

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 Legian, 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 **iTen! 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 iTen! 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

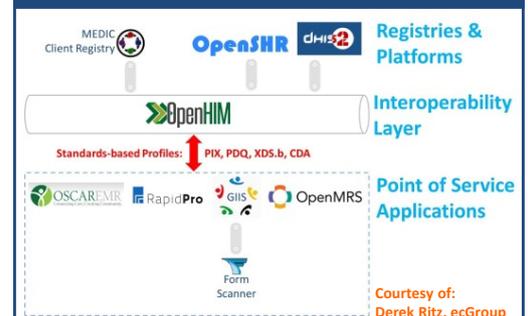
The day began with a Day 1 recap followed by a panel session on empowering the national HIS/eHealth executive and management teams. The session centered on discussing how countries organize their institutions to run their national HIS.

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 iTen 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



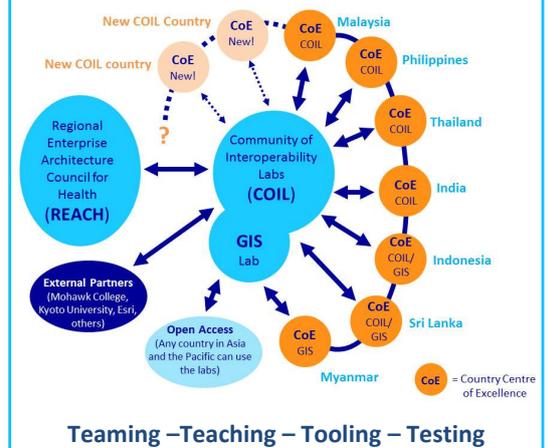
Day 3: MA4HealthAP Roadmap plus Launch of REACH and COIL

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'