impact of eHealth in terms of improving health outcomes?</th>
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<tr>
<td>A: Monitor if in fact there is reduced workload, increased patient satisfaction, decreased opportunity costs, increased savings / income of patients, etc</td>
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<th>Q: Can you cite/recommend some of the existing (tested) monitoring and evaluation framework and eHealth that we can adopt and subsequently adapt?</th>
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<tr>
<td>A: Panelists recommended WHO-ITU- toolkit volume 3, and consider its adoption to make it applicable at sub-national levels.</td>
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</table>

<p>| A: For measuring eHealth, recommended is COBIT-5. For the healthcare indicators (eg, MDGs), suggested is using the framework used for those national programs. |</p>
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<th><strong>Discussion</strong></th>
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<td><strong>Q:</strong> Are e-health m&amp;e systems integrated with the overall health M&amp;E systems?</td>
</tr>
<tr>
<td><strong>A:</strong> Possible yes; depend what we will measure</td>
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| **Q:** What are the main indicators to measure the effectiveness of the framework for eHealth? |
| **A:** Based on COBIT5, the main indicator of effectiveness of the eHealth program is the achievement of the benefits. If you employ IT Governance Framework like COBIT5, and you are able to achieve your benefits (eg, lower maternal mortality), then your framework is effective. |
Panel 4b: What are your experiences with health information exchanges?

Moderator:
**Ms. Winnie Tang**  
Co-Founder and Board Member  
eHealth Consortium

Panelists:
**Ms. Jovita Aragona**  
Information Technology Officer III  
Information Management Service  
Department of Health, Philippines

**Dr. Shaun Grannis**  
Medical Informatics Researcher, Regenstrief Institute, Inc. and  
Associate Professor, Indiana University School of Medicine

**Dr. Fazilah Allaudin**  
Deputy Director, Telehealth Division  
Ministry of Health, Malaysia

**Engr. Derek Ritz**  
Principal Consultant  
eCGroup

**Mr. Gu Il Kang**  
Principal researcher, ICT Service Policy Division, Service Platform and Standards  
Department  
National Information Society Agency, Republic of Korea

Session Overview:
The journey towards the use of information and communications technology for universal health coverage is fraught with challenges. This session brings experts from different countries that have experience with health information exchange design and implementation.
Session Objectives
1. Share experiences with health information exchanges (HIEs) in your country
2. Share insights about particular challenges that your country had to address with health information exchanges
3. Share your perspectives or lessons learned with HIEs that other countries could draw upon to ensure that their own journey towards using ICT for UHC will be smoother and more successful

One pressing concern in eHealth is interoperability, thus the concept of a health information exchange (HIE) also comes into the picture. In this discussion, the panelists shared their insights, experiences and challenges in implementing HIE.

Dr. Fazilah Allaudin of Malaysia identified security and privacy important factors to consider in HIE. Together with the Ministry of Science, Malaysia increased the security through encryption in response to the issues on patient privacy. It is important to engage multiple stakeholders in creating the blueprint of health information management, including the HIE.

In Canada, Mr. Derek Ritz shared that they honor and seek patient consent to allow health information sharing in the HIE, including the use of “opt out” and implied consents. Data sharing agreements based on standards are also key in HIE discussions.

In the Philippines, legislation, sustainability and addressing technical issues are challenges. Ms. Jovita Aragona also pointed out that the legal framework of HIE in the Philippines is lacking; only a (proposed) administrative order provides the policy instrument to guide its implementation.

Dr. Shaun Grannis, an expert on health information exchange, shared that in the USA, there is a lack of (national or even statewide) HIE strategy because it is a market-driven healthcare enterprise. There is a massive resistance in the private sector, and there is a need to find a stronger value proposition as reason for health data sharing.

South Korea, in contrast with the other countries, have created their own local standards. Mr. Gu Il Kang explained that the global standards are too much for their country.

This issue on setting and adopting standards is supported by Dr Grannis; he explains that in HIE, there is no “one size fits all”. Mr. Ritz also expounded that the mantra for standards is to “adapt, adopt, then develop - as a last resort”.

The panelists shared best practices on implementing HIE: Dr. Grannis encouraged countries to optimize a use-case driven HIE. Mr. Ritz advocated for the continuity of care to be institutionalized through the HIE. Likewise, a provider-led HIE appears to be a successful model, the health service providers as critical actors, at the center of the development and design of the HIE.
AeHIN Bazaar

Day 1, 3:15PM – 5:15PM

The AeHIN was organized as a forum for peer-to-peer learning and support. The AeHIN Bazaar is a methodology introduced in the 2nd General Meeting in 2013. The session provided the participants an avenue to engage in a meaningful discussion with various global eHealth experts. The large ADB conference hall was organized into alcoves where seats are arranged in a semi-circular fashion, with the eHealth expert / resource person, can talk in a more intimate setting. Some of the experts had handouts, video or slide presentations on their topic. The Session gong was sounded every thirty minutes, to allow participants to shuffle to the next topic and expert of choice. Specifically, the sessions:

1. Encouraged networking and peer-to-peer learning
2. Informed interesting, promising and ongoing projects, approaches, initiatives, solutions
3. Provided space for participants to ask presenters about specific questions and/or share some of their own experiences

WHO Global Observatory for eHealth

Misha Kay
Senior Technical Officer, WHO-Headquarters

JLN eBook on Standards and Interoperability

Caren Althauser
Program Officer, Digital Health Solutions, Joint Learning Network/PATH

Derek Ritz
Principal Consultant, eCGroup

Kate Wilson
Director, Digital Health Solutions, Joint Learning Network/PATH

National Health Identifiers

Xenophon Santas
Lead, Health Information Systems
Division of Global HIV/AIDS
U.S. Centers for Disease Control and Prevention
Open Health Information Exchange

Derek Ritz
Principal, eCGroup

Diagnosis Related Groups in Thailand

Boonchai Kijsnayotin,
Co-Chair, Asia eHealth Information Network

Win Min Thit
Satellite Secretariat, Asia eHealth Information Network

Supasit Pannarunothai
Head of Center of Health Equity Monitoring
Professor, Faculty of Medicine
Faculty of Medicine, Thailand

MOTECH Suite Platform

Anupam Jain
Technical Project Manager, DIMAGI

Mary Jo Kochendorfer
Program Manager, Mobile Health Innovations,
Grameen Foundation

DHIS2

Jorn Braa, John Lewis, Knut Staring
University of Oslo, Norway

Apelon Distributed Terminology Service

John Carter, Carol Macumber
Vice Presidents, Apelon, Inc.

The knowledge sharing and experience exchange among the participants and the presenters deepened the participants’ understanding of the intricacies of eHealth design and implementation. It also provided inputs, envisioned to be adopted to each participating country's specific context.
Panel 5: Standards – How can they help?

Moderator:
Dr. Boonchai Kijsanayotin
Co-Chair, Asia eHealth Information Network

Panelists:
Dr. Mike Muin (HL7)
President
HL 7 Philippines

Dr. Shinji Kobayashi
Lecturer
Ehime University, Japan

Engr. Derek Ritz
Principal Consultant
eCGroup

Ms. Linda Bird
Implementation Specialist
International Health Terminology Standards Development Organisation (IHTSDO)

Ms. Marion Lyver
Experienced Healthcare/eHealth Consultant, Clinical Informatics & HI Standards Expert
ISO TR-215

Mr. Vish Viswanathan
Managing Principal
CC and C Solutions
Session Overview:

Information and communications technology for universal health coverage is gaining ground. But with every implementation, complexity quickly sets in and introduces significant challenges to both the health and IT professionals. This session brought experts from different standards development organizations who know how standards can help countries with their national eHealth strategy.

Session Objectives

1. Share experiences with health information standards
2. Share insights about particular challenges that your country had to address with health information standards
3. Share your perspectives or lessons learned with standardization that other countries could draw upon to ensure that their own journey towards using ICT for UHC will be smoother and more successful

Standards in eHealth is one of the most sought out topics during this year’s AeHIN General Meeting. Dr. Boonchai Kijsanayotin set up the discussion by asking questions on the benefits of the standards, the challenges faced in implementing standards and advice to audience.

Dr. Mike Muin of HL7 Philippines highlighted the importance of identifying the strong points of a standard. A country should identify its biggest need, and leverage its resources there. Moreover, he focused on the value of identifying and considering the culture of the country implementing.

Enterprise architecture is strategic, according to Dr. Viswanathan, representing TOGAF. TOGAF’s importance is that it provides framework for eHealth implementations that should be standards-based. Externally, one of the challenges is getting the right mentors and experts to lead the programs. In order to deal with this, Dr. Viswanathan suggested that leadership should spark at the right place. Moreover, there should be knowledge sharing and certification to enhance the capacity of eHealth champions.

