5 years of e-Health at the IDRC:
Lessons Learned Workshop Report
Cape Town, South Africa
September 18, 2010
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Executive Summary

The first of a three-part series of “Lessons Learned Workshops” convened in Cape Town, South Africa on September 18th, 2010. The workshops are part of a broader strategic evaluation commissioned by the IDRC to review the last 5 years of eHealth investments to inform future programming in a way that leverages past experiences and lessons.

Sixteen participants were in attendance at the workshop, which was facilitated by IDRC Program Officer, Chaitali Sinha and professional facilitator Catherine Widrig Jenkins.

Prior to the workshop, a two-page assignment was given to participants to initiate the reflection process, which received an 80% response rate. During the workshop, a blend of interactive exercises and round-table discussions were used to develop an understanding of the activities, milestones and roadblocks experienced while implementing individual eHealth oriented projects in the ACACIA region. This included the use of professionally designed charts and post-it notes to capture these different aspects.

On average, participants rated the overall experience as 6.3 out of 7 and cited their favorite aspect of the workshop as the brainstorming session on creating a vision for eHealth in Africa.

The major milestones and outcomes reported by projects included testing new ideas to generate proof of concept of eHealth solutions, creating local awareness and engaging higher authorities, creating networks and conducting workshops to build capacity, creating transferable, and often open-source software, applications and documentation, and influencing policy outcomes. Roadblocks experienced by projects generally fell under the following issue areas: technical, management, funding, policy, human resources, and social, cultural, ethical issues.

While the lessons extracted from the participant’s experiences are broad in nature, they provided a foundation for the evaluation team to further investigate through interviews and surveys. These lessons included the acknowledgment of the demand for eHealth in developing countries and the need to look beyond the technology aspect of implementation and into the organizational, human capital, and privacy and security issues confronting projects.

When asked how the IDRC could better support the sustainability of projects, recommendations included playing an advocacy role to local governments to increase awareness of the value of eHealth, better tools to support national and global collaboration, and a commitment to strengthening the capacity of local Africans.
Lessons Learned

The overall goal of the workshop was to uncover the primary lessons learned by IDRC eHealth grantees in the ACACIA region. Through the pre-workshop assignment and workshop exercises, this goal was met. The following outlines the key lessons learned.

1. There is demand for eHealth solutions in developing countries.
2. Change requires more than a technological intervention.
3. The project planning phase takes much longer than usually anticipated.
4. Stakeholder engagement is paramount to success.
5. Many privacy and security risks exist with the deployment of eHealth solutions, but there are few mitigation strategies.
6. Design, prototype, fail fast, iterate, iterate, iterate – this process is critical when designing ICT solutions in developing countries.
7. Capacity building is key to the implementation of eHealth projects. The skills can be used for the intended project and future endeavors.
8. Human resource capacity building must be thought of as a process – from recruitment to training to employment and ongoing mentoring.
9. Collaboration between different projects and organization is challenging and there are often structural and personal hurdles which must be overcome to be successful.
Background

On September 18, 2010, in Cape Town, South Africa, the International Development Research Centre (IDRC) held a workshop entitled “5 years of eHealth at the IDRC: Lessons Learned Workshop.” This workshop, the first of a three-part series being conducted as part of a broader evaluation and review of the last 5 years of eHealth investments by the IDRC, aimed to engage grantees in a discussion regarding project achievements, challenges, lessons learned and the vision for the future. The information gathered during the workshop will be used to inform strategic recommendations for how IDRC supports eHealth research in the next 5 years.

This workshop is part of a series of activities informing a strategic evaluation commissioned by IDRC. As such, the contents presented in this document should be understood as part of a larger whole. The overarching objective of the evaluation study is to inform future IDRC programming in eHealth research in a way that leverages past experience, current trends and IDRC’s niche in the field. The lessons learned workshop that took place on September 18, 2010 was an essential element contributing toward achieving this objective. There will be two other lessons learned workshops – one in Colombo, Sri Lanka representing the PANA CeA region, and another in Granada, Nicaragua, representing the Latin America and Caribbean region. The results from these workshops, in addition to thorough document reviews, surveys and key informant interviews, will help form the strategic recommendations to IDRC. The lead evaluator for this study is Dr. Patricia Machael.

