



Philippines

PH Department of Health and Department of Science and Technology Forge Agreement towards a National eHealth Strategy

The Department of Health (DOH) and the Department of Science and Technology (DOST), Republic of the Philippines broke new ground after DOH Secretary Enrique T. Ona and DOST Secretary Mario Montejo signed an agreement to jointly develop a national eHealth strategic framework and plan for the country.

In the first focus group discussion (FGD) on eHealth last July 9, DOST and DOH evaluated the existing eHealth plans in the country. Merlita Opena of the DOST-Philippine Council for Research and Development presented the department's eHealth Agenda followed by Engr. Jovy Aragona of DOH-Information Management Service discussing the Philippines' draft proposal on the eHealth strategic framework and plan.

Along with DOST and DOH, are various stakeholders on eHealth who discussed on defining the scope and components of the national eHealth framework, reviewed the WHO- and DOH-defined eHealth components, and prioritized immediate and long term action plans which the country should undertake in the next years.

Highlights of the FGD were:

1. An eHealth framework of national scope should cover every facet of the Philippine society. Citizen participation and greater stakeholder buy-in must be encouraged.
2. Include a more pronounced country goal in the mission and vision statement as well as clearly defining the government's role of providing equity in health information access.
3. Review how past eHealth strategies map with the WHO/ITU National eHealth Strategy Toolkit, identify gaps and strive to fill them.
4. Some immediate actions plans that were identified during the FGD were eHealth policy formulation, formation of eHealth governance structure and dissemination of information to a wider audience.

The multisectoral process provided a venue for broader stakeholder participation in the framing and implementing the plan. Continuing discussions and consultations were agreed upon including an online discussion at <http://ehealth.ph>.

Key in crafting of the Philippine national eHealth strategic plan is the National eHealth Strategy Toolkit developed by the World Health Organization-Information and Technology Union.

The toolkit "has provided guidance and direction on how to proceed with the development of the roadmap/plan considering that the eHealth Framework (with the vision, mission, objectives, and strategic goals) has been created" said Engr. Aragona. She added that since the plan is built on the current eHealth Framework, "it has helped in the analysis of the desired components (of the framework) and has extended action lines to group the activities (of the plan)". (from www.aehin.org)

Cambodia

CRVS assessment in Cambodia

Cambodia has been achieved in different aspects of CRVS, with support from partners such as UNICEF, USAID, URC, ADB, Plan International, UNFPA, JICA, WHO and others. However going forward, to make significant strides in strengthening the CRVS system as a whole, there is need for aligned and sustainable support by development partners. In September 2013, Cambodian Ministry of Interior, Ministry of Health and Ministry of Planning with technical assistance from WHO, URC and other partners conducted CRVS assessment.

A 3-day workshop to undertake a comprehensive assessment of CRVS was conducted, with the Ministry of Interior as the lead agency that organized the workshop to bring together all the key national stakeholders in CRVS. Technical assistance to facilitate the assessment process (using WHO/UQ tool) was provided by WHO. After the assessment session, health development partners are scheduled to hold a meeting to discuss follows on actions for strengthening CRVS in Cambodia. CRVS web based database (www.crvs.combodia.org) used in 11 communes in Cambodia.

Cambodia is one of 75 countries who committed to the recommendations of the Commission of Information and Accountability for Women's and Children's health (CoIA) and will contribute to CoIA goals " By 2015, Cambodia will have well-functioning health information systems, including surveys, facility and administrative sources, and

have taken significant steps to establish a system for registration of births, deaths and causes of death" and "By 2015, all countries have integrated the use of Information and Communication Technologies in their national health information systems and health infrastructure".

Up to now Cambodia applied ICT in health and CRVS. CRVS is place with around 91.96% coverage of total population, and maternal death

Strengthen record and report cause of death

Cambodian Ministry of Health and health development partners (WHO, URC and other) reviewed and revised



HMIS data collection tools (registers, daily tally sheets and monthly reports). The revision tools are included more data such as cause of deaths and diagnostic code (ICD10). The tools were approved and circulated for the implementation at health facilities. Some tools are at www.hiscambodia.org

Patient Medical Record System (PMRS)

Cambodia applied PMRS at hospital level since 2011 (www.pmrscambodia.org). The PMRS is aimed at record and register patient ID and demographic as first central entry point of hospital health care.

The PMRS capture other information such fee for services, payment categories, and other clinical information. Cambodia will adopt some level of EMR (0-7) as part of the current PMRS and plans to apply to other hospitals in Cambodia.

eHealth and HMIS in Education

In Cambodia, University of Health Science (UHS) and National Institute of Health (NIPH) integrated HMIS topics in their Bachelor of Public Health and Master of Hospital Administrative respectively.