Dr. Shinji Kobayashi shared openEHR which enables ICT to effectively support all aspects of healthcare. OpenEHR is a “domain-driven platform for developing flexible e-health systems” and aims to make the process as standard for development of clinical modules in electronic health records.

“The best standard is the one you can implement,” said Derek Ritz as he explained the IHE or Integrating the Healthcare Enterprise. IHE helps improve the interoperability of health care IT systems, one way is developing an implementation guide in line with different available standards from HL7 to ISO.

SNOMED-CT, a form of terminology service standard is described by Dr. Linda Bird as the most comprehensive clinical terminology standard in the world. She highlighted the importance of communication and common shared meaning in electronic health records and systems. Dr. Bird laid out the different advantages of implementing the terminology service, including its use in healthcare summaries, health reports, and analytics, effective interfaces and available technical support. She suggested that countries should be members of IHTSDO, the International Health Terminology Standards Development Organisation, which determines global standards for health terms. Further encouraged is to establish a national release
center and engage the country’s stakeholders, such as clinicians and leaders towards using standard terminologies.

Ms. Marion Lyver described ISO TC215 as a standard that focuses on interoperability of independent systems. The challenge is that ISO is modeled for profit. To conform to the standards entails the institution or the country to pay for the certification. Additionally, there are many standards in the market, most of which are volunteers. Also, a lot of countries do not have a standards committee. Ms. Lyver advised that the important thing is “what we are sharing is valuable data”. In agreement with other panelists’ advise, countries have to leverage the resources that are available, and additionally, reuse standards. The standards that one implements should be aligned with the functionalities that should be in the system.

**Discussion**

Q: How does one validate the standards in his/her system

A: you can be standard compliant but not interoperable. It is better to use standards that work together, thus conform to the standard of interoperability. (Derek Ritz)

A: that standards should not replace critical thinking and problem solving. There are many standards available, and each of them have different uses. (Mike Muin)

Q: How to select a standard?

A: You don’t have to pick a standard that can only do one thing. Pick a standard that can handle commonalities. (Marion Lyver)
Ask the Experts

Session Overview:
The AeHIN General Meeting is widely known to allow close interaction between country eHealth leaders-implementers and eHealth experts. For this year, invited were seasoned eHealth practitioners in domains of governance, enterprise architecture, standards, vocabulary, information exchanges, among others. Prior to the session, participants where asked to book an appointment with the experts for 30 minute sessions and query them for country-specific or domain-oriented questions. During the actual session, the experts were assigned to tables with labels. The country participants asked focused questions from the experts. Whereas many of these experts already had their chance to share their thoughts in plenary or panel discussions in the previous days, the atmosphere for this Ask-the-Experts Session was informal and relaxed to allow for intimate discussions, with participants seated around a small table.

Session Objectives
1. Discuss country-specific or domain-oriented questions which were not possible during the panel discussions
2. Exchange information on next steps that countries may adopt

Due to the limitation of time, many participants appointments were merged during a 30-minute session. Four half-hour sessions were conducted; the Session gong was sounded at the end of every 30-minute session to remind the participants to rotate to their next appointment. Described below are experts who participated in this session:

Dr. Linda Bird - SNOMED-CT
Implementation Specialist
International Health Terminology Standards Development Organization (IHTSDO)

Dr. Linda Bird is an Implementation Specialist with the IHTSDO. Her role is to enable, support and promote the adoption and implementation of SNOMED CT. Her areas of expertise include SNOMED CT implementation, analytics using SNOMED CT and binding SNOMED CT to information models. Prior to joining the IHTSDO, Linda worked for MOH Holdings in Singapore as a clinical information architect, where she was instrumental in the creation of the Singapore Drug Dictionary – a national SNOMED CT drug extension. Linda has also worked for a number of other organizations, including the National eHealth Transition Authority (NEHTA) in Australia, the Distributed Systems Technology Centre (DSTC) and the Brisbane North Division of GPs. Linda has a Ph.D. in Information Technology, and a University Gold Medal from the University of Queensland in Australia.
Vish Vishwanathan – TOGAF
Managing Principal
C AND C SOLUTIONS, Australia

Vish is an internationally reputed Strategy & Enterprise Architecture (EA) consultant, trainer, advisor and implementation program manager. He is result oriented and well known for his strategic and analytical abilities. With a broad and extensive experience in IT services, strategy, new business set up and new technology solutions and products, he is a well-rounded and complete Enterprise Architecture professional, bringing all of his 35 years of IT & business experience into the EA practice focusing on delivering excellent business value to customers through his organisation C AND C SOLUTIONS (CC&C). Prior to CC&C, Vish held senior executive positions with IBM and Fujitsu in India, Australia, Japan and Singapore.

Vish has presented several thought provoking papers in a number of International conferences on leading edge EA topics, based on his real life experiences with blue chip clients such as COSTCO, Applied Materials, Johnson & Johnson, Procter & Gamble(USA), AXA (France), Zurich (Europe/USA), CISCO (India/China/Australia) and Westpac/Commonwealth Bank/ IAG/Vodafone, NSW Health (Australia), GEL, NUS, CIMB, AXA Asia (Singapore) and government agencies (New Zealand). He has certified and mentored several thousands of professionals in business and IT functions, and has invariably received excellent feedback.

Dr. Mike Muin – HL7
President
HL7 Philippines

Dr. Mike Muin has been working in the Healthcare IT field for over 12 years. His work includes development and implementation of hospital information systems, electronic medical records and HL7 integration projects. He is the president of HL7 Philippines.

Dr. Shinji Kobayashi – OpenEHR

Dr. Shiji is a Senior Lecturer, EHR Research Unit, Kyoto University, Japan. He has been the lead of the Medical Open Source Software Council in Japan since 2003. He teaches clinicians and IT professionals on the OpenEHR. He is a physician and specialises in Clinical hematology and oncology, and received his PhD in medical informatics from Graduate School of Kyushu University.
Dr. Knut Staring – DHIS2
(with Jorn Braa – John Lewis)

Knut Staring holds a PhD in Information Systems from the University of Oslo and an MBA from Cornell University. He previously worked as an economist and as an IT consultant. He has focused on the field of Health Information Systems for a decade, now. He is connected with the Health Statistics and Informatics department at WHO in Geneva and with the HISP group at the Department of Informatics, University of Oslo, where he took part in initiating the DHIS2 system.

Mr. Derek Ritz - Integrating the Healthcare Enterprise
P.Eng., CPHIMS-CA

Derek Ritz is the principal consultant with ecGroup Inc., a Canadian professional services firm that provides advisory services to domestic and international clients regarding eHealth strategy, architecture, standards, implementation and adoption. He is a registered professional engineer (P.Eng.) and certified health informatics professional (CPHIMS-CA). Domestically, Derek has advised a number of Canadian provinces regarding their eHealth infrastructure projects and, internationally, he has advised national-scale eHealth infrastructure projects in Rwanda, South Africa, Tanzania, Namibia, India, the Philippines, and Vietnam. He participates on the IHE international eHealth standards profiling organization and is a delegate of Canada to ISO/TC215 (Health Informatics). Derek teaches graduate-level courses in health informatics at Sherbrooke University (Canada) and the University of Edinburgh (Scotland). He co-authored a recent JLN eBook on eHealth Standards for UHC and is presently an active contributor to a donor-funded project, OpenHIE (www.ohie.org), whose mission is to “improve the health of the underserved through the open, collaborative development and support of country driven, large scale health information sharing architectures.”

Prof. Seewon Ryu - Korea eHealth Solutions
Inje Institute of Advanced Studies, South Korea

Mr. Gu Il Kang - Korea eHealth Solutions

Seewon Ryu is a professor at the department of health policy and healthcare management in IIAS. He is interested in right and effective applications and usage of ICT in the healthcare area.

Gu Il Kang has a master degree in Intellectual Property Law from Korea University. Mr. Gu Kang is the principal researcher, ICT Service Policy Division, Service Platform and Standards Department, National Information Society Agency, Republic of Korea.
Mr. Anupam Jain - MoTech Suite  
Technical Project Manager  
Dimagi - India  

Anupam works as a Technical Project Manager at Dimagi where he tries to shuffle between field work and the technology. In the past, he has technically led the rural electrification project at IBM Research trying to build and analyze electrification solutions for the developing world. He also worked on the Spoken Web project from 2008-2013 trying to provide informational access solutions on the mobile phone to the rural world that has been away from the internet revolution for about two decades now. His work is primarily focussed on building sustainable technologies for the underprivileged (ICT for Development) and broadly on humanitarian efforts that help the needy, protect the environment and enable harmonious living. Having done his MS in Computer Science from University of Southern California, he worked with Genesys Labs, an Alcatel-Lucent company in the Silicon Valley before moving back to India. He has co-authored numerous refereed publications, served on their programme committees and filed seven patents at USPTO. Technically, he has been involved in the areas of mobile/telephony applications, energy solutions and information/data management.