This report provides a detailed overview of the key takeaways obtained from the workshop in addition to recommendations for future workshops held by the IDRC.

Workshop Objectives

The workshop was designed to achieve the following objectives:

Objective 1: To provide a forum for IDRC grantees to share experiences, challenges and lessons learned from the research and implementation of an eHealth project in Africa

Objective 2: To identify areas where IDRC can better support grantees in their research and implementations

Objective 3: To determine where IDRC should focus its efforts in the next 5 years to enable the vision for eHealth in Africa

These objectives were achieved through a pre-workshop assignment, which asked each grantee to identify:
1. The ONE most important lesson you learned/are learning in the implementation of your eHealth project? (This can be a learning related to process, research, evaluation, or any other matter you feel is significant to share).

2. The THREE most significant outcomes the IDRC grant helped catalyze (e.g. health outcomes, improving processes, identifying new research questions, policy influence, additional funding, organizational strengthening, etc.)

3. If funded again, what THREE research questions related to eHealth are you most interested in investigating? (These can stem from your current IDRC-funded project or from other sources of inspiration).

4. How can the IDRC better support the implementation of your eHealth project?

5. What resources are required for your project to reach scale and sustainability? (e.g. funding, technical assistance, policy development, networking with other like-minded projects, etc.)

This was followed by a one-day workshop that included a combination of reflection, discussion, as well as group and individual activities. As this is the first in a series of three workshops, feedback received on the agenda and processes will inform the design and execution of the next workshops.

The workshop was very well received, achieving an overall satisfaction rating of 6.3/7. Participants enjoyed the interactive format of the sessions, which included the use of professionally designed charts by graphic facilitation expert, Diana Arsenian. Chris Seebregts, Senior Manager at South Africa’s Medical Research Council and Executive Director of IDRC spin-off Jembi Health Systems, remarked that the workshop was “one of the most effective workshops of this nature that I have attended – a short, focused, well-organized program with good outputs.”
Agenda

8:30am – 9:00am

**Introductions & Workshop Overview - Catherine and Chaitali**

*Introduce yourself (ice breaker): Place a piece of paper on each person’s back. Go and chat with someone about yourself and your work. When the bell rings, have the person you talked to write one or two words on the piece of paper on your back and vice versa. Then move on to someone else. After 3 or 4 rounds, people take off the paper from their back and then, one by one, everyone reads out loud the words on their piece of paper.*

9:00am – 10:00am

**Sharing Experiences (20 min)**

*Presentation of pre-workshop Assignment Results - Chaitali Sinha*

**Individual Assignment (15 min – 5 min)**

*Activity: on post-it notes, document the following and then post up on the wall.*

*Questions:*

What is the ONE most important lesson you learned?
How have you grown through this project?
What did your grant catalyze?

*Limit responses to one sentence/line each.*

**Gallery (20 min)** people walk around and have a look.

10:00am – 10:30am

**Coffee Break**

10:30am – 12:00pm

**Project Road Map: From A to B (30 min) – Individual exercise**

*Activity: Using assigned colored post-it notes, map out the process of how you approached your eHealth project. Include major activities, achievements, roadblocks, and other donor contributions and post in the appropriate order on the chart.*

**Story telling – Group exercise (45 min)**

*Activity: In 3 groups of 5, drawing from the roadmaps that have been developed, ask each participant to develop a story that illustrates one or more of: achievements, roadblocks, activities, etc.*

*Each group will nominate ONE story to be shared back in plenary. (15 min)*

12:00pm – 1:00pm

**Lunch and Networking**

1:00pm – 3:00pm

**Group Exercise: Tackling Challenges & Seizing Opportunities**

*Activity 1: Break into 3 groups of 5 and discuss in round-table format.*

*Questions: What challenges and opportunities are general to e-Health and which are unique to Africa? Use yellow post-it notes to record. (40 min work + 20 min sharing in plenary)*

