

Position paper: The Asia eHealth Information Network's (AeHIN) response to the MA4Health 5-point call-to-action

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This is the Asia eHealth Information Network's (AeHIN) response to the MA4Health 5-point call-to-action. The call was released in Washington DC June 8th and the response was circulated for comments in Manila, Colombo, and Yogyakarta until finalized in Bali last October 29th, 2015.

Background

From June 8 to 11, 2015, state and non-state actors convened at the World Bank Headquarters to discuss the challenges and opportunities of the Post-2015 Development Agenda. Called the Measurement and Accountability for Results in Health, the organizers of the event released a 5-point call to action for consideration by the participants (ma4health.hsaccess.org/roadmap).

Learning from the lessons of the Millennium Development Goals (MDGs), and anticipating the new challenges for health information systems as countries shift to the sustainable development goals (SDGs), the AeHIN community is releasing their response to this call to action:

Call to Action 1: Increase the level and efficiency of investments by governments and development partners to strengthen the country health information system in line with international standards and commitments

AeHIN response: By introducing IT Governance concepts and building capacity within governments, countries will be better empowered to govern, direct and manage eHealth investments towards the benefits expected by their stakeholders. AeHIN encourages

its members to form multi-sectoral governance and management structures that will orchestrate eHealth development (public and private sector) within their country. This starts with a top-level eHealth steering committee providing directions to an eHealth strategy team. Together, they can ensure a coherent, simple but comprehensive enterprise architecture (EA) to inform eHealth solutions around the country. By adopting the EA approach, countries foster the development of standardized and interoperable ehealth systems. To support this, AeHIN will create the Regional Enterprise Architecture Council for Health or REACH as a resource of experts that can be shared by its member countries. In addition, AeHIN will craft sustainability frameworks (finance and technical) to inform countries with national eHealth programs.

Call to Action 2: Strengthen country institutional capacity to collect, compile, share, disaggregate, analyze, disseminate, and use data at all levels of the health system

AeHIN response: With the continuous rapid accumulation of electronic data from diverse non-standardized sources, AeHIN promotes the health information exchange (HIE) concept compliant to international standards that allows health service providers to design and collect health information fit to their needs while also allowing program managers and administrators to access them securely and privately for planning and decision-making. Countries must have tools for routine data quality check and data use at all levels. AeHIN will promote electronic health records (EHR) implementation and the "create once, use many"

principle. To achieve this, AeHIN will facilitate, via the network learning approach, the development of in-country interoperability labs which will catalyze capacity-building for the next generation national health information systems.

Call to Action 3: Ensure that countries have well-functioning sources for generating population health data, including civil registration and vital statistics systems, censuses, and health surveys tailored to country needs, in line with international standards

AeHIN response: Core registries like CRVS are useful to several national agencies and are fundamental to interoperability but are also complex to manage. AeHIN promotes an enterprise architecture approach to organize and systematize the accountability and responsibility for the different registries required in a functioning health information exchange (CRVS, health worker directory, facility registry, terminology services, interoperability layer). To support countries, AeHIN offers a pool of certified enterprise architects, health information standards experts, and health informatics professionals that can be shared especially with the underserved.

In order to ensure comparability of data at various levels, we call on global institutions to work closely with state actors to define indicators in computable format which will guide data collection and reporting systems at the regional, national, and subnational level.

Call to Action 4: Maximize effective use of the data revolution, based on open standards, to improve health facility and community information systems including disease and risk surveillance and financial and health workforce accounts, empowering decision makers at all levels with real-time access to information

AeHIN response: At the core of eHealth development are the workforce who must be equipped to manage health information. AeHIN will develop partnerships with Asian universities and research institutes to enable eHealth know-how from as high as the national decision-makers to local community health workers. Through this academic network, AeHIN will be able to spread shared eHealth concepts and principles while still allowing schools and institutes to localize content to their country context.

Call to Action 5: Promote country and global governance with citizens' and community's participation for accountability through monitoring and regular, inclusive transparent reviews of progress and performance at the facility, subnational, national, regional, and global levels, linked to the health-related SDGs.

AeHIN response: Good IT governance requires continuous feedback and strong monitoring and evaluation systems. If country governance bodies ensure eHealth solutions are responsive to the community's needs and are compliant with health information standards, they enable a system for continuous monitoring of progress in achieving their health objectives. These monitoring systems should be made available to as many stakeholders as possible to leverage resources from different sectors.

Presented at the Manila Interoperability Meeting August 2015, eHealth Asia 2015 Colombo October, FIKI 2015 October and finalized at the Conference on Measurement and Accountability for Universal Health Coverage and 4th AeHIN General Meeting in Bali, Indonesia October 26 to 30, 2015.