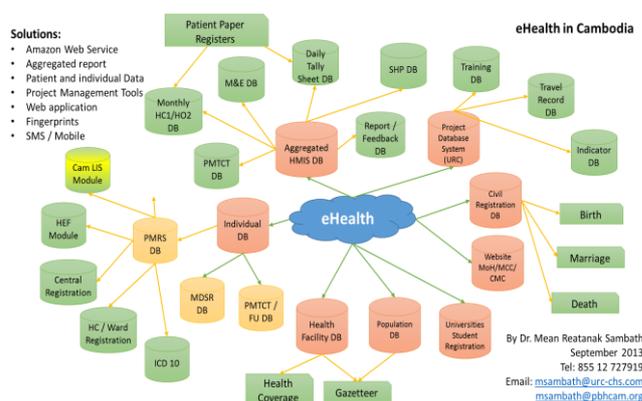
With support of US CDC and URC, Technical School of Medical Care applied ehealth for student registration and scoring system.

eHealth Tools in Cambodia

There are several eHealth Technology applied in health sector in Cambodia such as fingerprint scan piloted by national HIV/AIDS program

There are several eHealth Technology applied in health sector in Cambodia such as fingerprint scan piloted by national HIV/AIDS program (<http://www.nchads.org/Events>), verb voice system introduced by INSTEDD (<http://instedd.org/blog/verboice-in-cambodia/>) and mobile application for communities using android application with Web (PHP/MySQL) by malaria program (<http://malariacontainment.wordpress.com/category/cambodia/>).

There are few new ideas for more consultation such as Bitmap image for Black/White mobile phone in local language and the implementation of SMS System for patient follow up and appointment system.



Thailand

Interoperability and Health Data Standards Development

• Thai Medicines Terminology (TMT) Development

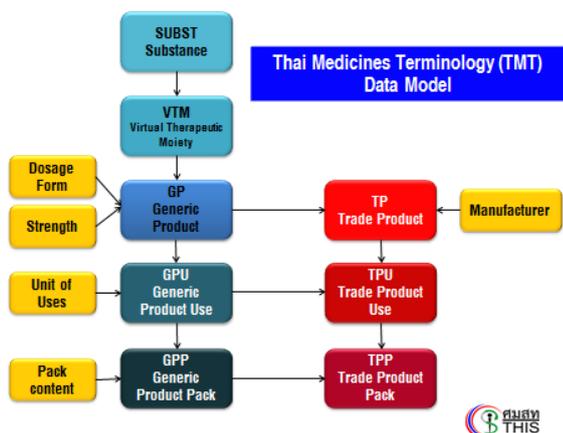
Thailand has no national standards for drug terminology and coding systems. Although there are several drug coding systems developed and used in Thailand, the systems are designed to serve specific functions/activities and none of them complies with international terminology standards.

With the need for an effective monitoring and evaluation system for national-level drug utilization and expenditure, the national drug codes that can support the interoperability of different pharmacy information systems are needed.

In 2012, the National Health Committee, chaired by the Minister of Public health commissioned the Health Systems Research Institute (HSRI) to develop a national drug terminology that can serve several health functions/activities.

The Thai Medicines Terminology (TMT) project was initiated and the terminology has been developed since 2012. TMT is a standard drug terminology and coding system that supports interoperability of electronic health records system and the national health care reimbursement systems.

TMT employs the principles referred in the "Desiderata for Controlled Medical Vocabularies in the Twenty-First Century" article. It was developed following the SNOMED-CT data model, as a SNOMED-CT extension. Currently, one of the national health insurance schemes, the Civil Servant Medical Benefit Scheme (CSMBS) is using TMT for reimbursement and utilization monitoring of drugs that are not in the national essential drugs list (i.e., non-essential drugs) within public hospitals.



Population and Social Research, the Office of the National Economic and Social Development Board (NESDB), and the National Health Security Office (NHSO).

The assessment was supported by the UNESCAP. The results showed that five of the eleven areas had top scores at 3.00 points. The average score on "Practices affecting the quality of cause-of-death data" was the lowest, at 1.5 out of 3.00 points. The remaining five areas had gaps for improvement. Among the 25 questions listed, 86.67% were rated "Satisfactory," which means that "minor adjustments may be required in an otherwise well-functioning system."

Although the assessment showed a satisfactory system, Thailand should have a more rigorous strategic plan and actions to improve the cause-of-death data.