*Activity 2 (same group): What have you done to try to overcome identified challenges and/or seize opportunities? What has worked? What has not worked? Use a red post-it notes to record unsuccessful attempts to overcome a challenge/seize an opportunity (and why it happened this way). Label the post-it with a representative title*

*Use a green post-it notes to record successful attempts to overcome a*
challenge/seize an opportunity (and why it happened this way). Label the post-it with a representative title

(40 min work + 20 min sharing in plenary)

3:00pm – 3:30pm
Break and Refreshments

3:30pm – 4:30pm
Group Brainstorm: The Future of Global eHealth in Africa

*Activity 1: What is the vision for eHealth in Africa? Either in plenary or in small groups, have people jot down ideas (words/phrases) that they feel are integral to the vision of eHealth in Africa in 2015.

*Activity 2: What are the structures and processes required to achieve the stated vision?

4:30pm – 5:30pm
Wrap-up and Thank you

Next steps: Chaitali to discuss what the participants can expect after the workshop

Time for comments and questions

Final thoughts: ask people to choose a single word to describe how they are feeling

Participants

The one-day workshop congregated 16 participants from across Africa, Canada and the United States of America after MEDINFO and the OASIS II meetings, at the Monkey Valley Resort in Cape Town, South Africa. Chaitali Sinha, Program Officer at IDRC, and Catherine Widrig Jenkins, a professional facilitator based in Cape Town led the workshop.

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<thead>
<tr>
<th>Name</th>
<th>Project</th>
<th>Country</th>
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<tbody>
<tr>
<td>Sven Abrahamse</td>
<td>Health Information Privacy</td>
<td>South Africa</td>
</tr>
<tr>
<td>Cheick Oumar Bagayoko</td>
<td>RHE – Mali Team</td>
<td>Mali</td>
</tr>
<tr>
<td>Shabani Cishahayo</td>
<td>RHEIN</td>
<td>Rwanda</td>
</tr>
<tr>
<td>Alex Corenthin</td>
<td>OASIS – Senegal</td>
<td>Senegal</td>
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<tr>
<td>Hamish Fraser</td>
<td>OASIS II / Rwanda OpenMRS</td>
<td>USA / Rwanda</td>
</tr>
<tr>
<td>Richard Gabuka</td>
<td>RHEIN / OASIS II</td>
<td>Rwanda</td>
</tr>
<tr>
<td>Gus Hosein</td>
<td>Health Information Privacy</td>
<td>United Kingdom</td>
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<tr>
<td>Andrew Kanter</td>
<td>OASIS II</td>
<td>USA</td>
</tr>
<tr>
<td>Patrick Kibaya</td>
<td>UHIN / STRETCH Uganda</td>
<td>Uganda</td>
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<tr>
<td>Joshua Kimani</td>
<td>RHE – Kenya Team</td>
<td>Kenya</td>
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<tr>
<td>Holly Ladd</td>
<td>MHIN</td>
<td>USA</td>
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<tr>
<td>Neal Lesh</td>
<td>OASIS II / PDA Network</td>
<td>USA</td>
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<tr>
<td>Aaron Martin</td>
<td>Health Information Privacy</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>Anthony Nimukama</td>
<td>RHE – Uganda Team</td>
<td>Uganda</td>
</tr>
<tr>
<td>Chris Seebregts</td>
<td>OASIS II / PDA Network</td>
<td>South Africa</td>
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Table 1: List of workshop participants

*Due to flight delays in Washington, DC, Holly Ladd was not able to attend the workshop
Summary of Pre-workshop Assignment Results

Participants were asked to complete a short assignment prior to the workshop, answering five questions regarding the most important lessons and outcomes from their eHealth project, in addition to future research questions and requests for additional support from IDRC. Approximately 80% of participants completed the assignment prior to the workshop, and the remaining 20% sent responses following the workshop.

Overall, participants were confident of the potential and appetite for eHealth solutions in developing countries, gained from encouraging project outcomes and experiences. However, they understood that change required more than the mere implementation of a technological intervention, and that further investigation into the nuts and bolts of the local health delivery system, culture and existing workflows were needed to be successful. One respondent noted that “collaboration is harder than it looks,” citing the institutional time commitment, legal and procedural hurdles, and difficulty in moving money around as reasons that often challenge projects with many partners. These broader lessons were complimented by more practical recommendations including the need to allocate more time to the project-planning phase, and engage stakeholders from the conceptualization of the project.

