# COLLABORATION FOR SCALING DIGITAL HEALTH AT THE NATIONAL LEVEL

## Workshop Overview

A meeting was held in Washington, D.C., on April 20-21, 2016, to discuss the actions needed to create stronger cross-sector collaboration between health and ICT authorities to close the gaps preventing countries from reaching national scale in digital health to improve service delivery and health outcomes.  Participants included donor agencies, private-sector partners, and senior level country representatives from Malawi and Senegal.

The agenda was structured around the following three issue statements that describe recognized barriers to achieving strategic goals in digital health in the priority countries:

1) The systems and infrastructure required to support a comprehensive digital-health strategy and architecture in African countries need significant investment in order to promote interoperability between data systems and avoid ICT and data silos.
2) Investment is needed in human-capacity systems and programs to develop a workforce, including frontline health workers, that are able to develop, support, and use digital-health tools and make effective decisions using health data.
3) Country investment strategies for digital-health systems and health-data use require greater coordination between government ministries (Communication, eGovernment, and Health) and between governments and funders across sectors to avoid duplication and to ensure maximum ownership and sustainability.

With an emphasis on dialogue and debate, the meeting was designed to foster active contributions from participants and to reach agreement on next steps and commitments for coordinated action.  To achieve these aims, the current status of the community-health workforce and infrastructure (including ICT access) were discussed, as well as gaps and opportunities in ICT and eHealth for each of the countries.

## Key Highlights

Participants first explored the vision, progress, and barriers for each country with respect to digital health.  Elements of their respective visions centered on aspects such as improved health services and outcomes, increased interoperability, and data for decision making.  See Figure 1, on the next page, for further detail.

**Figure 1: Elements of Country Visions in Five Years**

| Country | Vision |
|---|---|
| **Malawi** | ‣ Improved service delivery through digital health because workers provide services easier and quicker<br>‣ In five years, Malawi will have information <u>available</u> in real time at all levels, including the highest, to be <u>used</u> for decision making. This will provide a comprehensive view through digital processes of health services nationally.<br>‣ Digital data capture at lowest levels to create efficiency<br>‣ Systems that are interoperable within the next few years |
| **Senegal** | ‣ A country where ICT is used at scale to improve health and welfare for all<br>‣ Interoperability between services and connectivity exists at all levels (e.g., bring core system to end user for quicker service)<br>‣ Overcome the listed barriers by 2020 (i.e., interoperability, human resources, cost)<br>‣ Ensure connection to <u>all</u> people that need to use the system |

Based on common definitions for infrastructure, workforce, and critical success factors for the three issue statements, participants identified and prioritized gaps for both countries.

**Malawi infrastructure**: The need for a unique identifier, alignment with mobile operators, interoperability, and physical structures were highlighted as top priority items. The last mile of connectivity, upgrading the data center, and cultivating a strategy for addressing pricing issues with the mobile operators were noted as being interrelated. Understanding the pathway from pilot to scale, conducting mapping, and upgrading the data center were highlighted as quicker wins compared to others.

**Malawi workforce**: The issue of ghost workers, technical assistance, training and staff needs at the facility level, and data collection (e.g., the number of indicators collected) were stated as having the highest priority. Addressing the issue of ghost workers and the provision of technical assistance to do this were seen as potentially simple and quick wins. The last gap identified was the ongoing proliferation of indicators, which was noted to link with the issue of data governance in infrastructure.

**Senegal infrastructure**: Connectivity, the cost of using ICT, and the lack of an electronic archiving system were highlighted as top priority items in terms of budgeting for infrastructure. Although addressing these areas would help increase access to community health and expand services, these were all classified as large investments. Other gaps such as understanding what other countries are doing effectively and learning from them and lack of awareness among patients and health care providers that mobile tools can be used for health were noted to require smaller investments.

**Senegal workforce**: All gaps noted, except local worker capacity and lack of human resources for implementation, were quoted as high priorities.  These gaps included training programs, coordination between the eHealth and ICT strategy, workforce retention (particularly in rural areas), and tools and applications for health care workers to analyze and share information.  These gaps were classified as medium-to-large investments, except for management and coordination of the two strategies which were seen as easier to achieve in the near-term.

## Next Steps

Based on the identified and prioritized gaps, concerns from the third workshop issue statement, financing strategies and next steps, were discussed.  Two goals were identified: to create smaller, shorter-term funding flows and to develop and pursue larger, longer-term funding flows.

Recommended next steps to coordinate financing strategies and resources were to:

1. Articulate and communicate the National eHealth Strategy and Plan to external stakeholders
2. Map funding cycles and pathways from likely donors (large and small)
3. Establish communications and working relationships with appropriate donors and partners

For (1) above, adding priorities and timelines to the plans and information on the maturation pathway could be useful for both countries and stakeholders.  The creation of centers of gravity, such as a task force and governance structure, were also highlighted as useful steps in supporting the implementation of eHealth strategies.

