



DITTA GLOBAL DIAGNOSTIC IMAGING,
HEALTHCARE IT & RADIATION THERAPY
TRADE ASSOCIATION



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APRIL 10-12 2018

PARALLEL SESSION:

**BUILDING INTEROPERABLE AND COST-EFFECTIVE ICT
SYSTEMS FOR HEALTH IN LMICS**

GENEVA – 12 APRIL 2018

The private sector experience & views

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What is DITTA?



- 2018: DITTA renewed non-state actor status with WHO*
- 2016: DITTA MoU with the World Bank*
- 2015: DITTA was granted a NGO status with WHO*

Our Industries Focus

Improve patient outcomes and survival rate via innovative diagnostics, digital health and imaging technologies

Combine innovative technologies towards workflow efficiencies and better patient outcome

Transform healthcare systems globally and making the promise of 'big data' a reality

Focus on patient centered approaches towards better integrated care

Contribute to the Global economy, health, research and innovation ecosystems

DITTA and its members are committed to overcoming global health challenges with innovative, cost-effective technologies and solutions, in close partnership with institutions and key stakeholders

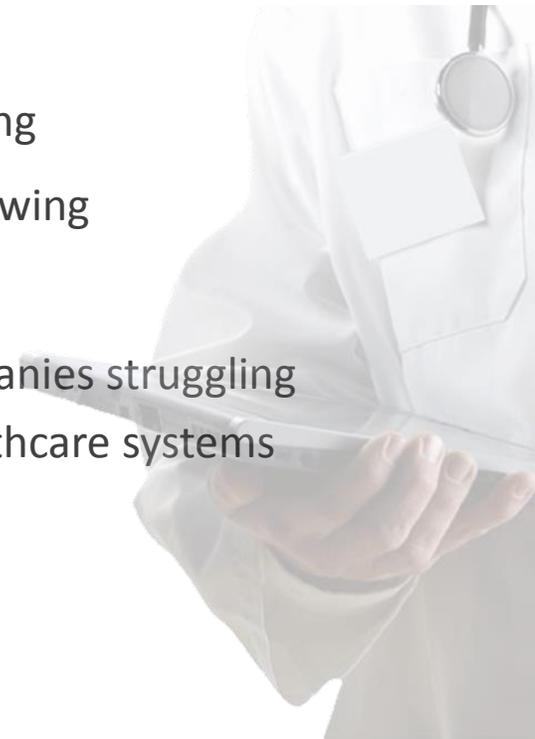
Addressing Big Challenges

CHALLENGES

- Populations aging
- Chronic disease increasing
- Multi co-morbidities growing
- Costs spiraling
- Governments and companies struggling with unsustainable healthcare systems