“The consistent lesson through all of this has been that one cannot expect to make a dysfunctional health management information “system” less so by merely transferring the problems to an electronic format”.

- Holly Ladd

In terms of significant project outcomes, participants reported delivering proof of concept of new ideas relating to eHealth with an overall increased understanding of health system needs and realities. This included changing behaviors of target groups such as pregnant women and community health workers. Projects created local awareness amongst authorities, and in some cases led to government buy-in for scale-up efforts and influencing policy outcomes. Networks, such as the OpenMRS Implementers Network and MGV-Net, formed around projects as a support and collaboration platform, were reported as a significant driver of success. Capacity building was cited as a primary outcome by several projects, leading to increasing the ICT skills of health professionals and workers. Some projects have created transferable software, platforms or documentation that has led to obtaining follow-on financing.
“UHIN in effect coined the term mhealth in the country at the stakeholders meeting in Entebbe in 2003. The UHIN initiative was way ahead of its time – so in a way it became a standard/benchmark for anyone else doing electronic data collection and transmission. So because of this it became a natural reference point for informing policy.”

- Patrick Kibaya

All participants requested greater support from the IDRC, specifically by advocating the value of eHealth and ICT to local governments and findings from research projects as a method of receiving buy-in for scale, facilitating knowledge sharing amongst IDRC grantees and like-minded organizations, and resource mobilization such as providing technical assistance and/or introductions to experts to create sustainability plans and/or policies. Other’s felt that the IDRC should provide continued funding to support additional project phases and/or implementation of research findings (4 respondents), in addition to requiring inclusion of data privacy and security measures (1 respondent) and supporting local African development (1 respondent).

In order for projects to reach sustainability and scale, the need for resources such as funding, technical assistance and policy changes was reported. A shared point of view was that the IDRC should advocate the importance of eHealth to decision makers, in addition to supporting a collaborative effort to develop an eHealth policy framework. Other requests included expert advice, mentoring, and platforms such as meetings and workshops to share tacit knowledge amongst other grantees to avoid reinventing the wheel.

“One area that IDRC can help especially is in promoting African leadership and strengthening local software development and informatics capacity. We’re as guilty as other organizations for relying on expert programmers to get things done quickly and to favoring American or European trained people to lead our initiatives, even though we see that for long term impact a more balanced approach is necessary.”

- Dr. Neal Lesh
Project Milestones

A key component of the project roadmap session included identifying major milestones achieved by each project. The following summarizes the milestones and achievements reported by the projects to themes, in addition to reporting specifics under the headings: capacity building, product development, health outcomes, research outcomes, policy outcomes and sustainability.

However, it is important to note that this list is not an exhaustive list of achievements and milestones, but rather representative of the outputs during the 30-minute project roadmap session during the workshop. The image below further illustrates how this exercise was executed, in addition to the space constraints of the materials used.

Figure 1: Image of chart used during project roadmap session to capture the major goals, activities, milestones and roadblocks of a project
Overall, the milestones and outcomes reported by the projects fell under these broad themes:

1. Tested new ideas to generate proof of concept of eHealth solutions ability to change behavior
2. Created local awareness and engaged higher authorities and other organizations
3. Conducted capacity building activities through building and engaging in networks and training sessions
4. Created transferable platforms, software, applications and/or documentation
5. Developed a better understanding of health system needs and realities
6. Influenced policy outcomes

Most milestones reported were aimed at capacity building activities and research outcomes, with few specific health and policy-related outcomes.¹

The specific milestones and outcomes reported by each project are as follows:

