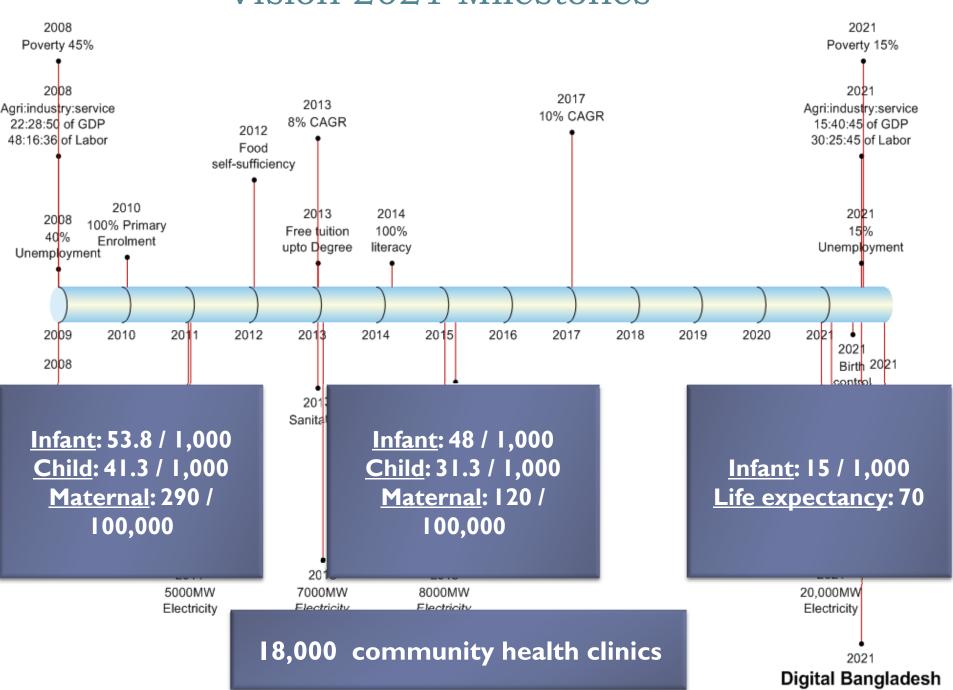


# Is Digital Bangladesh about Improving Healthcare?

Anir Chowdhury
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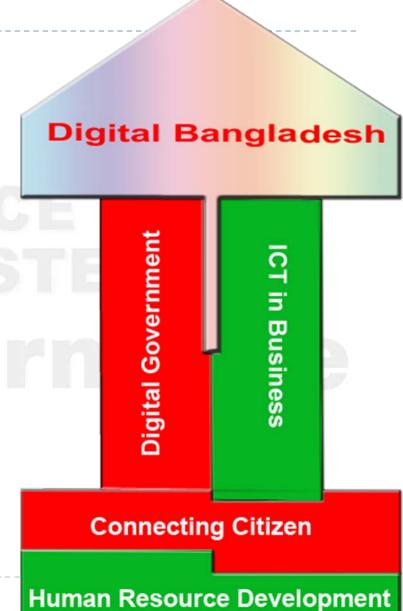
#### Vision 2021 Milestones



ICTs Key Ingredient to Achieve Vision 2021

#### ICTs as a pro-poor tool for

- Poverty alleviation
- Establishing good governance
- Social equity through
  - Quality education
  - Universal healthcare
  - Law enforcement for all
- Climate change adaptation



### Relevance of ICTs in MNCH

- I. Improving healthcare delivery
- Strengthening management, monitoring and planning of healthcare delivery
- Capacity development of service providers in field
- 4. Public awareness development

(Ref: ICT Policy, New Health Policy, PRSP-II, 6<sup>th</sup> 5-yr plan, National Perspective Plan)



## 1. Improving Healthcare Delivery

- Problem: Lack of access to doctors
- e-Solution: Telemedicine
  - Link patients or inexperienced / rural / junior health workers with experienced / urban doctors
  - Combine mobile test kits in rural areas
- Bangladesh Status
  - All govt. civil surgeons have webcams, all upazilla doctors publicly accessible mobile phones
  - 8 hospitals will have high-quality telemedicine services
  - Blood supply database planned
  - Inexpensive, long-life laptops in community clinics planned
  - Private sector mobile healthlines
    - approx. 15-20 thousand calls / day



