

Overview on telemedicine implementation in RMNCH program among SEAR countries



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Use of DHI in SEAR during COVID 19 and beyond

- WHO's South-East Asia Region (SEAR) is a hub of innovation and implementation of digital health
- Digital health became prominent during the pandemic and digital technologies are being harnessed for public health response to COVID-19 pandemic control and maintaining essential health services including RMNCAH.
- Digital health is considered as an essential element in achieving SEAR's Flagship Priority of UHC.
- RMNCAH services uses very minimal telemedicine or DHI in service provision not much research .
- Studies, specific to use of digital health for RMNCAH services, are minimal.

SEAR TAG recommendations on digital health 2021 (7th TAG)

RECOMMENDATION: SEAR-TAG recommends assisting countries to the optimal use of digital/telehealth for RMNCAH beyond the pandemic phase based on an assessment of the experiences.

Examples of applications:

- **Tele-consultations and telehealth care options for field-based services** including ANC, PNC, nurturing care, adolescent health, etc. These would be useful as new normal in the post-pandemic phase.
- **E-Training and e-learning resources** for different cadres of health workers to support continuous professional development.
- Creation of **informational materials on digital platforms** like films, audio-visual materials for community awareness and create demand for services and adoption of health promotion practices.
- **Adoption of digital devices for diagnosis, self-care, and monitoring clinical / health conditions** like blood pressure apparatus, glucometers, etc.
- **Digital health records and data systems to monitor the situation in real-time** and take necessary corrective actions to improve programme performance.

How to plan and conduct telehealth consultations with children and adolescents and their families

- The document provides practical guidance to health workers in planning, setting up and conducting teleconsultations (occurring in real-time by videoconference, telephone or platforms such as WhatsApp and Facetime) with infants, children, adolescents and their families or caregivers.
- It outlines a range of clinical and non-clinical factors for deciding when a teleconsultation is appropriate.
- It is based on two scoping reviews of peer-reviewed and grey literature on teleconsultations with a) adolescents and b) children.

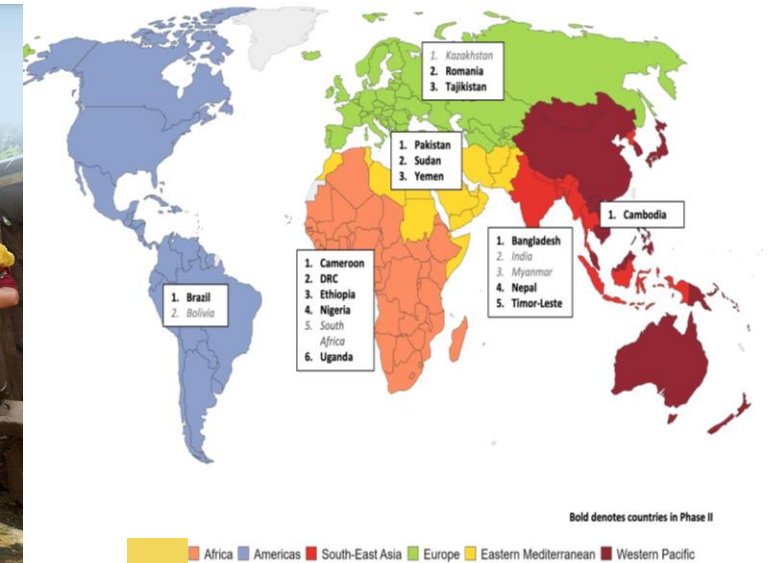
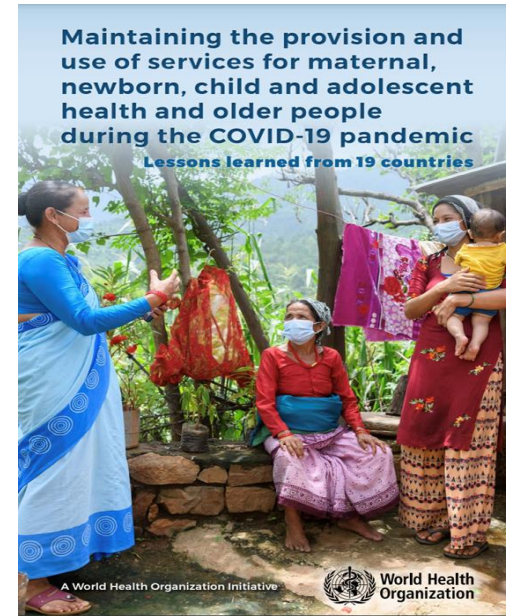