**Capacity Building**

- **104508**: Initial development of an enterprise architecture framework to be used as a standard reference during implementations
- **101974**: Engaged approximately 200 people in ICT4CHW discussions, in addition to deploying CommCare test-bed in Durban, South Africa with 35 CHWs
- **104862**: 10 programmers have been trained through newly developed OpenMRS course. Recruitment for year 2 students have begun, which will include an internship program and potential integration with KIST Academic programs
- **104819**: Trained 700 health workers in 5 districts on use of ICTs, in addition to holding stakeholder meetings and workshops to disseminate findings and lessons
- **106115**: Stakeholder meetings and workshops being held to discuss privacy and security concerns related to eHealth in developing countries
- **106015**: Conducting continuing medical education activities for health workers and building capacity of health informatics skills amongst medical students
- **Healthy Child Uganda**: Building a team of volunteers and project managers and supporting them by conducting trainings and providing mobile phones

**Product Development**

- **105708** (MVP): Created a common multilingual, multinational data dictionary; established MGV-Network with research and implementation objectives and negotiated sub-agreements between partners

¹ Research outcomes are defined as the completion of research activities (i.e. systematic literature review, qualitative interviews etc.) and/or answering of research questions as they related to the implementation of an eHealth solution and/or investigation of the capacity for an eHealth solution. Health outcomes are defined as the number of patients directly impacted as a result of an IDRC grant. Policy outcomes are defined as the direct influence on the development and/or potential development of a policy related to eHealth.
• **105708**: Open architecture standards and information systems deployed at the community level and integrated at the national level

• **105708 (MVP)**: Integrated application Child Count with OpenMRS into unified platform

• **101974**: Launched CommCare version 1.0 in addition to an Android and multimedia version

• **105720**: Developed a model HIS for the MOH utilizing OpenMRS and connecting health centers in Senegal

**Health Outcomes**

• **105966**: PMTCT initiative increased the number of HIV/AIDS affected women attending clinic visits during pregnancy, in addition to increasing the number of women delivering with a care provider and returning for post-natal visits to reduce the number of newborns infected with HIV/AIDS

**Research Outcomes**

• **101974**: Launched several pilot projects of CommCare and have attained preliminary results, which has shown to reduce average CHW follow-up time with patients by 60% through the use of SMS reminders

• **104819**: UHIN conducted cost benefit, best practice and gender-related studies which have led to the development of reports

• **106115**: Developed a report on privacy and security concerns in eHealth in developing countries from conducting a literature review, developing a risk framework and identifying best practices

• **106015**: Mali team demonstrated that delegation of tasks for radiology and cardiology related procedures amongst health works is effective

• **103746**: MHIN implementation reduced disease surveillance data collection from 4 weeks to 1 week

• **105966**: PMTCT project found that 30% of pregnant women were not being screened for HIV/AIDS

**Policy Outcomes**

• **105708**: A memorandum of understanding was signed with MOH's through OASIS II

• **104819**: UHIN Informed MOH policy, which led to the creation of an mHealth Coordinators desk at the MOH and hiring a consultant to develop distance learning tools for CHWs

• **103746**: MHIN received buy-in from Ministry of Health to expand nationally

**Sustainability**

• **105708**: Local country offices have been established, in addition to attaining and deploying external funding
Project Roadblocks

The following section reports on the major challenges that participants conveyed during the project roadmap session at the workshop. Again, this is not an exhaustive list of all challenges faced by projects, but rather representative of the outputs from the exercise.

The roadblocks have been segmented into the following major themes: technical, management, funding, policy, human resources, and social, cultural, ethical issues.

Technical

• Network and internet connectivity
• Poor communication infrastructure
• Software development is challenging

Management

• Coordinating action amongst multiple stakeholders
• Short timelines are difficult to adhere too
• Hostile and unmotivated health care providers and uncooperative hospital managers
• Communication amongst PI’s with many other projects and initiatives on the go

Funding

• Patchy funding from multiple sources
• Fundraising for implementation beyond research component and general sustainability
• Cost of viral loads for HIV/AIDS testing
• Funders lack awareness of the privacy and security concerns of eHealth and the need to fund initiatives to bolster this challenge
• Availability of funds according to schedule of proposed activities
• Inconsistent reporting frameworks for multiple funders
• Limitation of funders scope – i.e. no renting, infrastructure