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Conference Summary Report

Conference on Measurement and Accountability for Universal Health Coverage in Asia Pacific and AeHIN 4th General Meeting (#MA4HealthAP)
26—30 October 2015, Hotel Padma Resort Legion, Bali, Indonesia



Background

This year's **MA4HealthAP Conference** and **AeHIN 4th General Meeting** focused on investment planning and implementation of scalable and sustainable M&E systems, Health Information Systems (HIS), and e-Health solutions. The conference built on past annual events focused on HIS/e-Health capacity building, enterprise architecture, standards and governance to accelerate progress towards universal health coverage (UHC). The conference was attended by 247 participants, including delegates from developing countries plus development partners and global and regional experts.

The **iCTen! Recommendations** from the 2014 UHC with ICT Conference and AeHIN 3rd General Meeting and the **Roadmap for Health Measurement and Accountability** provided a framework for progressive and meaningful discussions and action planning during the MA4HealthAP Conference. Multi-sectoral and innovative approaches were highlighted to operationalize a shared strategic vision to support effective M&E systems with reliable HIS platforms and eHealth applications for person-centric healthcare delivery at country level. The **5-Point Call to Action** outlines priority actions and specific targets for health measurement and accountability going forward that will result in stronger HIS, civil registration and vital statistics, and e-Health. Implementing the Country Roadmap can drive better information and local capacity to plan, manage and measure health systems performance, monitor national health goals, progress towards UHC, and achieve the new health-related Sustainable Development Goals (SDGs).

Conference Objectives

- 1 Review current evidence on cost, benefit and impact of ICT-enabled solutions in health systems from person-based applications for service delivery to better measurement and accountability of health, and faster progress towards UHC and SDGs
- 2 Initiate development of an M&E systems investment plan by operationalizing the Country Roadmap for Health Measurement and Accountability in accordance with the MA4Health 5-Point Call to Action and iCTen! recommendations
- 3 Share, learn, and prepare to implement capacity building strategies, standardized processes, tools and techniques, and ready-to-use IT solutions towards achieving UHC
- 4 Endorse the AeHIN Regional Enterprise Architecture Council for Health (REACH) and Community of Interoperability Labs (COIL)

2016-2030 SDGs



HIS/e-Health Capacity Building Roadmap



Day 1: Setting the Stage

Opening ceremonies were led by the Governor of Bali as well as representatives from AeHIN, World Health Organization, Asian Development Bank, UNICEF, and the Ministry of Health Indonesia. Once underway, the conference made heavy use of innovative and interactive tools to ensure a high level of participation by all, including mobile app-based, vote-driven questions for the plenary sessions, live demonstrations, a marketplace for eHealth innovations, and field trips.

The first plenary session discussed strengthening national M&E systems, HIS and e-Health solutions for **transitioning of monitoring MDGs to SDGs**. A panel session on **HIS/e-Health capacity building** tackled the role of governance in planning and managing the complexities of HIS/e-Health investments working towards interoperability while managing changes and risks.

The plenary was then divided into three multi-sectoral groups to discuss the state-of-the art in measurement and accountability for health. From the finance, planning, and ICT sectors the discussion focused strengthening HIS and e-Health as a socioeconomic development agenda. Health, social protection, statistics, and civil registrars looked at ICT for improving quality, analysis, and use of data for decision making towards achieving UHC and achieving the SDGs.

This was followed by what is the most popular event every year: the marketplace session. There were 22 stations set up in the ballroom and hallways for the participants to go and learn from organizations and their experience and solutions categorized in fourth tracks—planning and architecture, implementation and guidelines, tools and toolkits, and software and applications.

Day 2: HIS/e-Health Program Management, Tools and Solutions

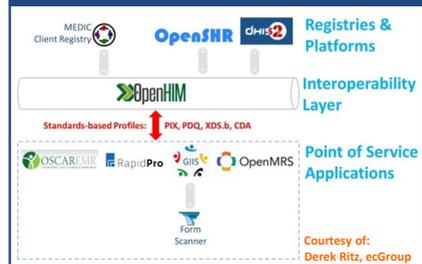
The day began with a Day 1 recap followed by a panel session on empowering the national HIS/eHealth executive and management teams. The session centered on discussing how countries organize their institutions to run their national HIS.

A successful **live demonstration** showcased ICT-enabled frontline healthworker information exchange for three scenarios, antenatal maternal care and PMCTC, child immunization across multiple sites over time, and malaria screening and testing. The open source technology showed the benefits of interoperable systems in healthcare.

Parallel sessions on the challenges and successes in implementing the iCTen followed. Three groups discussed: 1) Finance and Investment Actions 2) Health Actions and 3) ICT Actions. Common challenges addressed were interoperability issues, re-alignment of new initiatives or policies, informatics training, and selecting optimal indicator sets.