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Scope of the WHO initiative

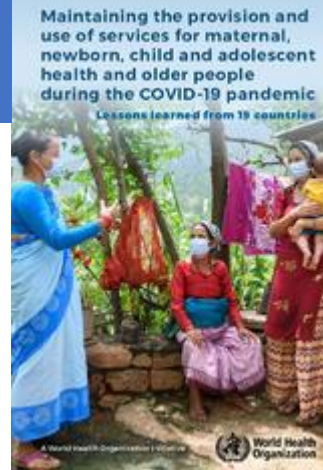
Overall aim:

To support country efforts to prevent additional increases in mortality, morbidity, malnutrition, mental and physical ill health for women, mothers, children, adolescents and older people, maintaining levels of service delivery as close as possible to those prior to the pandemic, in **20 countries in 6 WHO regions**.



Area of mitigating action	Number of countries reporting action	Top five actions cited as most important in maintaining service continuity
Teleconsultations, hotlines/social media platforms for counselling, advice and support	15	Digital health for delivery of services: teleconsultations, hotlines, mobile applications
IPC in facilities, PPE for health workers	15	Regular management and monitoring of data on continuity of EHS
Recruitment and training (including virtual) of health workers	14	Establishing and maintaining communication channels for health information and risk communication through social media and digital technology
Multi-media and community outreach for information	14	Online training modules for new clinical protocols (e.g. obstetric, newborn care, nutrition)
Mobile teams and community provision/door-to-door	13	Strengthening IPC in all services

Actions: Telehealth and digital technology across RMNCAH



		Family Planning	Maternal and Newborn	Children and Adolescents	Older People	Cross-cutting
Telehealth and digital technology	Teleconsultations, hotlines/ social media platforms for counselling, advice and support	8	8	8	2	5
	Mobile apps/online platforms for training + health worker support/ information	2	5	1		9

There has been a **substantial upsurge in digital health interventions** to maintain communication with subnational decision-makers, health workers and service users, and for other activities such as training or teleconsultations.

Lessons learned about what types of training and consultations can be done well online, fatigue with virtual meetings and access issues.

Digital Health Interventions (DHI) for RMNCAH: Pre and post -COVID 19- Nepal

- DHIs were used to improve the coverage and quality of services, especially ANC, FP and child health services
- **Medic Mobile** initiation has been used in some districts for HV to send reminders to mothers about ANC visits and due date for delivery (targeted communication)
- **Aamako Maya** an NGO intervention to provide information to pregnant mothers, who are enrolled in the system (non-targeted communication)

Technology used :

- Text messages, audio/video messages
- Electronic health records

Post COVID

- **Teleconsultation** with health workers for ANC and PNC services
- **Helplines** expanded to provide information on RMNCAH and COVID-19 related information
- **Apps such as Amako Maya and medic mobile** enhanced to track and provide information to pregnant women
- Use of **personal mobile phones** (including video call) to communicate with fellow health workers/supervisors as well as to provide services to clients*

Liga Inan is a mobile health program that works to strengthen engagement between expectant parents and health professionals



- Over **100,000** mothers enrolled.
- Over **2.7 million** scheduled messages delivered to pregnant women and new mothers.
- A Liga Inan mother is **nearly twice the odds of delivering with a skilled-birth attendant and five times more likely to attend follow-up care.**
- Nearly 60% of enrolled women **identified Liga Inan as the best source of information on maternal and child health.**
- **64% enrolled mothers** reported receiving maternal and children's health information from Liga Inan in comparison to other information sources.

ligainan
Liga Inan Program Functions

- 1 Registration**
Midwives register pregnant women in the Liga Inan program using a mobile phone, helping them to stay in touch.
- 2 SMS Messages**
Pregnant women receive regular SMS messages with health information relevant to their stage of pregnancy, continuing until 6 weeks after birth.
- 3 Community Messages**
Midwives can send SMS announcements to all pregnant women registered in their area, e.g. schedule changes for SISCa.
- 4 Liga Hau**
Pregnant women who have questions or concerns can use the 'Liga Hau' (Call Me) function to receive a call from their midwife.
- 5 Follow-up**
Midwives will be prompted by Liga Inan to call pregnant women 3 weeks before their due date.
- 6 Emergency**
Pregnant women can find emergency contact information on the sticker placed in their LISIO by their midwife during registration.

