Introductory Note of the call for proposals on eHealth

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Wehubit programme

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1 General context

Why health? Better health is central to human happiness and well-being. It also makes an important contribution to economic progress, as healthy populations live longer, are more productive, and save more. Many factors influence health status and a country's ability to provide quality health services for its people. Ministries of health are important actors, but so are other government departments, donor organizations, civil society groups and communities themselves.[1]

Why Universal Health Coverage (UHC)? Achieving Universal Health Coverage is one of the targets the nations of the world set when adopting the Sustainable Development Goals in 2015. Countries that progress towards UHC will make progress towards the other health-related targets, and towards the other goals. Good health allows children to learn and adults to earn, helps people escape from poverty, and provides the basis for long-term economic development. UHC means that all individuals and communities receive the health services they need without suffering financial hardship. It includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care. UHC enables everyone to access the services that address the most significant causes of disease and death, and ensures that the quality of those services is good enough to improve the health of the people who receive them. Protecting people from the financial consequences of paying for health services out of their own pockets reduces the risk that people will be pushed into poverty because unexpected illness requires them to use up their life savings, sell assets, or borrow – destroying their futures and often those of their children. People-centred and integrated health services are critical for reaching universal health coverage.

Why people-centred and integrated health services? People-centred care is care that is focused and organized around the health needs and expectations of people and communities, rather than on diseases. Whereas patient-centred care is commonly understood as focusing on the individual seeking care (the patient), people-centred care encompasses these clinical encounters and also includes attention to the health of people in their communities and their crucial role in shaping health policy and health services.

Health system strengthening around 6 building blocks – How? Acknowledging the health system strengthening agenda, the World Health Organization (WHO) has formulated a health systems framework that describes health systems in terms of six building blocks : (1) good service deliveries with effective, safe, quality personal and non-personal health interventions to those that need them, when and where needed, with minimum waste of resources; (2) a well-performing health workforce that works in responsive ways, fair and efficient to achieve the best health outcomes possible, given available resources and circumstances; (3) a well-functioning health information system that ensures the production, analysis, dissemination and use of reliable and timely information; (4) an equitable access to essential medical products, vaccines and technologies of assured quality, safety, efficacy and cost-effectiveness, with scientifically sound and cost-effective use; (5) a good health financing system with adequate funds for, in ways that ensure people can use needed services and are protected from financial

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[1] https://www.who.int/hdp/en/

catastrophe or impoverishment associated with having to pay for them; finally (6) <u>leadership and governance</u>, ensuring the existence of policy frameworks combined with effective oversight, coalition building, regulation, attention to system design and accountability.

2 eHealth

2.1 eHealth – definitions and scope

eHealth is commonly defined as the use of information and communication technologies (ICT) for (better) health. It includes m-Health (or Mobile Health), which is a sub-segment of eHealth and covers medical and public health practice supported by mobile devices. For WHO, eHealth is the use of ICT to improve patient outcomes by increasing access to care and medical information.

Digitalisation is today considered as an essential contributor to better heath and healthcare provision and management.

Not only it contributes to all pillars of the health system : it contributes to better quality of services, better finance management, better management of human resources, qualitative and timely Health information, evidence based decision making, but it has moreover the <u>potential of empowering the populations and giving a voice to the communities.</u>

2.2 eHealth and the development agenda

2.2.1 The development agenda on health

SDG 3 is on Good Health and Well-being: Ensuring healthy lives and promoting the well-being at all ages is essential to sustainable development. Significant strides have been made in increasing life expectancy and reducing some of the common killers associated with child and maternal mortality, but working towards achieving the target of less than 70 maternal deaths per 100,000 live births by 2030 would require improvements in skilled delivery care. Achieving the target of reducing premature deaths due to incommunicable diseases by 1/3 by the year 2030 would also require more efficient technologies for clean fuel use during cooking and education on the risks of tobacco. Many more efforts are needed to fully eradicate a wide range of diseases and address many different persistent and emerging health issues. By focusing on providing more efficient funding of health systems, improved sanitation and hygiene, increased access to physicians and more tips on ways to reduce ambient pollution, significant progress can be made in helping to save the lives of millions.

2.2.2 SDG 3: Goals and targets – is there no target on eHealth?

Looking at the development agenda, the objectives, goals and targets, one might conclude that strictly no attention has been paid to eHealth. It is totally true, and totally logic. Digital can never be an objective, but only a transformer, a disruptor, a contributor to a higher goal. As example, looking at the 3.7 "By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes" the potential of digitalisation as a contributor to this goals is undeniable. And this is only an example.

2.3 Barriers to adoption and scaling-up eHealth

While eHealth is a relatively well-known concept for developed settings, resistance to eHealth and "going digital" in more fragile and poverty settings is currently observed.

A number of technical, financial, political and socioeconomic barriers are limiting the adoption of eHealth practices and technologies. Drawing on existing literature, the list below provides a non-comprehensive list of barriers to the adoption of eHealth practices.