Ms. Mary Jo Kochendorfer  
- MoTech Suite  
Program Manager, Mobile Health Innovations  
Grameen Foundation  

Mary Jo Kochendorfer is the Program Manager for Grameen Foundation’s initiatives within global mobile health innovations. She has been with Grameen Foundation for seven years both with the mobile health innovations team and with the poverty insights group. She currently manages various implementations of the Open Source MOTECH (Mobile Technology for Community Health) Platform and Suite that is currently serving pregnant women, children under five, HIV/AIDS patients, tuberculosis patients, and community health workers in more than 15 countries including Ghana, India, Sierra Leone, Tanzania, Uganda, and Zambia. Mary Jo received a bachelor’s in International Business and Marketing from the University of Minnesota.

Ms. Ann Kapitanski (Ann Green)  
Executive Director  
HingX  

As the Executive Director for HingX, Ann is focused on coordinating global community activities and development of partner relationship. Ann is a seasoned executive, with 20 years of experience in business development, services and support with innovative technology companies. Prior to HingX, Ann served as Vice President of Operations for International Technology Group, Inc., where she was overseeing all corporate operations, including human resources, finance and remote office management. Ann holds a BS degree in Applied Mathematics. Ann was born in Kiev, Ukraine, and speaks Ukrainian and Russian languages.
Ms. Carol Macumber - OpenHIE and Terminology Service
Vice President of Technology and Operations, Apelon

Carol Macumber has over 14 years of experience managing and supporting technical projects. Carol is a certified Project Management Professional (PMP). She has a Master degree in biomedical engineering and has worked on a wide variety of consulting projects including deploying terminology services at Canada Health Infoway, Canada’s National Release Center for SNOMED CT. Carol also leads the National Center for Health Statistics (NCHS) project to represent and distribute ICD-9-CM and ICD-10-CM using Apelon terminology tools. Carol is the elected Affiliate Forum representative to the IHTSDO Technical Committee and an active member of the HL7 Vocabulary Working Group. Carol gained significant project management and enterprise software development and maintenance experience at MetLife where she led enterprise-level technology enhancements.*

Mr. John Carter - OpenHIE and Terminology Service
Vice President of Sales and Services, Apelon

John Carter, MBA, has worked with Apelon since 2000, when he joined the company as an intern during his medical informatics fellowship at the University of Utah. John leads the Sales and Services team for Apelon. John has worked on terminology and research initiatives primarily with Apelon’s government customers, including the National Cancer Institute and the Department of Veterans Affairs. He was one of the originators of NDF-RT, a description logic-based drug terminology that was subsequently adopted as a Consolidated Health Informatics standard. His publications and presentations have focused on bridging the gaps between current clinical and research practices and the implementation of controlled terminologies for “next-generation” informatics applications. In addition to his work at Apelon, John has also been a Product Manager for GE Healthcare.
Dr. Alvin Marcelo
Chair, Asia eHealth Information Network

Dr. Boonchia Kijsanayotin
Co-Chair, Asia eHealth Information Network

Dr. Marcelo and Dr. Kijsanayotin recounted the origins of the Asia eHealth Information Network (AeHIN) in 2011, and traced the progress in the first and second General Meetings in 2012 and 2013. The Network also organized trainings and certifications in order to improve the eHealth capacity specially of government eHealth leaders of its member countries. Some of these trainings include HL7 (November 2013), Enterprise Architecture (Mongolia, November 2013), DHIS2 (February 2014), Enterprise Architecture (Kuala Lumpur, March 2014), and IT Governance (Manila, April 2014). Several IT forums, such as the China Health IT forum, were also attended by AeHIN members. One of the commitments of AeHIN is to support countries’ health / medical informatics society, which includes making available the Webex platform for the convenience of conducting “webinars” in order to share the knowledge on eHealth to participating countries.

Clube Ng, of the Hong Kong eHealth Consortium, also member of the AeHIN Working Council shared that attending this year’s AeHIN General Meeting has been a good experience, and that Hong Kong would like to contribute to AeHIN. He is inviting the Network to the GIS Asia-Pacific conference in Hong Kong on July 27-28, 2015 to have a discussion with China eHealth.

The future activities of AeHIN, as described by Dr. Marcelo and Dr. Kijsanayotin, are still "blank sheets". The contribution of different member countries were sought, i.e. on how the ICTen Steps would be enfleshed and included in the AeHIN roadmap for 2015-2017.
AeHIN Planning for 2015 – 2017: The AeHIN Story Continues

ICTen – Take Action

During the Measuring and Achieving UHC with ICT Conference last December 2-3, 2014, the ICTen, 10 priority action points in achieving UHC with ICT, were defined by the participants. These steps are measurable action items.

1. **Know your baseline!**
   
   A gaps analysis should be conducted, specifically on hardware, software, policies, systems, and capacity development. Since other countries have also embarked on implementing eHealth, a country should benchmark itself against regional experience. Planning tools should also be implemented.

2. **Get everyone on board and bring your best team!**
   
   Acknowledging the value of the involvement of different department and ministries, eHealth leaders should generate political will and commitment. There should be an established inter-ministerial committee on UHC with ICT to advocate for ICT investments in health. A technical task force should also be set-up to develop UHC/ICT framework. External partnerships with other countries (through AeHIN) and other partners are also encouraged.

3. **Adopt, adapt or develop tools!**
   
   There are many available tools developed by other countries and partners so it is encouraged for countries to adopt and adapt tools first upon identifying tools available in the market. Open standards should be used, and that we should join forces for economies of scale. Developing tools should also be used as a last resort.

4. **Commit to UHC, commit to integrated ICT systems!**
   
   ICT framework based on the use of shared IDs and services, and interoperability should be developed.

5. **Invest in unique ID schemes and link CRVS and UHC**
   
   Developing a roadmap for a master person index, phase implementation, and design to scale.

6. **Build institutional readiness and a skilled workforce!**
   
   Joint learning networks and communities of practice should be established. Capacities should be built systems across all levels and ICT should be integrated in medical professional workforce development.

7. **Keep data safe and secure!**
   
   Develop and enact a data governance policy and adopt an information security framework. Private health information be private: Personal Health Information Data centers.

8. **Plan for sustainable financing mechanisms from the start!**
   
   Raise new funding for ICT: reallocate, raise taxes, get partners involved (incl PPPs) Invest now in ICT and reap continuous efficiency improvements.

9. **Get concrete! Have an implementation plan with quick successes**
   
   Articulate value on investment, scale and sustain what works, have targets and a timeline.

9. **Define success, measure progress based on M&E criteria!**
   
   Develop and M&E framework, operational benefit, patient benefits, use existing data sources.
In the last part of the AeHIN General Meeting, participants were grouped together by country to discuss and prioritize which among the ICTen should be addressed based on their country’s current specific needs and further list down additional activities which their country can adopt to move eHealth forward. Based on pre-existing conditions in their respective countries, participants ranked the ICTen Steps, with “1” as the top priority step and onwards.¹

Collectively for the Asia Pacific Region, the average was computed from the country priorities for each ICTen steps. These are noted and can be the regional priorities for the AeHIN to pursue:

<table>
<thead>
<tr>
<th>ICTen Steps</th>
<th>BD</th>
<th>BT</th>
<th>IN</th>
<th>LA</th>
<th>MY</th>
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<tr>
<td>Know your baseline!</td>
<td>2</td>
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<tr>
<td>Get everyone on board and bring your best team!</td>
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<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td></td>
<td>2.6</td>
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<tr>
<td>Commit to UHC, commit to integrated ICT systems!</td>
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<td>5</td>
<td>8</td>
<td>1</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td></td>
<td>3.0</td>
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<td>Build institutional readiness and a skilled workforce!</td>
<td>4</td>
<td>3</td>
<td>2</td>
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<td>Invest in unique ID schemes and link CRVS and UHC</td>
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<td>7</td>
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<td>Get concrete! Have an implementation plan with quick successes</td>
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<td>3</td>
<td>5</td>
<td>10</td>
<td>4</td>
<td>9</td>
<td>7</td>
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<tr>
<td>Plan for sustainable financing mechanisms from the start!</td>
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<td>6</td>
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<tr>
<td>Adopt, adapt or develop tools!</td>
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<td>9</td>
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<td>5</td>
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<td>5.2</td>
</tr>
<tr>
<td>Define success, measure progress based on M&amp;E criteria</td>
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<td>6</td>
<td>9</td>
<td>5</td>
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<tr>
<td>Keep data safe and secure</td>
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<td>10</td>
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<td>6</td>
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¹See Annex 1 for the copy of ICTen Steps of each of the countries that participated in the AeHIN GM 2014

Know your baseline! or knowing your current eHealth situation is the top priority across countries garnering an average score of 0.9 in the ICTen Steps rank list. Malaysia identified very specific capacity building activities and certification trainings they needed to support their current infrastructure. Listed were trainings on National eHealth Strategy Toolkit, Enterprise Architecture, Governance, HL7, Data modeling and SNOMED-CT are listed. Lao PDR pointed that as they transition from their Health Management Information System to web-based database, more trainings on DHIS2 is needed. In Timor-Leste, HIS is still paper-based and shared that the network’s support for DHIS2 implementation is needed in their country, similar to Lao PDR interventions happening currently. In Indonesia, ICT and UHC roadmap is already set-up and has long been requiring adherence.