Live Demonstration

Integrated Open Source Platforms, Interoperability Layer, and Point of Service Applications



Courtesy of: Derek Ritz, ecGroup

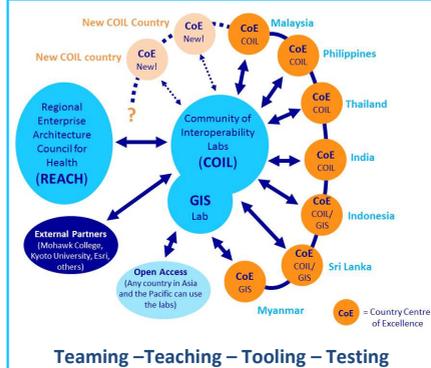
Day 3: MA4HealthAP Roadmap plus Launch of REACH and COIL

The first session was a policy debate concluding that the economics of more reliable and functioning HIS/e-Health justify efforts to increase political will, leadership, governance, and effective management by government. Even greater success can be achieved with better coordinated development partner support will result in quantifiable HIS/e-Health returns on investment. Data management and innovative public health GIS mapping and applications were shared as well as a description of the future **AeHIN GIS lab** concept within the context of the newly launched **Regional Enterprise Architecture Council for Health (REACH)** and **Community of Interoperability Labs (COIL)**.

This was followed by an overview of MA4Health Country Roadmap followed by country delegate workgroups to catalyze discussions and suggest M&E, HIS, and e-Health priority actions towards achieving UHC and the health SDGs. Next was a development partner forum where techniques were discussed for accessing funding and understanding current and future investments in HIS and e-Health by agencies (WHO, ADB, UNICEF, GIZ, JICA, PATH, The Bill & Melinda Gates Foundation). The main conference concluded with AeHIN, country, and partner commitments—including expressions of interest in pursuing MA4Health country roadmap development, AeHIN MoUs with the Pacific Health Information Network (PHIN) and the Africa Network for Digital Health (ANDH); the launch of and country/AeHIN member participation in REACH, COIL, the GIS Lab, an e-Health evaluation focus group; development partner continued support for AeHIN; a response to the MA4Health Call to Action; and outline of planned activities heading into 2016.

REACH and COIL

AeHIN launched two strategic initiatives at MA4HealthAP to build regional and national e-Health architecture expertise and establish a community of practice for HIS/e-Health technical support leading to standards-based, interoperable, and durable solutions



Day 4 (morning): Field Trips

With the help of BPJS (Indonesian social health insurance provider), delegates were brought to four sites for a half-day site visit—(i) a BPJS regional division office; (ii) a district hospital that had deployed integrated HIS (DHIS2 software) and BPJS information systems; (iii) a primary care clinic using a BPJS-provided cloud-based Web applications; and (iv) a primary care clinic using paper-based registries and reporting forms and in the process of integrated with ICT-enabled HIS. Delegates had the chance to see how their systems work and how person registrations are done.

Day 4 (afternoon) and Day 5: Post-Conference Workshops

1 National Health IDs Workshop

Health, civil registrar, and statistics professionals discussed concrete steps for building capacity and investing in unique ID schemes and link CRVS and UHC. Guidance to overcome barriers, such as data security and interim approaches such as building a master person index (MPI), were addressed.

2 AeHIN GIS Lab Workshop

Participants learned the value of data management, geospatial analysis in health, and how to use Esri GIS tools in support of UHC—such as equity and access to health services. The AeHIN GIS lab was launched, including free subscriptions to the ArcGIS online platform for AeHIN, access to free and low cost software, and opportunities for capacity building, and a GIS community of practice using GEONet.

3 Indonesia M&E Workshop

The Indonesia delegation discussed findings of their M&E systems analysis and planned key actions to strengthen HIS.

4 RHIS Workshop

An AeHIN Routine Health Information Systems (RHIS) focus group was formed after representatives from 15 countries discussed shared priorities towards realizing better quality, analysis, and use of data from facility-based and community health reporting systems. This group will collaborate with the AeHIN DHIS2 focus group, as there are more than 10 member countries using this technology for RHIS.



MA4HealthAP Conference Organizers:



Supporting Partners:



Major Conference Outcomes

- AeHIN formal response to the MA4Health Call to Action to support transitioning from MDGs to SDGs and national UHC agendas
- Country commitments made towards strengthening M&E systems, HIS, CRVS, and e-Health in line with the iCTen, Call to Action, and Country Roadmap for Measurement & Accountability
- Launch of REACH, COIL, and AeHIN GIS lab
- Initiation of e-Health evaluation, RHIS, and DHIS2 focus groups
- Identification of HIS/e-Health capacity building priorities for AeHIN and partners to support in 2016
- AeHIN MoUs with other networks, PHIN (Pacific) and ANDH (Africa)
- 87% of participants rated the conference 'excellent' or 'very good' and the remaining 13% rated it 'good'