• HL7 and HL7 Clinical Document Architecture Standards

An informal network of stakeholders that are interested in adopting the HL7 Clinical Document Architecture (CDA) standard for Thailand's healthcare system has been initiated in mid-2013.

The stakeholders consist of representatives from the Ministry of Public Health (MOPH)'s Bureau of Policy and Strategy; HSR's affiliated agencies the Thai Health Information Standards Development Center (THIS) and Central Office for Healthcare Information (CHI); the Faculty of Medicine Ramathibodi Hospital, Mahidol University; and the Electronic Transactions Development Agency. The objective of the network is to explore and potentially develop standards based on HL7CDA for use cases within Thailand's healthcare systems.

Assessing Civil Registration and Vital Statistics (CRVS) System

In response to the global call for countries to strengthen their CRVS system, Thailand has convened CRVS system stakeholders to assess the current status of the country's CRVS system. We employed a standard resource toolkit called "Strengthening Practice and Systems in Civil Registration and Vital Statistics: A Resource Kit" for the assessment. The resource kit was developed by the World Health Organization (WHO) and the University of Queensland in Australia.

The assessment processes were conducted by the Thai Health Information Standards Development Center (THIS) of the Health Systems Research Institute (HSRI) in collaboration with participants from other stakeholders in Thailand including the MOPH's Bureau of Policy and Strategy, the Ministry of Interior (MOI)'s Bureau of Registration Administration, the Ministry of Information and Communication Technology (MICT)'s

National Statistical Office, the International Health Policy Program (IHPP), Mahidol University's Institute for

National and International Biomedical and Health Informatics Capacity Building

• Postgraduate Degree Training at Mahidol University

The Faculty of Tropical Medicine at Mahidol University now offers two international biomedical and health informatics graduate programs, a Diploma (6 months) Program and a Master of Science (12 months) Program. See http://www.tm.mahidol.ac.th/eng/academic/aca_mscbhi_overview.htm.

With support from the Rockefeller Foundation, the program commenced training for the first group of 19 international students in January 2013.

The students were from 8 countries: 4 from Laos PDR, 2 from Myanmar, 2 from Cambodia, 1 from China, 1 from Vietnam, 1 from the Philippines, 1 from Bangladesh and 6 from Thailand. Their educational backgrounds ranged from physicians, dentists, public health officers, medical technologists and computer programmers.

Instructors of the programs are from many institutes in Thailand and the United States: the Faculty of Medicine Ramathibodi Hospital at Mahidol University, the MOPH's Department of Epidemiology, Thai Health Information Standards Development

Center (THIS), National Health Security Office (NHSO), the National Electronics and Computer Technology Center (NECTEC), Center for Public Health Informatics at the University of Washington Seattle and the Department of Medical Informatics and Clinical Epidemiology at Oregon Health and Science University.

The first 4 diploma students graduated in July 2013. The first group of MSc. students is anticipated to finish their study by March 2014. Scholarships from the Rockefeller Foundation were available--6



scholarships for diploma students and another 6 for MSc. students.

Admission applications for next year can be found at http://www.tn.mahidol.ac.th/eng/academic/acad_bhi_admission.htm#admission

- **Healthcare CIO Certificate Program at the Faculty of Medicine**

Ramathibodi Hospital, Mahidol University

The Hospital Administration School at Mahidol University's Faculty of Medicine Ramadibodi Hospital provides three months of intensive course in health informatics and management of health information and information systems in healthcare

organizations for current or future healthcare chief information officers (CIOs).

The training course is designed for senior raking executives or officers from public and private hospitals as well as other healthcare organizations who are responsible for IT management or related functions such as quality improvement or risk management.

The program consists of coursework in general management, health informatics, and IT management, as well as domestic and international site visits. This certificate program is now running in its 4th year.



- **Health Information Systems Fellowship and Training at the Thai Health Information Standards Development Center (THIS)**



In response to a request from Bangladesh and Sri Lanka Ministries of Health (MOH), the Thai Health Information Standards Development Center (THIS) organized two health information systems (HIS) training courses -- a 2-week training (27th May to 7th June 2013) for 3 fellows from Bangladesh and a 3-day study tour for 29 Sri Lanka's MOH administrators (2nd -4th and 18th -20th September 2013).



WHO Bangladesh sponsored the three fellows and the World Bank sponsored the officers from Sri Lanka.



With AeHIN principles and spirit, professionals from the three countries have learned, exchanged knowledge and experiences, and shared ideas about health information systems and eHealth development.



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