Bangladesh and Bhutan suggested a more comprehensive assessment and benchmarking of eHealth activities in their country as systems are mostly set-up or are near-to-be-set-up in place. Maldives is concerned not to delay national eHealth commitments due to changing political climate thereby made a request to the network
on strategy training in designing, developing, and implementing eHealth strategies.

More countries feel they are still in this early stage of eHealth development and implementation.

**Get everyone on board and bring your best team!** is top two in the list of ICTen Priority Steps for the region. Maldives shared that eHealth commitments are becoming parallel to the political climate in their country. With the network as a transparent platform for interest and concerns on eHealth amongst countries, Maldives said AeHIN can help their government understand depth in eHealth towards national development. Indonesia identified national eHealth constraints and issues and underscored political commitment not only nationally but at the district level is the prerequisite for eHealth to succeed. Pakistan thought of capacity building on eHealth for policy makers and authorities should also be implemented to properly disseminate eHealth importance nationally. Interestingly, political involvement on eHealth is evident in Bhutan. Bangladesh thought of various departments and ministries of finance, social health protection, and health is key to a holistic approach to eHealth. In Lao PDR, the official decree and National Core Team roles are still pending for ministry level approval.

**Commit to UHC, commit to integrated ICT systems!** is top three in the list. Without interoperability of systems, universal health coverage cannot be attained. Different approaches and views to UHC were shared. Lao PDR wrote that integrating their existing health information systems is the next step to UHC. In Indonesia, integrating and connecting medical insurances for health providers, single payers, and health regulators would support their journey towards UHC while Bhutan expounded that their data-rich-information-poor status could only be resolved by a strong monitoring and evaluation mechanism ensuring seamless integration of systems.

**Build institutional readiness and a skilled workforce** is fourth among the priorities. The idea of capacity building has extended from provision of skills and expertise to learning from countries. Maldives shared that more than ICT Trainings needed in their country, there is also a growing call to learn from what has been done in many countries and the effective and sustainable means to establish their systems. Pakistan and Indonesia saw inclusion of eHealth in the curriculum and continuing education of health workers as a form of establishing institutional readiness similar to what Bangladesh has started with their health informatics and health economics courses.

**Invest in Unique IDs** is fifth in the countries’ priorities. It is evident that countries recognize that civil registration and vital statistics is linked to the eHealth strategies. Progressive updates have been shared with Bhutan concurrently using their national registry as the primary database for demographic information in their country and Bangladesh with 40% completion report on unique ID coverage. The overlapping role of policy in this area was also recognized with Maldives pointing out the importance of an information bill to implement as such.

**Get concrete! Have an implementation plan with quick success** is sixth on the list. Malaysia plans to develop a roadmap based on TC215 eHealth architecture and Lao is concentrating on developing eHealth strategy.

**Plan for sustainable financing mechanism from the start** is top seven with countries showing various views on insurance and government commitments to health. Pakistan highlighted profitability of government intervention as source for sustaining
eHealth systems, specially for those who cannot afford health services. Bangladesh suggested medical insurance as financing support mechanism. Bhutan and Maldives looked at better proposals for donor involvement.

**Adopt, adapt or develop tools!** is top eight. Reusability of tools and open source technology were mentioned by Bangladesh, Bhutan, and Pakistan as a way to adopt and adapt existing solutions in the region.

**Define success; measure progress based on M&E criteria** is second to the last of 10 steps this suggested that implementations across the region are taking time to mature and the need to evaluate is still emerging. Maldives admittedly reported the inefficiency of their existing M&E mechanism. Bangladesh said evaluating their own country evaluation is one step to helping themselves evaluate other countries.

**Keep data safe and secure** is the last in the list. Though last, countries saw security and privacy as a major concern since data is similar to handling people’s health and welfare.
Annex

Proceedings of the Pigeonhole Discussion
Session Name: AeHIN Panel 1: What challenges have you faced with national eHealth development or implementation?

Session Type: Q&A
Date: 04 Dec 2014 09:30AM – 04 Dec 2014 11:59AM

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(Facebook) Luong Vinimi • 04 Dec 10:16AM
WHO-ITU toolkit is very useful guidelines for countries in the region. How many countries already use it for building their eHealth Vision and Action Plan? Any things have to be updated into Toolkit?

Anonymous • 04 Dec 10:08AM
Examples of ICT applications in health financing, if any

Comments (1)

(Custom) Alvin Marcelo, Philippines • 0 reports
Because health financing business rules are different for each country, it is hard to have the same software for all. But there are useful software such as business process management software and business rules management software which can be customized with country-specific rules...

(Custom) Dr Fazilah Allaudin • 04 Dec 10:00AM
Ted, all panelist brought up issues of sustainability, financial, technology, people utilisation etc. How would you address sustainability?
Anonymous  •  04 Dec 09:50AM

What assistance do you think can be extended to countries to help them with eHealth development or implementation?

Votes: 3

(Linkedin) Mean Reatanak Sambath • 04 Dec 09:55AM

What are most challenges in applying ICT/eHealth in health sector?

Comments (2)

(Custom) Alvin Marcelo, Philippines • 0 reports

In our experience, it is governance. Unless there is clear governance, the eHealth program will not have support and it will not be able to progress beyond implementation..

(Custom) --- • 0 reports

"Infrastructure is very limited, although mobile is there. We still need adequate policy support." - Ayeaye Sein, Myanmar

(Linkedin) Mean Reatanak Sambath • 04 Dec 10:02AM

What are your argument/experience showing that ICT make better of patient care interact and quality of care in Phillipines?

Votes: 3

Anonymous • 04 Dec 10:07AM

What are the specific barriers in achieving eHealth development?

Votes: 3

(Custom) Hannan • 04 Dec 10:15AM

Shivnay: You have multiple systems, how do you manage all software upgrades.? How you remove the vendor monopoly. It is difficult to follow others source code if the documentation are not following
Anonymous • 04 Dec 10:15AM
Undersec. Ted: did iGov adopt COBIT also? If not which did model they adopt how it harmonize with Cobit5

Anonymous • 04 Dec 10:16AM
For Bhutan, what are the common reason(s) that make the implementation of various project/ pilots challenging? How did you address these?

Anonymous • 04 Dec 10:08AM
For Cambodia: what kind of software or platform that your country is applying for open source web base system

(Custom) Mohsin Arshad • 04 Dec 10:13AM
Any example of the role of ICT in private health sector?

(Facebook) Samuel Quarshie • 04 Dec 10:13AM
Would you recommend the establishment of a separate Directorate at every Ministry of Health to coordinate all eHealth related activities? Is it a critical success factor?

Anonymous • 04 Dec 10:18AM
Ted: did the Phil iGov adopt COBIT5 also? If not how it harmonized with eHealth IT governance

(Custom) Anupam Jain • 04 Dec 10:19AM
Would be interesting to know about the primary differences/challenges within public sector ehealth deployments vs private sector deployments in different countries?
(Custom) Anupam Jain • 04 Dec 10:26AM

In terms of ICT, what is one major gap that countries feel an imminent need to fill (databases/integration/processes mapping/any other?)

Votes: 1

Shown

(Custom) Alvin Marcelo, Philippines • 04 Dec 10:19AM

Sample question

Votes: 0

Shown

Anonymous • 04 Dec 10:25AM

Do we need to integrate data quality management with information, clinical and corporate governance? If yes how?