**Donor support for (1):** Planning funds and technical assistance to review and refine the plans were requested.

For (2) above, understanding the donor perspectives, priorities, and planning cycles was identified as important.  Countries need to have detailed costing for their eHealth strategies.  The ability to clearly describe their country's needs would serve to improve the receipt of longer-term funding.  Shorter-term funding was identified as needed to build an understanding of donor funding cycles and define plans for reaching national scale.

**Donor support for (2)**: Creating a map of donor priorities and funding cycles was suggested in order to support countries as they define their eHealth Plans.

For (3) above, it was agreed by all participants that improved donor harmonization is an area of the utmost importance.  Continuing communications between the donors and partners and keeping up the momentum post-workshop were described as keys to overall success.  Proposals to achieve this included in-country workshops in the next few months.

**Donor support for (3):** Contributions to fund and requests to attend in-country workshops were made in order to further discuss, plan, and take forward country eHealth plans.

The immediate next steps, complete with timing, resources, and those responsible, were identified and captured (see Figure 2, below, and Figure 3, on the next page). In addition, a number of proposals for other next steps were suggested, as noted in the green boxes. These will require additional conversation to define further.

**Figure 2: Immediate and Other Noted Next Steps for Malawi**

| Next Steps | Timing and Resources | Responsibility |
|---|---|---|
| **Malawi MOH, ICT and relevant Task Force(s) to** <br> ‣ Review eHealth strategy <br> ‣ Implementation plan <br> ‣ Prioritize actions <br> ‣ Sequence plans with other sectors <br> ‣ Identify financing needs and sources | ‣ Starting in May/June 2016 <br> ‣ Technical support for review and input <br> ‣ Country workshop <br> ‣ Short-term funding needed | ‣ Primary responsibility is **Malawi** <br> ‣ Support from others, including Gates, USAID, and World Bank |
| **Communicate workshop outcomes to appropriate stakeholders** | ‣ June 2016 <br> ‣ Formal documentation from meeting circulated <br> ‣ Debrief for all relevant stakeholders including USAID Mission and World Bank (all appropriate levels) | ‣ **Vital Wave** with input from mPowering responsible for meeting documentation <br> ‣ **USAID** with support from mPowering report back to Mission <br> ‣ **World Bank** with support from mPowering to debrief colleagues in DC and country |
| **Mapping of health facilities and connectivity** | ‣ Timing to be confirmed; funding approx. $300K | ‣ **World Bank** working with Government of Malawi |

**Other Notable Steps**
‣ Identify positive patient feedback (Malawi team)
‣ Unique IDs (Malawi team: tackling ghost worker burden)
‣ Streamlining indicators (Malawi team: ongoing)
‣ Utilize existing efforts: e.g., Health Data Collaborative (WHO and ITU follow up)
‣ Educate donors to understand whole landscape of activity and ecosystem challenges in Malawi (Malawi team with support from NGOs)

‣ Continue dialogue with all and understand the different roles that each donor plays; could be part of the mapping (All)
‣ Develop mechanism for countries to talk and keep up to date on each other's progress (ITU, WHO, and mPowering to draft a paper proposing next steps)
‣ Prepare white paper on workforce (PATH and mPowering to share draft with government colleagues)
‣ Keep momentum (All)

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**Figure 3: Immediate and Other Noted Next Steps for Senegal**

| Next Steps | Timing and Resources | Responsibility |
|---|---|---|
| **Support for implementation plan**<br>▸ Priority = how to build the infrastructure<br>▸ Identify financing required for implementation plan, phases, and kickoff | ▸ Starting in June 2016<br>▸ Technical support<br>▸ Country workshop to propose way forward<br>▸ Short-term funding needed to:<br>  – Develop overall plan<br>  – Develop detailed kickoff plan to identify specific requirements | ▸ Primary responsibility is **Senegal**<br>▸ **World Bank** ongoing technical support;<br>▸ Funding support (?) |
| **Communicate workshop outcomes to appropriate stakeholders** | ▸ May-June 2016<br>▸ Formal documentation from meeting circulated<br>▸ Debrief for all relevant stakeholders including USAID Mission and World Bank (all appropriate levels) | ▸ **Vital Wave** (with input from mPowering) responsible for meeting documentation<br>▸ **USAID** with support from mPowering report back to Mission<br>▸ **World Bank** with support from mPowering to debrief colleagues in DC and country |

**Other Notable Steps**

▸ Utilize existing efforts: e.g., Health Data Collaborative (WHO and ITU follow up)

▸ Educate donors to understand whole landscape of activity and ecosystem challenges in Senegal (Senegal team with support from NGOs)

▸ Continue dialogue with all and understand the different roles that each donor plays (All)

▸ Develop mechanism for countries to talk and keep up to date on each other's progress (ITU, WHO, and mPowering to draft a paper proposing next steps)

▸ Prepare white paper on workforce (PATH and mPowering to circulate draft paper to workshop colleagues)

▸ Keep momentum (All)

For more information and raw data from the workshop exercises, please see the accompanying PowerPoint presentation labeled **Workshop Outcomes**.