



Telemedicine has tremendous potential in Bangladesh



Dr. Alain B. Labrique

STAFF CORRESPONDENT

DESPITE its limitations, telemedicine can bring a paradigm shift in how medical services are offered in Bangladesh, a colloquium on ICT in Healthcare was told yesterday.

While accurate diagnosis of critical diseases may always not be possible with technology, it can play a vital role in monitoring chronic health conditions, maternal and neo-natal health among other things, it was told.

The observations came at a technical session titled "Importance of Live Consultation in Telemedicine" at the first day of The Daily Star Leadership Colloquium 2012 - ICT in Healthcare.

The Daily Star, Golden Harvest, Summit Group, Citi Bank and D.Net are organising the two-day annual colloquium at the Daily Star Centre in the city.

Telemedicine is the use of telecommunication and information technologies to provide clinical health care at a distance, said Dr Alain B Labrique, an Assistant Professor at the Department of International Health / Epidemiology (joint) of Johns Hopkins Bloomberg School of Public Health in USA, in his presentation.

It helps eliminate distance barriers and can improve access to medical services that would often not be consistently available in distant rural communities. It is also used to save lives in critical care and emergency situations, he said.

It has tremendous potential especially in Bangladesh, said Dr Labrique, also the Director of Johns Hopkins Bangladesh Ltd.

Doctors at the Johns Hopkins, for example, are now using robots to make their daily rounds to monitor patients. The robots, with a TV screen for its head, show the face of the doctor who sitting on his office manoeuvres the robot around the hospital to check on patients, he said.

This way, the doctors can check on their patients from their offices or even homes, he added.

It is not just in the Johns Hopkins, he added, an initiative in Nepal, for example, is having heartbeats and pulses of patients broadcast to physicians for accurate diagnosis.

Bangladesh is also not far behind in telemedicine, said Dr Sikder M Zakir, founder of Telemedicine Reference Center Ltd (TRCL).

"We have provided some 11 million telephone consultations

in last five years. And only 40 percent of the patients had to be referred to a doctor, seven percent of whom required hospitalisation," said Zakir.

Things used to be difficult as even downloading an email was excruciatingly time-consuming, he said.

But things improved over the years as Internet became faster, less expensive and more available.

"Now I can even do consultation with a patient in a different

neighbourhood," he said, adding that the country has a promising future in the field of M-health.

But the technology has its limitations, admitted Dr Labrique, it lacks the human touch and confidentiality, and many people are unwilling to trust technology with something as vital as their health.

Many rural people first go to the local Kabiraj, he said, the reason being the matter of cost, the matter of availability and local knowledge.

These are some of the problems that telemedicine should address, he said.

To make it effective, telemedicine should be problem-driven instead of being technology-driven, he added.

"You need to identify what are the health problem sets. For Dhaka, the problem set is different than, say, in rural areas," said Dr Alain B Labrique.

The problem set would steer the design of telemedicine services, he added.

Another benefit of telemedicine is that it has a major potential in mental health, said Mahrukh Mohiuddin from the James P Grant School of Public Health, BRAC University.

Agreeing with Mohiuddin, Dr Labrique said many patients feel more comfortable to talk about their personal matters over the phone than in person.

The country needs a vision and some regulations for telemedicine practices, said Dr Labrique.

For example, 90 percent of deliveries in Gaibandha take place in homes, he said.

The vision could be to ensure that majority of the deliveries take place in hospitals while monitoring maternal and neonatal health could be done through telemedicine, he added.

While the private sector is showing growing interest in the health sector telemedicine has immense potential, said Dr Labrique.

There is always a conflict of interest as public health works in a different way than the private sector, he said adding that the partnership should be formed delicately and transparently.

Kimberly A Rook, Knowledge Management & Communication & Project Team Leader, Johns Hopkins University Bloomberg School of Public Health, chaired the session.

Doctors, medical practitioners, pharmacists, informational technology experts and representatives of telecommunication companies were present at the session.



Participants in the colloquium

PHOTO: SK. ENAMUL HAQ

Public-private cooperation in e-healthcare should grow



David Aylward

STAFF CORRESPONDENT

Public Private Partnerships (PPP) have the tremendous potential to make quality healthcare services reach the vast majority of people and transform healthcare around the world. Using Information and Communications Technology (ICT) in the PPP to deliver healthcare can extend the reach and scope of the healthcare delivery systems and fuel up this transformation.

In order to understand the importance, share and explore the ways of collaboration between private and public partnership using ICT to improve healthcare delivery in Bangladesh, The Daily Star Leadership Colloquium on 'ICT

in Healthcare' held a session titled "Health transformation through public & private cooperation fueled by ICT" yesterday at The Daily Star Centre.

David Aylward, Senior Advisor, Global Health and Technology, Ashoka was the keynote speaker of the session. Kimberly A Rook, Technical Advisor, Knowledge Management & Communication & Project Team Leader, Johns Hopkins University Bloomberg School of Public Health, USA chaired the session while Dr Abu Jamil Faisel, Project Director, Mayer Hashi and Country Representative of EngenderHealth was the discussant of the session.