Votes: 0

Shown
Comments (1)

This is an important, complex and context-dependent question. Often multiple identifiers are used to satisfy regulatory/legal mandates ... so linking these fields may or may not be permitted. When seeking to merge or decrease the number of identifier schemes used, the identifiers typically cannot be used -- the demographics associated with the identifiers must be used to establish a link. Consequently, matching algorithms with appropriate performance characteristics (accuracy, etc.) must be implemented. Selecting these algorithms requires expert knowledge of the characteristics of your data (data quality, discriminating power, etc.)
Recommend to have a special training or technical meeting as region to have detail discussion on NHID

(Custom) Alvin Marcelo, Philippines • 0 reports
We'll take note. If we get a lot of votes for this, we'll program this in the next two years of AeHIN capability-building...

(Custom) Shaun Grannis • 0 reports
Agreed. There are emerging evidence-based best practices that can help countries avoid early mis-steps and develop an effective and efficient patient identification strategies.

We often implement identifiers in funded health projects. If a country does not yet have guidance on identifiers, how would you recommend that projects proceed? Is there a "recommended" short id?

(Custom) Shaun Grannis • 0 reports
If no national strategy, then at a minimum 1) ensure the identifier value space will cover the number of persons to be covered, 2) use a check digit, and 3) avoid incorporating meaning in the actual identifier ... and 4) of course continue to advocate for a unified national strategy!
This is a challenge, but ultimately one must work within the constraints of your system. When identifiers contain embedded content, data protection mechanisms should be considered to ensure that patient privacy is preserved ... and of course, continue to advocate for enhancements to your countries processes and policies regarding patient identification!

Thanks Shaun, very valuable recommendation.

What guidance would you provide on migrating patient ids in projects out to national patient ids once a govt has provided guidance? Is there a recommended ID for projects to make migration easier?

The process, at a minimum, will be informed by the quality of the source and destination ID's. The more consistent and discriminating the identifiers are, the 'deterministic' (one-to-one) the transfer/transition will. Lower quality/less discriminating data will require more ad-hoc, idiosyncratic strategies.

What competencies will we need to manage/implement national health ID? Eg, statisticians, developers, etc...

The OpenHIE community is developing a forthcoming planning & implementation guide that will cover these is greater detail.
There are many methods and/or algorithms (e.g., card, biometrics) for unique identifier?

Comments (1)

Anonymous • 0 reports
There are many methods that can be tailored to your particular data. A key necessary step in developing a robust identification/matching approach is to be sure you understand well the quality/discriminating power of your demographic/identifying data.

Votes: 1

(Custom) Alvin Marcelo, Philippines • 04 Dec 11:12AM
This maps to iCTen Action #5: Invest in unique ID schemes and link CRVS and UHC.

Votes: 1

(Linkedin) Teng Liaw • 04 Dec 11:27AM
A unique ID is useful not just on its own but as part of improving the accuracy of probabilistic matching

Votes: 0
Session Name: Panel 2: How do we obtain support for leadership and governance for eHealth?

Session Type: Q&A
Date: 04 Dec 2014 11:15AM – 04 Dec 2014 01:00PM

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</table>
The private sector is an important part of the governance equation. What are the ingredients for a successful partnership between the public and private sectors in the context of eHealth development?

Comments (6)

Anonymous  •  0 reports

Transparency is key in the involvement of the Private sector in eHealth development. Whatever you need to do must have that high level of transparency for the private sector to key in. At times ownership can also help. Let them be a part of it from the stage you are planning it and let them have a specified role to play...

(Twitter) @Teddybird  •  0 reports

Partnership is the key. After all we do not only govern the public sector but also the private sector.

(Custom) ---  •  0 reports

"Through economic transformation program. Private-Public Partnership (PPP) is important" - Fazilah Allaudin (Malaysia)

(Custom) Alvin Marcelo, Philippines  •  0 reports

In Philippines, the eHealth Steering Committee created an Advisers Group composed of private sector. The Advisers Group meet quarterly to review the state of activities and they give recommendations.

(Custom) Alvin Marcelo, Philippines  •  0 reports

There is also the ICT for Health group (mentioned by Usec Ted) who suggested enterprise architecture. ICT4H was composed of telco company, software development, academe, NGO. And of course, chaired by DOH.

(Custom) ---  •  0 reports

"The role of the government is to create the infrastructure, to connect facilities, and for all sectors including the private sectors, to use the infrastructure. This is one way how the government can involve the private sectors. It can have an impact in the economy." - Oscar Primadi, Indonesia
If you are in a policy maker position, what will you do first for strengthening eHealth governance?

Inclusive approach, partnerships and an eHealth implementation plan

Partnerships and involving all stakeholders

How do you implement your change management? Do you have a guide we can follow?

By use training and capacity on eHealth for decision maker, health worker and parliamentarians. And we have do intensive communication to users.

We have a guide for change mgmt for HIS implementation project.
Anonymous  •  04 Dec 11:31AM
If the leaders are not IT-aware, or maybe even afraid of technology, how can we convince them?

Anonymous  •  0 reports
Start Small and grow Big.... Let them have a feel of what you are talking about by recording quick wins and that convinces them to key in when they see the benefit

Anonymous  •  0 reports
Work at dyomystifying the ideas you are promoting by diminishing technical jargon and translate things to terms they understand.

(Custom) Mohsin Arshad  •  0 reports
The first step would be to get the leaders into a comfort zone with the use of technology by demonstrating success with small and simple examples. As stated above, start small and grow big. May be a long road ahead but they will come around inshaahAllah.

(Custom) Dr Fazilah Allaudin  •  0 reports
Choose a good communicator as educator. Frequent short meetings to update health, indirectly is a education session.

(Linkedin) Mean Reatanak Sambath  •  04 Dec 11:37AM
For all panelist: what are best factors contributing to have efficiency on ehealth goverNance and management ?

Anonymous  •  04 Dec 12:02PM
How can we design our eHealth program so it is not 'disturbed' when the leadership changes (example, after elections)?

Comments (1)

(Custom) Jai  •  0 reports
EHealth in my opinion is just an enabler or a means to deliver the program objectives. So as long e is used to achieve the health objectives, it should continue...
Is there any other country who want to join us in proposing a regional interoperability project through Global Fund? Leave a comment to this question.

Comments (6)

(Twitter) @Teddybird • 0 reports
Am willing to join. But which country are you from?

(Custom) Alvin Marcelo, Philippines • 0 reports
Oh! Philippines!

(Twitter) @4n15fuad • 0 reports
Interested. Indonesia is underway to submit HSS (health system strengthening) proposal for New Funding Model that includes HIS strengthening

(Custom) Mohsin Arshad • 0 reports
Pakistan would like to join this innovative project.

(Custom) Alvin Marcelo, Philippines • 0 reports
AeHIN would like to demonstrate a simple interoperability project between countries...maybe TB drugs? What other data is sharable?

(Custom) Alvin Marcelo, Philippines • 0 reports
Usually performance data is hard to share but something as simple as what types of drugs are used in health facilities might be safe enough...

Anonymous • 04 Dec 12:03PM
What is the greatest risk you see that needs to be mitigated in the eyes of high ranking health officials to maintain confidence in ICT solutions?

Votes: 2

Anonymous • 04 Dec 12:00PM
While nation wide implementations necessitate MoH to take the lead, it requires support from other ministries like finance and IT/telecom too. How do you bring them all together in governance structure?

Votes: 1
Culture change is for policymakers and legislators need to see ICT/eHealth infrastructure as investment not expenditure?

ICT projects in support of UHC are well-served by coordinating across multiple government ministries. What tactics can be leveraged to facilitate this?

The proprietary model is believed to be a barrier to interoperability and information exchange to promote safety and quality as well as a barrier to innovation.

What is the best method of demonstration to convince leaders on investment to ICT?

Bangladesh has a powerful champion in Mohamed Yunus and his social business centres, which have a focus on eHealth and health financing and UHC.

How can government be convinced to share their governance ‘power’ with the private sector?
Session Name:
Panel 3a: What are the roles of enterprise architectures and standards in national eHealth programs?

Session Type: Q&A
Date: 04 Dec 2014 01:00PM – 04 Dec 2014 03:15PM

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(Custom) Alvin Marcelo, Philippines • 04 Dec 01:47PM
How can ministries control the complexity of different vertical programs having their own information systems?

Anonymous • 04 Dec 01:47PM
If we cannot find an enterprise architect in our country, can AeHIN connect us to architects from other countries?

Anonymous • 04 Dec 02:02PM
How can the ideas of enterprise architecture be made more "digestible" to MOH decision-makers? Canada refers to its EA as the "blueprint"; should simpler language be used?

