Regional Situation of Telemedicine in the South East Asia

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Last decade: 4 Pilots in SEAR have shown usefulness of Telemedicine

- Last decade: 5 Pilots in SEAR have shown usefulness of Telemedicine
  - 3 step implementation approach for Pilot projects to raise awareness
  - **Lessons learnt: CSF are - Collaboration, participation, & capacity building, awareness of the local context, Simple solutions** meeting needs & evaluation.

- Global Observatory for eHealth provides useful indicators & data
  - 8 SEAR countries participated in the 2009 GOe survey that revealed that **SEAR takes lead globally in Telemedicine Initiatives**
  - SEAR has highest proportion of countries with Tele-radiology 90%, Tele-dermatology 60%, Tele-psychiatry 50%, Tele-pathology 50%.
  - Perceived Costs & Lack of Policy frameworks are the topmost barriers

- Business as usual has not succeed in “Reaching the Unreached”- Its now time for Innovative approaches like Telemedicine

- The way forward:
  - WHO to support development of National telemedicine policies, Establish Short-duration pilots and Scale-Up Plans to “Reach the Unreached”, Evaluation
  - Organize regional meeting to share experiences and endorse a regional strategy to accelerate the e-health / m-health in SEAR, Harness other initiatives COIA, MOVE-IT etc
Last decade: 4 Pilots in SEAR have shown usefulness of Telemedicine

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

3 step implementation approach for Pilot projects

- Step 1: Improve access to Information (tele-education)
- Step 2: Improve access to Medical Advice (tele-consultation)
- Step 3: Improve access to diagnosis & patient management (tele-radiology, tele-pathology etc)
Bhutan: Telemedicine for Service Delivery is an important option

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

- In 2006, lessons learnt from pilots, led to develop a National plan for Telemedicine
  - Not implemented due to funding constraints

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

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

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

Review done in 2011 suggested:
- Health Help Centre has been a success, Many telemedicine consultations happening on phone and facebook without logs
- Insignificant investment has gone into the “People” aspect of making the change happen
- Interviews with 10 RTP sites: we moved from Pilot project to National Program without essentials in-place
- Interviewed 7 Specialists at National Hospital: An incentive system can motivate response off-hours

National strategy provides phased approach for 3 years
- Immediate: Integrate telemedicine with Call Centre approach
- 2nd year: Strengthen “People” aspects and SOPs
- 3rd year: Impact assessment to develop medium-term strategy

Significant Resource Mobilization is required to walk the long road ahead
Maldives piloted telemedicine in 4 sites, evolved into data system

- The review of the Telemedicine Pilot at 4 sites indicated more need on data sharing and e-learning

- Implemented SIDAS at Atoll level,
  - Integrated tool for data collection, analysis and presentation

- Late 2010, WHO/SEARO provided inputs to draft the National eHealth strategy

- 4 Regional Hospitals & 35 Remote sites connected for telemedicine services
Telemedicine pilots have been initiated in Sri Lanka and Nepal

**Sri Lanka:**

- Telemedicine pilot project estd in 2002-03, was used during Tsunami at one site.

**Nepal Telemedicine Pilot:**

- Pilot set up in 3 sites: AMDA, Damak (Eastern Region) AMDA, Butwal (Western Region) Siddhi Memorial Hospital, Bhaktapur (Central Region)
- Store & foreword technology for diagnosis of cases for remote rural areas
- Now 30 district hospitals connected for Tele-Dermatology, Tele-Radiology and Tele-Pathology - 120 consultations a day
DPRK: Telemedicine expanded to cover the entire Country

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

- In 2009, the pilot system was launched in 3 sites to assess adaptability & functionality of the system.

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

- During 2011, funding & technical support provided by WHO-SEARO, for establishing 60 new sites at primary health care level. (County Hospital)

- Now, all provincial hospitals & 200 county hospitals are connected through the telemedicine system
  - Tele-consultation for diagnosis & treatment of difficult cases
  - Tele-education for in-service medical staff
  - Expansion to Tele-Surgery is on its way
Objective of the GOe:
- undertake a global survey on eHealth
- to determine benchmarks at national, regional, and global levels
- in the adoption of necessary foundation actions to support eHealth
- GOe conducted a survey in 2005, 2009 & 2013

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

SEAR takes lead globally in Telemedicine Initiatives as reported in 2009 GOe survey
SEAR has the highest proportion of countries with Tele-radiology 90%.

Tele-radiology initiatives by WHO regions

- **Established**
- **Pilot**
- **Informal**
- **No Stage Provided**

(Source: Report of GOe survey 2009)
Over 60% of SEAR countries have an Tele-dermatology initiative

Tele-dermatology initiatives by WHO regions

- Established
- Pilot
- Informal
- No Stage Provided

( Source: Report of GOe survey 2009)
50% SEAR countries have Tele-psychiatry, double Global Avg.

Tele-psychiatry initiatives by WHO regions

(Source: Report of GOe survey 2009)
SEAR leads globally in established Tele-pathology initiatives

Tele-pathology initiatives by WHO regions

- Established
- Pilot
- Informal
- No Stage Provided

(Source: Report of GOe survey 2009)
eHealth Policy framework and Implementation need Strengthening in SEAR

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

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<tr>
<th>National eGovernment policy</th>
<th>National eHealth policy</th>
<th>National telemedicine policy</th>
<th>Implemented national telemedicine policy</th>
<th>mHealth initiatives are conducted in country</th>
<th>eLearning used in teaching health science</th>
<th>eLearning used in training health professionals</th>
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Perceived Costs & Lack of Policy frameworks are the topmost barriers to implementing Telemedicine in the SEAR
Lessons Learnt from Telemedicine implementation in SEAR

- **Lesson 1:** Collaboration, participation, & capacity building are fundamental to success and sustainability of telemedicine.

- **Lesson 2:** Organizations and individuals engaging in telemedicine initiatives need to be aware of the local context, i.e. available resources, needs, strengths, & weaknesses.

- **Lesson 3:** Use simple solutions that meet the needs of clinical context or community.

- **Lesson 4:** Evaluation is vital for scalability, transferability, and continuing quality improvement of telemedicine.

- **Lesson 5:** Social benefits of telemedicine contribute to the human development, and are important goals.
Business as usual has not succeed in “Reaching the Unreached” - It’s now time for Innovative approaches like Telemedicine

- Total population of the Region – 1.83 billion; 1/4th of the world population
- 2/3rd of the total regional population lives in rural areas
- 29% of the world’s disease burden – due to untreated population in rural and remote areas
- SEAR has a high proportion of population living in mountainous & hard to reach terrain- without access to health services
- Telemedicine uses ICT to overcome Geographical barriers and increase access to health care services
The way forward

- WHO to support development of National telemedicine policies
- Establish Short-duration pilots for low-resource settings, and Scale-Up Plans to “Reach the Unreached”
- Evaluation of pilot projects
- Organize regional meeting to share experiences and endorse a regional strategy to accelerate the e-health / m-health in SEAR
- Harness initiatives and developments under COIA recommendations and MOVE-IT
- Encourage & Support countries to participate in Global conferences on eHealth/Telemedicine
WE CANNOT SOLVE OUR PROBLEMS WITH THE SAME THINKING WE USED WHEN WE CREATED THEM

-Albert Einstein

Use of Innovation is essential to “Reach the unreached”