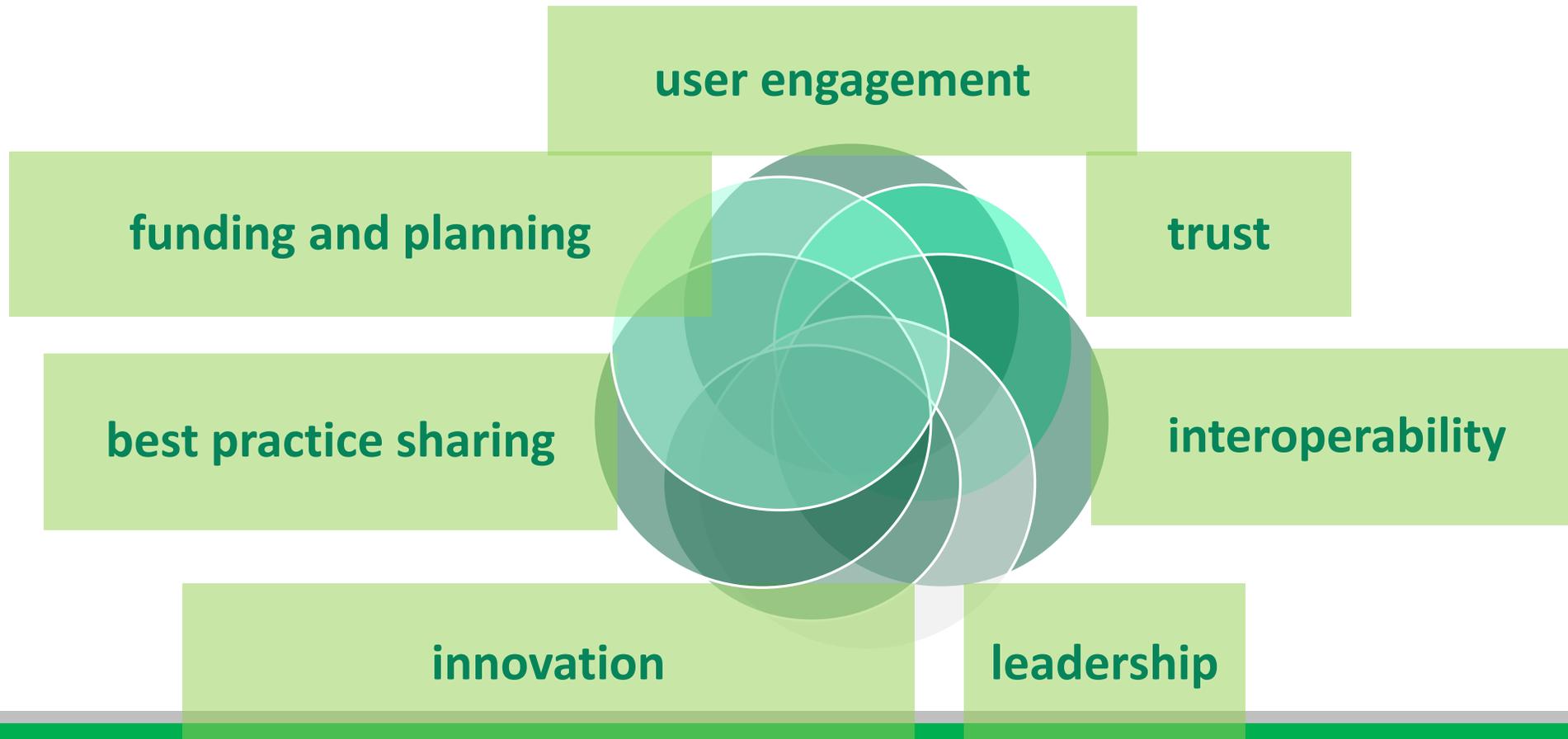
GLOBAL TRENDS

- Patient – centered
- Genomic Revolution toward Prediction
- Clinical Convergence
- Productivity increase
- Potential of Big Data