- Data availability and quality
- Sustainability of business models
- Data privacy and ethics
- Regulatory and policy challenges
- Health system integration and capacity
- Limited evidence base for impact of eHealth
- Up-front costs of (long-term) investments
- Inadequate or limited skills (knowledge and practices)
- Gender inequalities
- Lack of 'long term' incentives
- Poor governance structures
- Poor leadership
- Donor resistances "why invest in digital if there is no equipment"
- Limited access to energy

2.4 5+1 approach in eHealth at Enabel

Currently at Enabel we use a 5+1 approach, with the following levels of intervention as described below:

Level 1. The national & international level: No country can improve its health system without high quality information at national level.

Level 2. The health facility level: Further down the health pyramid, comes the health facility: the clinic, the hospital but also the health insurance company.

Level 3. The health professional: Digitalization can profoundly change the performance of nurses, doctors and community based health workers.

Level 4. The community: The community is an essential player in the health system in different ways.

Level 5. The patient: The final objective of every project, program and policy, is the benefit for end-user of the health system: the patient.

Level +1: Teaching & Transfer of knowledge has, in these times of digitisation, become a powerful transformer for individuals and communities.

3　Health and digitalisation

3.1　Potential of using eHealth as an enabler

In line with the 5+1 approach, eHealth at every level is a powerful transformer.

Level 1. The national & international level: Today, partner countries open up to the information era: on-line, on-time, quality information, made available through DHIS2, a web-based health information system. Time has come for comprehensive dashboards, with relevant level-specific information. Open access to data and information for all is the objective, with respect for privacy and individuals. Making health information available to all is a top priority. Furthermore, organizing health information flows on a national and international level also means setting standards and adhering to them. National and regional eHealth strategies and implementation plans align actors towards common objectives, removing redundancy and inconsistencies from the eHealth yard and optimizing the use of available resources.

Level 2. The health facility level: Opportunities for digitalization are multiple: going digital makes management better and faster, can smarten up the patient administration, will make users more accountable to their stakeholders, gives them opportunities to improve their collective performance as a health facility. Development partners, together with business and academic partners, can work on hospital information systems. Since 2017, Burundi has its national digital maintenance management operational, covering equipment of over 700 health facilities after a successful intervention by Enabel. In Kigali, Enabel contributes to the building of a digital urban hospital network. In Senegal, Enabel develops a health insurance system with digital management of individual members.

Level 3. The health professional: Digitalization can profoundly change the performance of nurses, doctors and community based health workers. Their records can easily be stored; data can be collected in uniform and standardized ways, opening up better case management of patients and communities. Tablets and mobiles can open perspectives for better health care delivery, even in the most remote areas. At Enabel we develop in several partner countries mobile health care delivery monitoring, always with respect for the patient's privacy and with a focus on quality control.

Level 4. The community: Communities are an actor for quality control of the services delivered in the facilities. Technology makes it possible to interact directly with communities. Use of widespread technologies such as SMS and WhatsApp can be very efficient when creating feedback loops, but also as a tool for awareness campaigns. At Enabel in the context of Performance Based Financing, we develop together with our business partners, easy mobile quality controls on health services to be used by community associations. This gives reliable feedback on the patients' experiences and outcomes.

Level 5. The patient: Digital brings added value for this individual consumer of the services, whether delivered by a health professional or a community health worker, in or outside a health facility, in any given country or somewhere in a globalizing world. At Enabel today we are working on mobile money transfers for subscriptions to health insurance schemes, warning text messages on routine controls during pregnancy, health information on mobile phone and health applications monitoring physical activity...

Level +1: Teaching & Transfer of knowledge: we work on tutorials, on-line courses, distance learning, virtual schools, and e-portals for training and teaching purposes. Distance learning in 2018 became the gold standard, often completed with onsite sessions. Blended learning is definitely facing a bright future, with full Enabel support. (example the blended eSSR and eSSP courses in Guinea, the SRHR tutorials, …); An interesting development is the Ikirezi application, a software tool offering computer assisted clinical decision support to health professionals on the one hand and random testing of clinical knowledge of health workers on computer generated clinical cases (www.ikirezi.org). Another development is the android application for therapeutic assistance for nurses in Burundi, the SPT-android application.

3.2 Scaling-up and/or replication

The examples, given under 3.1., demonstrate the important potential for scaling up. Often developments have been piloted, and no further extension or replication occurred, due to unmet circumstances to do so.

The road from the design of an innovative concept to scaling it up is far from linear and requires numerous iterations between the different stages. While applying for a grant, organisations will be asked to clearly demonstrate they have already gone through the "Inspiration, Ideation and Implementation" stages presented in figure 4, especially the previous prototype, testing and pilot phases and its derived business model.