In the keynote presentation, Mr David projected the innovations in healthcare using ICT and role of public private partnership and integrating these into a common healthcare delivery system. He shaded light on 3 main topics-health transformation, public private cooperation and use of ICT in a resource poor setting like Bangladesh.

He stated that health transformation needs disruptive innovations that helps improve service continually and creates a new market and value network replacing existing. He emphasized on the proper linkage among six key elements-People,

Village health worker, Rural clinics, Call/information/medical response center, Doctors, Birthing center/hospital to transform healthcare with special focus on wellness, nutrition and primary care. He said that healthcare worker or front line providers are key players in improving healthcare. Train them to use simple technology in delivering healthcare at community level is crucial. He pointed out to the need to establish or utilize existing call centre and information booth properly to disseminate information, empower and educate people to know about their health.

He said that wireless network is every corner of Bangladesh and hence it has lots of opportunity to improve healthcare delivery using ICT. He mentioned some of projects to deliver healthcare through using ICT specially empowering pregnant women by proving voice message to their mobile phone to make them aware and help take prompt care to prevent complications. He focused on the importance of building user-friendly simple technologies like mobile software for data collection, awareness etc. Using ICT can ensure that people and providers can access information when they need through mHealth or mobile health, telemedicine or any other

means of communication that is accessible for them.

He also stated that many organizations including government, NGOs and other private companies are delivering healthcare in Bangladesh distinctly and by their own effort or financial aids they get. But improving healthcare needs a concerted effort and partnership or cooperation is a crucial factor to provide comprehensive and quality healthcare service at a minimum cost. He urged to take leadership role in integrating ICT in healthcare to provide best possible outcome, to create collaboration between public private organizations and create a role model to make it sustainable.

At the end of his presentation, Dr Abu Jamil Faisel presented the summary of the session. He added that both public-private and private-private coordination are necessary and creating a platform comprise of experts is imperative to incorporate ICT in healthcare and use it in coordinated healthcare delivery system.

After then, the session was opened for discussion and there was an interactive question-answer session on the topic. At the end, Vote of thanks was delivered by Kimberly A Rook.

Barriers in use of technology must be overcome

STAFF CORRESPONDENT

Availability of technologies is just not enough but using those with appropriate language and process is crucial to take healthcare services to the doorsteps of citizens, observed speakers while speaking on "Communications Barriers in Accessing Healthcare".

They said people will not accept any service, even if it is available, if the service is not reliable to them. They identified barriers in socio-economic, political, cultural and behavioral aspects which arise while using communications technologies in various services.

They said information sent about services must be accessible to both men and women, and understandable and reliable to all.

In his speech, Murali Shanmugavelan, a communication policy analyst and researcher with 16 years of experience in the international development sector focused on the available communication technologies, users' behavior to that and the barriers in accessing the technologies.

He himself challenged a number of things, including whether infrastructure can do everything. He said people behave differently when they get a technology to interact

and adjust with their own ecology.

People may not accept a service even if it is available if they don't believe that the service is reliable or if it is far away from them, said Murali. He, however, did not say how the barriers can be removed.

In this regard, he said, what communications can do in social processes and how it actually plays out in a particular system, and therefore how and in what circumstances communications can provide more desirous impact on the society, need to be discussed.

He said the colloquium organised by The Daily Star will demystify the complex system and complex ideas regarding communications.

"The discussion would not have been possible 10,000 days ago but technology has made it possible," said Murali, adding that the procession of communications and what process is perfect for what aspect is a mammoth task.

"There are a lot of socio-economic and political factors you have to bear in mind because technologies have different impacts in different socio-economic and political system," he said.

In this regard, he emphasised on political will and commitment. About using mobile phone, he

asked, "How do rural women use the mobile phone? Do they actually own the phone? Do they actually access phone? Do they control overtalking?"

Giving an example of a radio programme in South India, Murali said people there started calling 'radio rice' as the programme was very interactive.

"People were so associated with it they forgot the actual name of the rice," he said and added, "Technologies shape our understanding as well."

The same way, he said, communications can play huge role in providing health services to the people in Bangladesh.

Murali also said, "We need to think how we engage technologies in the communication process to make healthcare system more accountable and transparent".

Speaking in the session, managing director of Telemedicine Dr Sikder M Zakir said proper policy and procedure are needed if health services are to be taken to people through telemedicine, mobile-health and e-health.

He divided mobile as tools in three categories consumer, clinical and administrative. "By consumer application, we are giving health



Murali Shanmugavelan

service through Grameen Phone since 2006," he said.

Zakir said administrative tool is also being used the same way, but using clinical tool in giving health services is difficult as any wrong information can cause death to the patient.

About using communications technology, he said the people will have to understand sending of information through the health services tools.

Mahrukh Mohiuddin of Brac University chaired the session which was also attended by a group of doctors, students and NGO representatives.



Dr Sikder M Zakir at the colloquium.