Anonymous • 04 Dec 01:50PM
Dr Boonchai: is LOINC for free?
Have you found it necessary or useful to have a committed person or persons whose dedicated role is to drive and direct EA?

Countries with certified enterprise architects (trained on TOGAF through AeHIN-WHO) - Malaysia, Sri Lanka, Philippines, Mongolia

How do you link the capabilities supported to the construction of an EA?

Instead of using the available standard, what is the main reason to generate other standard in disease terminology (e.g. Korean Standard Classification of Diseases - KCD)?
Session Name:
Panel 3b: What are effective capacity-building strategies for eHealth?

Session Type: Q&A
Date: 04 Dec 2014 01:20PM – 04 Dec 2014 03:15PM

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Anonymous • 04 Dec 01:45PM

Votes: 4

What capacity strategies for eHealth are you implementing in your country?

Comments (3)

(Twitter) @4n15fuad • 0 reports

Indonesia developed Center of Excellence of Health Information System at universities to train MoH staffs on health informatics. Nine universities have been selected as the CoE.

(Twitter) @4n15fuad • 0 reports

Annually, Indonesian Ministry of Informatics conducts INAICTA (Indonesian ICT Awards) to invite students, practitioners, researcher and communities to submit IT innovations. Ehealth is among the areas of innovation.

(Custom) Dr Fazilah Allaudin • 0 reports

For 2014-2020, Malaysia planned Health ICT workforce development program; in 5 areas, knowledge and skill (training, seminars, attachments), professional certification, career development (diploma, masters, phd in health informatics), change management and retention programme (to retain SMEs within MOH).
Comments (2)

(Custom) Alvin Marcelo, Philippines • 0 reports
AeHIn recommends stepwise approach: first is governance, then enterprise architecture. With EA, you can now define what standards you need. This is followed by standards training. Next is project management.
http://www.aehin.org/Resources/eHealth.aspx

(Custom) Dr Fazilah Allaudin • 0 reports
All have the same propriety but different group of people. So all groups must be covered for their needs

Comments (1)

(Twitter) @4n15fuad • 0 reports
Aehin academy, inter university forum on ehealth, online courses (see http://sana.mit.edu/education/2014hst936/), MOOC?

Anonymous • 04 Dec 02:22PM
Can it be both? Health must understand IT. But IT should also health.

Anonymous • 04 Dec 02:22PM
Vote: 0

(Linkedin) Teng Liaw • 04 Dec 02:37PM
The problem of IT vendors failing also raises a tension between health informatics (profession) and Health IT (vendors). It appears to be stifling innovation and capacity building.
Session Name: Panel 4a: Monitoring and Evaluation Framework for eHealth

Session Type: Q&A
Date: 04 Dec 2014 02:15PM – 04 Dec 2014 06:00PM

Users | Questions | Total Votes
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33 | 12 | 25

Anonymous • 04 Dec 02:27PM

What do you think are the essential elements of a sound monitoring and evaluation framework for eHealth?

Comments (1)

(Linkedin) Mean Reatanak Sambath • 0 reports

Recommend to review WHO-ITU- toolkit volume 3

Anonymous • 04 Dec 02:29PM

How do we actually measure the direct impact of eHealth in terms of improving health outcomes?

Comments (1)

(Linkedin) Mean Reatanak Sambath • 0 reports

Something like reduce workload increase income patient satisfaction etc
Can you cite/recommend some of the existing (tested) monitoring and evaluation framework and eHealth that we can adopt and subsequently adapt?

Comments (5)

(Linkedin) Mean Reatanak Sambath • 0 reports
WHO-ITU-have a toolkit on M&E-3rd module

Anonymous • 0 reports
Is it applicable at sub-national level/s? Thank you!

(Linkedin) Mean Reatanak Sambath • 0 reports
I think yes, let Check

Anonymous • 0 reports
For measuring eHealth, I recommend COBIT5. For the healthcare indicators (eg, MDGs), I suggest using the framework for those programs.

Anonymous • 0 reports
I agree also with WHO-ITU National eHealth Strategy Toolkit volume 3 (M&E). - Alvin

Are e-health m&e systems integrated with the overall health m&e systems?

Comments (1)

(Linkedin) Mean Reatanak Sambath • 0 reports
Possible yes; depend what we will measure
What are the main indicators to measure the effectiveness of the framework for eHealth?

Comments (1)

Anonymous • 04 Dec 02:38PM

Based on COBIT5, the main indicator of effectiveness of the eHealth program is the achievement of the benefits. If you employ IT Governance Framework like COBIT5, and you are able to achieve your benefits (eg, lower maternal mortality), then your framework is effective. (Alvin)

(Linkedin) Mean Reatanak Sambath • 04 Dec 02:41PM

For Mongolia, you have ehealth plan; do you have M&E- plan for ehealth if yes give sample of some indicators?

Anonymous • 04 Dec 03:04PM

Thailand.... do you have web for more information about DRG ICD-10

(Linkedin) Teng Liaw • 04 Dec 02:41PM

The STARE-HI is a well grounded framework for evaluation of health informatics interventions that you can use as a starting point.

Comments (3)

(Linkedin) Mean Reatanak Sambath • 0 reports

How to get more detail information

(Twitter) @4n15fuad • 0 reports

STARE-HI – Statement on Reporting of Evaluation Studies in Health Informatics
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3799207/

(Linkedin) Mean Reatanak Sambath • 0 reports

Thank
Anonymous • 04 Dec 02:49PM
Could any country in the region have successfully develop a one single M and E plan that we can learn from

Anonymous • 04 Dec 02:50PM
STARE-HI is at http://www.imia-medinfo.org/new2/Stare-HI_as_published.pdf

Anonymous • 04 Dec 02:57PM
We discuss a lot about linking ICT with UHC; service delivery; hospital management etc what about linking ICT with M and E

Anonymous • 04 Dec 03:04PM
How often should we conduct our M&E activities?
Session Name:
Panel 4b: What are your experiences with health information exchanges?

Session Type: Q&A
Date: 04 Dec 2014 02:15PM – 04 Dec 2014 04:00PM

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<td>28</td>
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Anonymous • 04 Dec 02:39PM
Many countries present health information end-products into one platform under MOH. Is it the right start in terms of integration and information exchange? Pls share good practic and lessons on this.

Votes: 4

Anonymous • 04 Dec 02:50PM
Instead of using the available standard, what is the main reason to create other terminology standard (eg. Korean Standard Classification of Diseases-KCD)?

Votes: 4

Anonymous • 04 Dec 02:40PM
Please elaborate on the legal framework and protection adopted for HIE implementation???

Votes: 3

Anonymous • 04 Dec 02:39PM
Who were all the parties involved in developing the Health Exchange and who do you recommend should take ownership of this exchange...... The Health ministry or the Health Insurance agency???

Votes: 2
Anonymous  •  04 Dec 02:57PM
Are private sectors open to HIE in your country?

Votes: 2

Anonymous  •  04 Dec 02:36PM
What is the best model for HIE?

Votes: 2

Anonymous  •  04 Dec 02:37PM
All Panelists: What level of health information security and confidentiality have you taken into consideration in building HIE? Major challenges experienced????

Votes: 2

Anonymous  •  04 Dec 02:38PM
What are the elements required for developing HIE

Votes: 1

(Facebook) Samuel Quarshie  •  04 Dec 02:39PM
Choosing an HIE system. Open source or proprietary approach. Please Advice

Votes: 1

Anonymous  •  04 Dec 02:56PM
Many "patients' or medical tourist coming to other countries illegally for better healthcare. How to handle legal and ethical issue and patient privacy?

Votes: 1

Anonymous  •  04 Dec 03:01PM
Is it possible to segment data to share by default which carries high value to the system. Will anonymizing sensitive info make sense and when opt in is provided data can be fully shared?

Votes: 1
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<td>(Twitter) @4n15fuad</td>
<td>04 Dec 02:40PM</td>
<td>Any strong example or benefits for clinicians to motivate them agree to participate on HIE?</td>
<td>0</td>
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<td>Anonymous</td>
<td>04 Dec 02:45PM</td>
<td>Is there any different between HIE and SOA?</td>
<td>0</td>
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<td>Anonymous</td>
<td>04 Dec 02:36PM</td>
<td>What are the challenges in developing health information exchange?</td>
<td>0</td>
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Session Name:
Panel 5: Standards – How can they help?

Session Type: Q&A
Date: 05 Dec 2014 08:45AM – 06 Dec 2014 05:00PM

Users | Questions | Total Votes
---|---|---
50 | 22 | 58

Anonymous • 05 Dec 09:12AM
How do I validate that my system is standards compliant?