## 2. Strengthening Management, Monitoring and Planning

- Problems
  - Lack of access to real-time data needed for strategic intervention
  - Monitoring too expensive, unreliable, prone to human error and frailty
- e-Solution: Electronic (especially using cell phone) data collection and management
  - Transforming data into patient records
  - Targeting risky patients instead of 'one-size-fits-all' strategy
    - Changing health workers' visit schedules
  - Mobile camera, SMS, MMS play the 'monitoring' role
- Bangladesh Status
  - Monitoring district civil surgeons by video-conferencing
  - Patient mgmt. through remote instructions piloted by private sector and NGOs
  - Exploring National ID platform as e-Health platform
  - -- Bio-surveillance using mobile phones and PDAs

## 3. Capacity Development

- Problem: Inadequate capacity of health workers
   to deal with problems and to remember procedures
- e-Solution
  - Anytime, anywhere learning (e-Learning) for doctors, health workers
  - Mobile learning unit
  - Content accessible over mobile phones
  - PNC/ANC guided by remote doctors / IVR / software
- Bangladesh Status
  - Health e-content developed by many NGOs and piloted in 100 Union Parishads and a few hundred NGO-based telecentres
  - Guiding field workers through mobile phone-based medical triage by NGO/private sector collaboration



## 4. Awareness Development

- Problems: Health advisory absent, not timely and not ondemand
- e-Solutions
  - Targeted and timely health advisory
  - Early warning for pandemics
  - Response to on-demand queries especially in emergency situations
- Bangladesh Status
  - Health advisory through SMS
  - Vaccination alerts, medication reminders planned
  - Pregnancy-related advice through SMS planned

# Achievement: Key Mindset Change within the Government

#### Mothers and Babies Speak

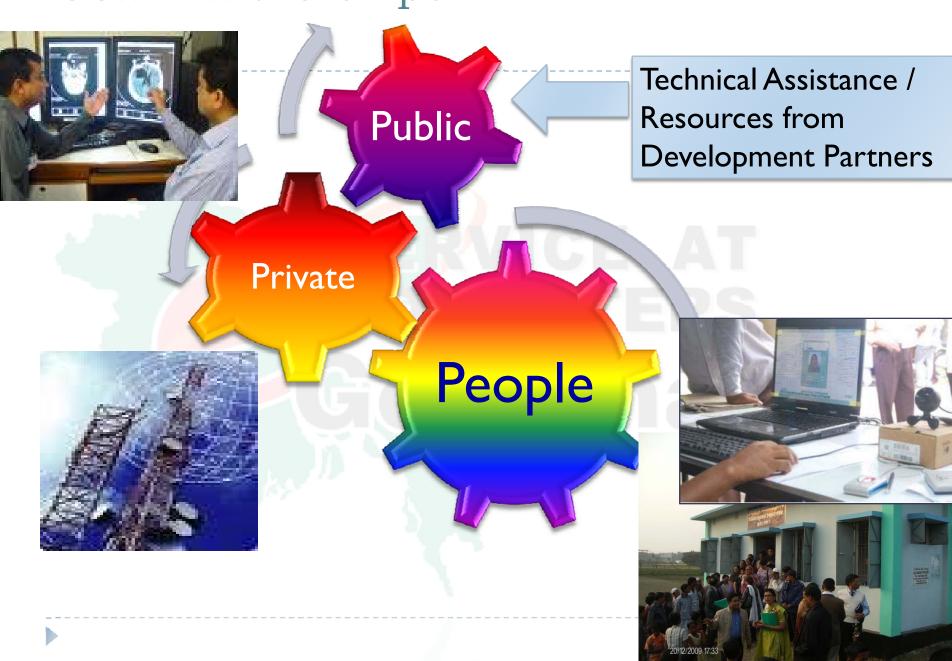
"Digital Bangladesh means not having to stand in queue for healthcare, not having to die because the services I deserve couldn't come to me."

- Citizens will not go to services, services will come to citizens
- Use already available technologies

## e-Health -> 'Healthcare at Doorsteps'



## Goal: Partnerships



#### Miles to Go ...

- Policy makers and practitioners not internalizing that the
   'e' in e-Health is small
  - Too much infrastructure focus and not enough focus on improving healthcare service delivery
- Perpetual piloting ad hoc and not designed for scale
  - Only anecdotal evidence so far
  - Too donor-driven with insufficient local context
  - No comprehensive e-Health strategy
- Data standardization and information integration big issue
- 3G holding significant promise for video, voice, data
- PPP policy drafted, will be driven by PMO

## Thank you!