Figure 4: the design thinking process stages before the scaling-up (The Interaction Design Foundation)
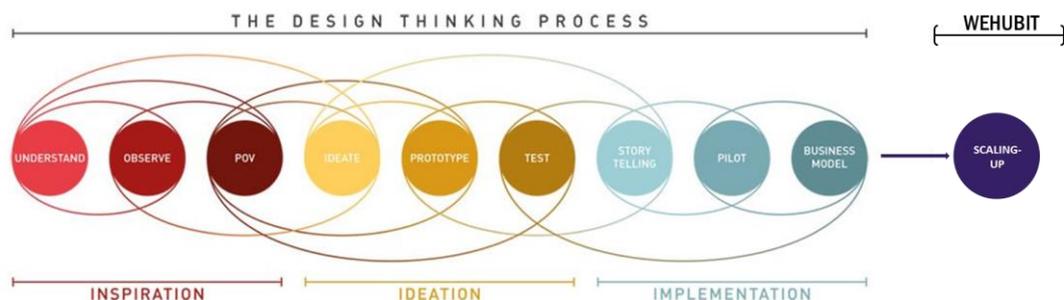
3.3 Access to Data[2]

3.3.1 Share more data, not less.

Valid concerns about the misuse and/or theft of personal data by companies, governments and criminals have rightly led to a renewed focus on data privacy and the imperative to protect users' personal data online.

Though well-intentioned, approaches to "lock-down" data from misuse obscures the reality that for people and societies to truly benefit from the digital era, more data must be available to more audiences. So rules and systems that protect data are a necessary but insufficient to solving the problem; enabling people to safely share their own personal data is the real key to expanding the benefits of the digital era.

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[2] Democratizing Access to Data is the Next Frontier in International Development, Kay McGowan, Priya Jaisinghani Vora & Jonathan Dolan

3.3.2 Giving people control of their data is key to "democratising" the digital era

Personal digital data is both an asset and a liability. Enabling people to control how their data is used and for what purpose is critical to maximizing the potential benefits and lowering the risk of misuse. Data offers insights that can improve decision-making at all levels, but concentrating control of data in the hands of private service providers limits the utility of the data.

3.3.3 Data portability drives competition

Enabling people to port their personal data from one provider to another could help level the digital playing field for entrepreneurs by making available data that would otherwise be locked away for the exclusive use of the platform provider on which it was generated.

Personal digital data is the fuel of the digital age; restricting access to that fuel enables data dominators to crowd out potential competition. An thriving innovation economy will require equal access to digital data, and create incentives for providers to compete on the basis of the value they deliver to consumers.

3.3.4 Scale will require an interoperable and trusted ecosystem.

Cultivating a trusted ecosystem of actors will be critical to scaling data portability to the point where it begins to empower users – moving beyond single use cases and towards redefining power dynamics of the data economy. Building trust in the system ultimately needs to happen at two levels at a minimum:

- technical interoperability that normalises variations in code and data format; and
- common commercial standards that can build a trusted marketplace where incentives for services providers and consumers begin to align around data portability.

4   Focus of the call for Proposals

4.1   General and specific objectives of the call

The general objective of this Call for Proposals is to increase the use and access to digital solutions offering better living conditions in the partner countries of the Belgian Development Cooperation.

The specific objective of the call for Proposals is to achieve universal health coverage, access to quality essential health-care services (including access to information) and access to safe, effective, quality and affordable essential medicines and vaccines for all, including financial risk protection.

4.2   Guiding principles and target group

The target group of this call for Proposals are **non-profit or public organisations** that want to diffuse and **scale-up or replicate their own digital innovations** linked to the subject of this call for Proposals. Innovation can be found in the proposed digital services or products (smart devices, remote sensing, etc.), as well as in the project design (combining tools in an innovative way, intelligent use of data, etc.)

Supported projects are requested to be aligned with the programme's guiding principles[3]. As such, the proposals must clearly demonstrate that the proposal:

- Promotes the use of digital technologies as an enabler for sustainable development;
- Is aligned with the Belgian D4D Policy Note;
- Integrates the Principles for Digital Development;
- Is including a digital innovation that has gone through the "inspiration – ideation – implementation" steps, and is presented for scaling-up or replication of an existing business model (see Ch. 3.2);
- Applies the HRBA approach: (incl. Availability, Accessibility, Affordability, Acceptability, Quality, Equality, Non-discrimination, Accountability, Participation).
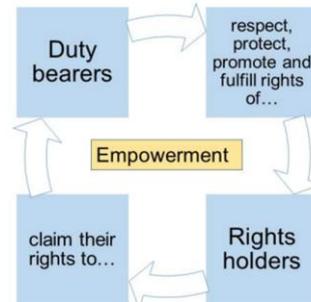
Enabel wants to foster digital innovation at large and therefore does not want to put forward as a priori list of eligible digital technologies. Digital innovative solutions can include amongst others the use of big data, sensors and smart devices, inclusive knowledge management systems, remote sensing, mobile applications, communication technologies, blockchain technologies, etc. Rather, Enabel will focus on the potential impact of those technologies when selecting eligible projects. By filling in their project proposal, applicants are invited to demonstrate these potential impacts.

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[3] We recommend you to read more on our guiding principles on our website: https://www.wehubit.be/en/about-us#policy-anchor