Comments (10)

(Custom) Jai • 0 reports
If there is no certification mechanism available in the country, the best means to validate would be to test it ourself! Compliance does not necessarily mean it would be plug and play. Watch out for that.

(Custom) Alvin • 0 reports
Derek: better question is how do I ensure that my system is interoperable?

(Custom) --- • 0 reports
"You can be standard-compliant, but not interoperable. The systems should be consistent with each other. The taller question is "how do I validate if my system is interoperable?" -Derek Ritz, IHE

(Custom) Alvin • 0 reports
Can we have a Connectathon back-to-back in an AeHIN event? or vice versa...

(Custom) Alvin • 0 reports
Mike: understand your needs and then choose the standards based on those.
“Standards should not replace critical thinking and problem solving. There are many standards and they have different use. You need to understand the kind of problems you are trying to solve for your system. Choose the standards based on those needs.” - Mike Muin, HL7

Vish: the principles of your organization will determine which standard is appropriate for you...

"You don't want to pick a standard that can only do one thing. Look at the processes involved and see commonalities. Then pick a standard that can handle those.” - Marion Lyver

Interesting to know how DICOM has emerged a defacto standard and acceptance in imaging! May be that's the way to go.

Anonymous: What about adoption of standard within standard. i mean that every country will have their own standard but we also should have standard that common to many countries

For Linda, what is added value of using Snomed CT in health care system?

"Searching, aggregation of data, decision support, improve safety outcomes. Allows clinician to record data in any level they find appropriate: more granular or less detailed. Links between medications and ingredients for checking drug-drug interaction. Being able to link treatment and patient health outcomes.” - Linda Bird

Marion: What are the benefits of ISO/TR 14639 in eHealth? What is difference between WHO-ITU Toolkit and this ISO/TR14639?
Anonymous • 05 Dec 09:31AM
SNOMED CT vs ICD 10, If output is the key idea of interpreting input of procedures etc then ICD 10 provides a better classification system? So how does SNOMED CT help?

Votes: 5

Anonymous • 05 Dec 09:02AM
There are so many standards to choose from. Are they competitors or are they compatible with each other?

Votes: 4

(Linkedin) Mean Reatanak Sambath • 05 Dec 09:05AM
For Marion, up to now are there any ISO accreditation system for HIS? How about for medical record database system?

Votes: 4

Anonymous • 05 Dec 09:06AM
Is there a GOLD Standard to be adopted across similar countries? If not how do we best determine the best standard???

Votes: 4

(Custom) Boonchai • 05 Dec 09:33AM
Mike: please tell us about the new HL7 standard and HL7 FHIR -- How it fit with previous HL7s and other standards?

Votes: 4

Anonymous • 05 Dec 09:04AM
HL7 has recently made the standard for free. Does this mean that there is nothing to pay for anymore? Or are there other fees that we should prepare for?

Votes: 3

(Linkedin) Teng Liaw • 05 Dec 09:34AM
SNOMED CT claims to be more than a terminology. Can you elaborate on that?
Anonymous • 05 Dec 09:06AM
Can HL7 and openEHR work together? In case a hospital starts using openEHR now but later govt adopts HL7 (or vice versa)...

Anonymous • 05 Dec 09:15AM
What can we do if the "ideal" sponsor is not interested in eHealth? Or if they get changed due to elections?

Comments (1)

Anonymous • 0 reports
Try to convince those who are in the decision making

Anonymous • 05 Dec 09:19AM
For Shinji: in Japan, how many clinics have adopted openEHR framework?

Anonymous • 05 Dec 09:22AM
Does IHE constrain the use of specific standards or just the process?

(Linkedin) Teng Liaw • 05 Dec 09:22AM
Mike says to plan according to needs not the hype. Agree and add that we develop (or buy or adopt or adapt) systems according to architecture and interoperability standards not the "bells and whistles

Comments (1)

Anonymous • 0 reports
This is in iCTEn! Yes I agree.
Anonymous • 05 Dec 09:25AM
What competencies will you need for each standard? How steep is the learning curve for each standard?

Votes: 1

Anonymous • 05 Dec 09:31AM
If our countries band together and buy a standard together (eg, SNOMED), will we get a lower rate?

Votes: 1

(Custom) Alvin • 05 Dec 09:33AM
Reminder: you can give your own answer to a question by clicking on them and leaving a comment.

Votes: 1

Anonymous • 05 Dec 09:39AM
Please advise the good timing of updating the standards or adaptation of the new standards.

Votes: 1

Anonymous • 05 Dec 09:46AM
In the HMIS, what kind of standard will we introduce to many countries to use?

Votes: 0

Anonymous • 05 Dec 09:47AM
How can we use ISO standard in difference social economic countries?

Votes: 0

Anonymous • 05 Dec 10:04AM
What reasons or situations that can make an institution to migrate to SNOMED CT if they have an existing ICD10?

Votes: 0
Session Name: UHCICT: Developing the Investment Case for ICT for Achieving UHC

Session Type: Q&A
Date: 03 Dec 2014 08:00AM – 04 Dec 2014 11:55PM

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(Linkedin) Kate Wilson • 03 Dec 10:09AM

How do we improve the fragmentation of the ICT systems while working in a context in which much of the ICT investments are funded by vertical health programs or driven by competing health priorities?

Comments (5)

Anonymous • 0 reports
Vertical programs have purpose. Can be very efficient. Xu Ke

Anonymous • 0 reports
If everyone had his own standard, then that would make exchange more difficult. Xu Ke.

(Custom) --- • 0 reports
ICT system is fragmented because governance system is fragmented. The middle ground is to have an exchange platform where we apply standards. - Alvin Marcelo

Anonymous • 0 reports
Alvin: the ICT fragmentation is caused by fragmentation of governance. So we must strengthen governance and provide a middleground between integration and the vertical programs through the use of an information exchange.

(Twitter) @4n15fuad • 0 reports
Are vertical programs concerned with the burden of multiple systems in the point of care? I think AeHin should bring them together in the same table.
(Custom) Jai • 03 Dec 09:24AM
Where do we get a bottle of water within the conference room?

Comments (1)

Anonymous • 0 reports
Alvin: sorry, no drinks in the auditorium -- only for speakers :(

Anonymous • 03 Dec 10:07AM
What is a cost per person for unique identifier in India? And technology used for unique identifier in India.?

Comments (1)

(Custom) --- • 1 report
"Fingerprint scanning is used. The data are stored centrally to ensure security and privacy."

(Custom) Boonchai Kijsayotin • 03 Dec 10:08AM
What are strategies for working people to persuade the high policy makers to embrace health IT/eHealth and provide resources needed?

Comments (3)

(Custom) --- • 0 reports
"Create alliance, set on why you should unite for this. Creating alliances and networks is the way forward." - Inge Baumgarten,

(Custom) Alvin Marcelo, Philippines • 0 reports
Identify allies in other ministries and work together to craft the national ehealth strategy.

(Custom) --- • 0 reports
"We need to know what we wanted now and what we wanted to build in the future. In ICT, we need to go along the whole health information system. It is important to identify what the country needs NOW, and what is the appropriate ICT you need to implement. Convince the government." - Xu Ke
Anonymous • 03 Dec 10:08AM
What is best approach that Mongolia did to get big fund for ICT?

Anonymous • 03 Dec 10:14AM
Alvin - How did Philippines manage to coordinate & get all stakeholders from different sectors to commit to meeting on a regular basis? In some countries’ experience, this has been very challenging

Comments (1)

Anonymous • 0 reports
The authority to convene comes from the ministry of health. But in the Philippines, the Ministry of budget management ‘encouraged’ the other ministries to work together and propose an integration project. With this encouragement, the Health and ICT and Philhealth agencies discussed on how they can do the integration project.

Anonymous • 03 Dec 10:08AM
Is there a standard template for writing up an investment case for ICT for achieving UHC?

Anonymous • 03 Dec 10:10AM
Please tell us more about measuring equity in UHC

Anonymous • 03 Dec 10:08AM
How is India convincing MoF to invest in ICT for health?

(Twitter) @4n15fuad • 03 Dec 09:34AM
Is it possible to visit health provider that successfully implements Ehealth here?
Anonymous • 03 Dec 10:12AM
Will the presentations appear in the website?

Anonymous • 03 Dec 10:11AM
Where do we get IT Governance Framework training and how do we apply? Is scholarship available?

Anonymous • 03 Dec 10:08AM
Mongolia: the budget from the government to implement the ICT?