What we need to build an interoperable and cost-effective ICT systems for health





The Value of Digital Health

Empower patients to participate

Personal health record, Home health

Enable Informed Decision making

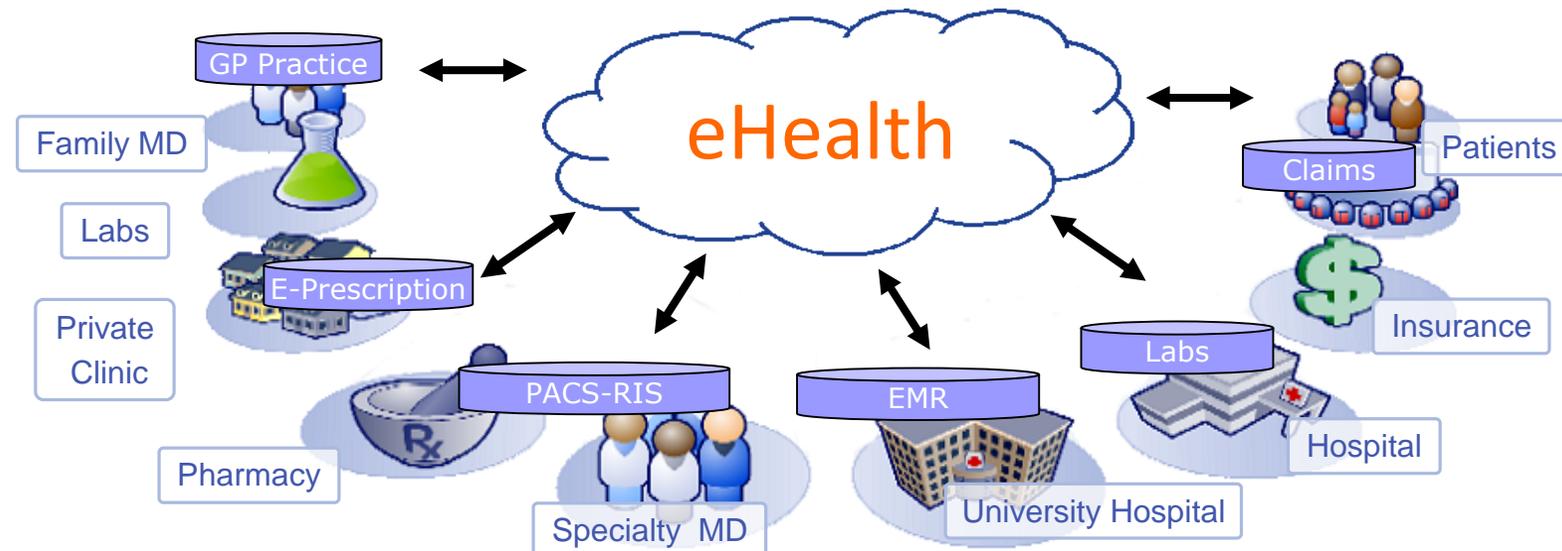
Reduce errors & redundancy

Optimize clinical staff productivity

Connect & collaborate

Improve access to healthcare

Enable Telemedicine



eHealth generic challenges

- Fragmentation of the health system (different ministries, regional/local investments, etc.)
 - Funding/Budget Cycles hard to predict (political agendas, often related to funding digital in health, foreign support, etc.)
 - Change processes take time, so several waves of increasing digitalization will be needed over several years (clinician on-boarding, limit care delivery disruption, etc.)
 - Multiple procurement processes interleaved (infrastructure, point of care, public health, etc.)
- ➔ These are not specific to LMIC, but LMIC need to address them

eHealth: LMICs specific challenges

1. Relatively low level of IT deployment (EMRs only in certain care delivery organizations) not easy to manage through large scale contracts. Double challenge or opportunity: deploy IT systems and connect them within and across organizations.
2. Health IT skills are in short supply. Academic programs are progressing but not yet able to meet the demand of a national health digitization project.
3. Local/regional companies capacity to deliver and grow often not compatible with larger scale projects.
4. Other specific challenges in LMICs:
 1. Specific eco-system with big variability on ICT infrastructure
 2. Health workforce and education
 3. Infrastructure linked to national eco
 4. Procurement processes (based on costs and excluding training/education and maintenance programs)

→ *Even more than in other countries, LMICs need an eHealth strategy that can be deployed over long period of times (5-15 years) to work around above challenges*

Can we learn from non-LMICs on interoperability and adapt ?

eHealth failures in non-LMICs have brought a few lessons:

1. Managing interoperability upstream to and across the procurement of ICT systems is a powerful means to enable modular deployment without incurring the penalty of the silos syndrome
2. Combining the use of open source and commercially based solutions to ensure that flexibility of evolution is ensured and no-lock-in/competition bring the best value over time
3. Countries have a hard time to learn from each other in effective (e)Health strategies. Being rich in eHealth has often lead to massive waste of funding.
4. Engagement of the key stakeholders is critical. It has taken close to 20 years for hospital IT in non-LMICs to understand how to do that. National eHealth digitization and interoperability needs to align on every part of the problem anywhere between 4 and 6 different types of Stakeholders.
5. In LMICs they are lacking presence of country professional associations.

Benefits of LMICs:

1. No legacy, thus more agile ways to implement and deploy
2. More dynamic opportunities

Controlling your interoperability future?

Lets further analyze the first and most critical suggestion:

Managing **interoperability** upstream to and across the procurement of ICT systems is a powerful means to enable modular deployment without incurring the penalty of the silos syndrome:

Please note that the traditional hospital IT approach to place on the last procured ICT system the burden to connect to the other installed systems (burying interoperability as a technical topic) does not work across organizational boundaries.

- A. **Establishing a standards-based interoperability governance and ensuring its application** (conformance testing) provides the necessary decoupling between different systems procurements (whatever is the reason).
- B. **There is enough experience** (and failures) from non-LMIC countries to establish such a successful national interoperability governance at an acceptable cost by reusing and adapting: use case needs, standards-based interoperability profiles, use case realization specifications, test tools, testing processes, stakeholder engagement, etc.

Understanding LMICs needs on interoperability in the future

Interoperability is broad and deep. Its quest will never be complete:

- Modularize your approach to interoperability by identifying specific interoperability problems (now commonly called use cases), prioritize them and set your national interoperability governance to solve them
- Learn from best practices, refer to well recognized organization who can share their experience and adapt to local eco-system (and don't 're-invent' the wheel)
- Consider technologies available in the country
- Ensure proper personnel is well educated
- Leverage existing resources
- Ensure appropriate procurement mechanisms are in place

DITTA recommendations

At Policy Level: Optimize policies to support governmental drive/leadership and De-silo the various ministries

On Economic models and financing:

- Set up **smart procurement mechanisms** that support continuous innovation and **large-scale deployment of ICT interoperable solutions** and ensure those include training and maintenance of equipment
- Set up/promote **new financing models** enabling **public and private** organizations to work together to support large-scale deployment allowing shared responsibilities and more transparency

On Enabling environment:

- Facilitate the deployment of **interoperable digital health** solutions and the adoption of **international standards by converging and articulating harmonized choices at the demand side** while adapting to country needs and eco-system
- **Train and educate** the health and social care workforce, managers and leaders. Help them develop the IT skills whilst understanding the benefits of digital health and making use of their full potential.



Thank you !

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