Logos: WHO, USAID, Australian Aid, LISIO, Catalpa

ligainan

Nu'udar Mane, ha'u pruntu suporta ha'u nia Kaben durante isin-rua no partisipa iha programa Liga Inan!

Keta Haluha Lori Ita Nia Telefone!

ligainan

CMS info CMS para CMS Liga hau

Livrinho Saude Inan ho Oan

Warungu de pruntu, pruntu nia iha EMERJENSIA 7708 2465

Kontrolu

Intensidade Pruntu 100%

Intensidade Para 100%

Intensidade Para 100%

Intensidade Para 100%

Intensidade Para 100%

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Inan isin-rua bele simu SMS gratuitu kona-ba saude inan no oan

Hahu ohin, mai konsulta iha facilidade saude ka SISCa

Keta haluha lori ita-nia telefone!

Ita-nia saude iha ita-nia liman rasike!

Logos: WHO, USAID, Australian Aid, LISIO, Catalpa

World Health Organization

Maintaining the provision and use of services for maternal, newborn, child and adolescent health and older people during the COVID-19 pandemic

Timor-Leste: the use of digital health for maternal care

Introduction

Timor-Leste has progressed towards achieving its reproductive, maternal, neonatal, child and adolescent health (RMNCAH) goals in the last decade. The Government is committed to decreasing maternal, neonatal and child mortality and ensuring universal health coverage in all geographic areas across the country. The *National health sector strategic plan II 2020-2030 (1)* and the *National strategy on reproductive, maternal, newborn, child and adolescent health 2015-2019 (2)* have identified target indicators to contribute to reducing maternal and child mortality. The 2016 Demographic and Health Survey indicates that 84% of women received antenatal care (ANC) from a skilled provider, and facility-based childbirth is estimated at 49%; childbirth assisted by skilled health personnel reached 57% (3). The *National health sector strategic plan 2011-2030* targets 70% of women receiving ANC four times, and 65% of women giving birth with a skilled health care provider by 2015 (4). While the country is on track to achieve some of these goals, more work needs to be done.

The first confirmed case of COVID-19 in Timor-Leste was detected on 24 March 2020, and the country has since experienced three waves. The Ministry of Health in Timor-Leste implemented several public health measures in response to the pandemic including social distancing, public sensitization, health worker training on infection, prevention and control measures and COVID-19 surveillance protocols, and launching the Health Emergency Operation Centre (5).

During the COVID-19 pandemic, routine essential health services were disrupted. Initial comparison of 2020 data on RMNCAH services from the health management information system with 2019 data indicated a minimal impact on coverage. However, subsequently, data showed a significant decline in the use of most maternal and child health (MCH) services. During the MCH annual review conducted in September 2020, strategies to overcome the low coverage were discussed, and among them was the expansion of Liga Inan, Timor-Leste's first mobile health (mHealth) programme. Based on the results of an evaluation of the programme in 2015 (6), policy-makers decided to strengthen the platform and widen its coverage in response to the pandemic.



Photo credit: MCH department, Ministry of Health.

Registered in ANC (clinic, Hospital) Preg record given automated messages send 2/week reminders and women can contact health worker if they need.

Perception of providers towards use of DHI

- Health Workers are positive in the use of DHI* - improved healthcare due to advanced technology
- The COVID-19 pandemic has given lessons and opportunity and skills towards using digital health interventions
- Limited availability of digital infrastructure (equipment, electricity and internet), are the major issues as mentioned by health workers

Challenges

- **Under-development of Infrastructure** (equipment and devices) and unequal distribution and poor coverage and quality of the internet services
- Disparities in digital literacy and access to equipment, broadband and internet
- **Low investment in DHI** and Out of pocket expenditure from Program or health workers for using DHI
- **Skillful use of devices** (smartphone, tablets, laptops etc)
- **Authenticity and quality of the services** delivered is a concern. Privacy is a concern
- introduction of **teleconsultation ALONE does not strengthen existing weak PHC systems.**
- Use of hotlines for accessing information, tele-consultation and scheduling appointments were common. However, their effectiveness has not been evaluated. Significant number of apps were introduced without due consideration for digital eco-systems.
- **No training provided in the use of telemedicine technology both by the provider and receiver**
- **During COVID-19 pandemic, highlighted the pitfalls in use of tele-health care provision*:
exacerbated inequalities in access to care, problems with provider-client communication, financial burden (extra use of mobile time)**

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We are slowly progressing in DHI yet long way to go