Anonymous • 03 Dec 10:11AM
What is the estimated cost and time to build up a comprehensive ICT for health? - Cambodia group

Anonymous • 03 Dec 08:29AM
When we gonna have coffee break?

Comments (2)
Anonymous • 0 reports
Now?

Anonymous • 0 reports
Hurray!

Anonymous • 03 Dec 10:07AM
Are our National Health Policies, Strategies, Standards (HR/Equipment/Infrastructure) and Motivation (Performance/incentives) aligned to use of ICT/eHealth?
Anonymous • 03 Dec 10:07AM
I am interested to see, first hand, how eHealth is working. Is this possible pls?

Votes: 4

Anonymous • 03 Dec 10:10AM
What is best approach to address silo system and moving to have interoperability system? How this fit in eHeath plan?

Votes: 4

Anonymous • 03 Dec 10:11AM
We always start with ICT solutions before we discuss with the user what he or she wants. To avoid this does the ICT managers know what is prescribed as the ingredients of achieving UHC?

Votes: 4

Anonymous • 03 Dec 10:12AM
How can ADB help to support countries to improve their ICT to achieve UHC?

Votes: 4

Anonymous • 03 Dec 10:13AM
How do we solve presence of competing systems that use different platforms for interoperability?

Votes: 4

Anonymous • 03 Dec 10:17AM
In countries where a national ID system is not possible due to, e.g., political reasons, what workable solutions can be put in place that will serve a similar purpose and provide optimum advantage.

Votes: 4

Anonymous • 03 Dec 10:17AM
With limited resources, should investment be focused on primary and preventive care and ambulatory care (to support chronic disease mx) rather than hospital info systems?

Votes: 3
Anonymous • 03 Dec 10:09AM
Most of the presentation talked about the processes and Mongolia even gave a budget, but what about timeline.

Anonymous • 03 Dec 10:12AM
How we can advocate leaders to invest more in ICT

Anonymous • 03 Dec 10:12AM
Can some comment on the relative timelines required to design and implement an eHealth strategy? From getting stakeholders on board and actually implementing the strategy and evaluation :-)

Anonymous • 03 Dec 10:14AM
How do we get presenters ppts?

(Custom) Hannan • 03 Dec 10:15AM
India: is the national id system ict solution open source? What is the plan for sustainability of the it system?

Anonymous • 03 Dec 10:16AM
For mongolian panelist: what are the monitoring mechanism/tools used regarding ehealth projects

Anonymous • 03 Dec 10:16AM
Do we need to integrate or unify the systems and organization of hospital management in integrating them in one e-hospital system? e-health system, which includes all primary health care systems?
What is the recommended evaluation tools and model on measuring ehealth/mhealth?

How do we invest on governance?

What humanitarian diplomacy mechanism was adopted by Mongolia to convince governance to prioritize ICT?

Where can we charge our laptops and/or mobile devices?

Do we have tools for doing ICT investment plan at country level?

Who are the national and external development partners in Mongolia, supporting the UHC?

Is it advisable to adopt an unlimited UHC?

In a decentralized and large country, how is the effective and efficient mechanism to invite all stakeholders including private sectors on regulatory and leadership?
I agree that COBIT 5 is an excellent model for capacity building. How do we deal with operational issues bordering on corporate culture and inappropriate technology ethics at the end user level.

Does the NHAM envision integration of current health schemes into a single ICT system? If so then how difficult would it be to enable interoperability or synthesis of the current ICT systems?

How much contribution from budget state India government for ICT health?

Thumbs up for pigeonhole!

Is e-prescription legal? How do we protect confidentiality of patient?

Someone should cluster the questions.

India using cloud based rigta? How do you protect and security data?
We keep on hearing the word convincing, understanding...reflecting back perhaps we have been poor advocator, not shown outcome with facts/data esp for pts care systems, & fail to demo sustainability

How to build awareness among stakeholder? @oscar

Functionality (connectivity) of ICT is a major issues in the remote localities. How do we address it given the limited resources in many of our governnets in the regions?

Is the money important need in ICT invest?

Do you think Gov of India would borrow for ICT for healt? Are their already any cost estimates made?

What statistics for planning and policy can India get from its new ID systems?
Anonymous • 03 Dec 10:12AM
Will All the presentations from evidence and innovation fair be available on conference website?

Votes: 0

Anonymous • 03 Dec 10:12AM
Won't we need another conference to answer all the questions coming up?

Votes: 0

Anonymous • 03 Dec 10:12AM
How can the high level political decision makers get involved in the IT framework design (motivation?)

Votes: 0

Anonymous • 03 Dec 10:13AM
What are the common pit holes in designing and implementing of ICT-supported health related projects/programs?

Votes: 0

Anonymous • 03 Dec 10:13AM
If we are so efficient will it not create unemployment?

Votes: 0

Anonymous • 03 Dec 10:13AM
How can we get eHealth sustainability
Anonymous • 03 Dec 10:13AM
What were the most successful arguments used in Mongolia to secure funding for ICT in health investments?

Anonymous • 03 Dec 10:14AM
What is the best way to get buy-in / cooperation of partners outside the Ministry of Health to invest in ICT to improve the health system and delivery of its services?

Anonymous • 03 Dec 10:15AM
What are are the requirements and key performance indicators for measuring, monitoring and evaluating reforms and policies for achieving UHC?

Anonymous • 03 Dec 10:15AM
Ensure Ownership by the government for investment on ICT is a critical issue for sustainability for the donor funded project.

Anonymous • 03 Dec 10:15AM
Why can't we have a central information system covering all services of government sectors?

(Linkedin) Sjoerd Postma • 03 Dec 10:16AM
There was a lot on the what is being done but too little on the why! Is it leading to evidence for policy. Is it leading to efficiencies. Is it leading to less burden for the health practitioner?

Anonymous • 03 Dec 10:17AM
Should ICT in the health sector be left to health people with their typical silo minded approach?
Anonymous • 03 Dec 10:18AM
What would be the basic requirement in the country before developing IT framework (e.g. Political wills, infrastructure technical capacity....).

Votes: 0
Shown

(Custom) Syed Moazzem Hussain • 03 Dec 10:19AM
Provided the reality of vertical programmes, shouldn't the global community work towards proposing a generic interoperable methodology for ICT solutions.

Votes: 0
Shown

Anonymous • 03 Dec 10:19AM
How does India keep its ID register updated?

Votes: 0
Shown

(Linkedin) Mohsin Arshad • 03 Dec 10:19AM
How to develop standardization at strategic and operational levels?

Votes: 0
Shown

Anonymous • 03 Dec 10:25AM
Mongolia: what about the sustainability after donor funding ends? have the Government the ownership or resources to continue it?

Votes: 0
Shown

(Linkedin) Ousmane Ly • 03 Dec 10:27AM
How manage change?

Votes: 0
Shown

Anonymous • 03 Dec 10:29AM
Why does there seem to be little attention to preventative medicine and strong leaning to curative systems when addressing potential ICT use cases.

Votes: 0
Shown
Anonymous • 03 Dec 10:30AM
Is there any plan for unique software for health ICT, hopefully it will reduce the ICT installation cost—what is your suggestion?—Ashraf

Anonymous • 03 Dec 10:32AM
Impressive work/story in the Philippines in doing their homework first (technical work) which facilitated the decision making process of the senior government officials.

Anonymous • 03 Dec 10:32AM
Could the Philippine “story” be documented as a “good practice” and widely share with other countries/partners?

(Facebook) Arnab Gupta • 03 Dec 10:33AM
What is the key to effective public-private partnerships, such that government efforts are not “reinventing the wheel”? 

Anonymous • 03 Dec 10:34AM
Is it possible WHO and others donors develop an integrated eHealth package customizable ERP -NT

(Facebook) Prem Joshi • 04 Dec 05:49AM
No ball pen, no copy and no laptop. What a funny.

Anonymous • 04 Dec 09:06AM
We do anticipate to come up with the Regional Action Framework (RAF) for UHC with ICT as an outcome document of this deliberations in Manila. RAF for UHC with ICT will be an IDEAL Roadmap???
Will measuring and achieving UHC with ICT in Asia & the Pacific have stronger reflections in the Post 2015 development agenda?

Data/IT systems, clinical and managerial/corporate governance need to be integrated with actual intersectoral structures in the enterprise. How may this be achieved? Before or with implementation?

Is a community readiness and technology impact assessment required before embarking on any project?

Donor partner funded ICT or eHealth initiatives are project-tied. So sustainability is the major constraints in many developing countries. What is the level of commitment from the donor partners’?

Different Political parties have varying and non-consistent national priorities governed by their manifestos. How do we maintain the consistent support from the changing political governance on ICT?