Policy & Legal

• Lacking data privacy and confidentiality of health information frameworks
• Lack of enabling policy environment
• Dysfunctional health information system to work within
• Technological determinism over-riding policy considerations such as privacy and security
• Knowledge of policy challenges such as privacy and security of project team and those in the field
• Legal contract issues
• Bureaucratic hurdles regarding contracts and financing
• Lack of guarantee for national level scale-up

**Capacity Building & Human Resources**

• Monitoring and supervision of Community Health Workers  
• Difficulty finding trained programmers jobs  
• Developing supervision and support system after mentoring period is complete  
• Integrating existing educational course into academic institution structure  
• Low programming skills of undergraduate students  
• Skilled human resources to manage health informatics related projects

**Social, Cultural, Ethical**

• Managing stigma with disclosure of HIV/AIDS test results amongst pregnant women

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**Figure 2:** Participants working on their project roadmaps during the workshop
Sustainability

As part of the project roadmap exercise, participants identified additional donors contributing to financing to the development and execution of their eHealth project. Seven of the 12 projects represented at the workshop reported an average of three additional donors to the IDRC. Projects demonstrating a clear proof of concept, either through the development of a product as in the case of CommCare, or by advancing the project into a second phase, as in the case of OASIS II, reported more additional donors. It is important to note that some projects present at the workshop are still in the early phases of their project cycle. The following table outlines specific donors contributing to IDRC grantees.

Table 1: List of reported donors providing additional financing by project

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<thead>
<tr>
<th>Project Name</th>
<th>IDRC Funding (CAD)</th>
<th>Additional Donors</th>
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| 105708: OASIS II | 2,100,000 | • Center for Disease Control  
• Medical Research Council  
• Rockefeller Foundation  
• SCDC  
• USG / PEPFAR  
• Novartis Foundation |
| 105708: OASIS MVP | 2,100,000 | • Rockefeller Foundation  
• Novartis Foundation |
| 105293: OASIS II RHEIN | 920,500 | • Rockefeller Foundation  
• Government of Rwanda |
| 104508: Open Architecture | 999,300 | • Center for Disease Control  
• USG / PEPFAR |
| 101974: Developer Network: Open Source Personal Digital Assistant Software for Health Data Collection | 204,300 | • Microsoft  
• Pathfinder  
• CRS  
• World Vision  
• PATH  
• Rockefeller Foundation  
• Grameen-Intel |
| 105966: Harnessing mobile phones for PMTCT | 341,100 | N/A |
| 104862: Capacity Building in Open Medical Record System (OpenMRS) in Rwanda | 460,400 | • Rwanda eHealth  
Developer Training |
| 104819: Uganda Health Information Network (UHIN) - Phase IV | 726,318 | N/A |
| 106115: Protecting Medical Information in eHealth Projects | 90,000 | N/A |
| 106015: ICTs for equal access to human resources in health in francophone Africa | 327,800 | N/A |
| 105720: Application of a Community eS@nté Platform in Maternal and Child Health in Sénégal | 426,400 | N/A |
| Health Child Uganda – Mbarara University of Science and Technology (MUST) | | • Bushemiyi local government  
• Canadian scholars |

For the purposes of the project roadmap exercise at the workshop, sustainability meant additional financing.
Vision for eHealth in Africa: 2015

Almost unanimously, participants favored the “Vision for eHealth in Africa” session, citing that it gave them hope for the future, and a broader view of what to aspire towards. The following recommendations were made:

**INFRASTRUCTURE**
- Scope and plan for appropriate infrastructure
- Leverage existing infrastructure when appropriate
- Develop an eHealth enterprise architecture and share it widely for use and input

**RESEARCH**
- Create a strong evidence base for eHealth
- Evaluate eHealth options using a total cost of ownership model

**POLICY**
- Develop an eHealth policy framework
- Aggregate existing eHealth policies
- Foster interoperability through common dictionaries and standards

**HUMAN CAPITAL**
- Establish schools and training programs, with regional curriculums and certificate programs to create capacity for more eHealth professionals
- Training of trainers for end-user training
- Conduct an education and/or skills gap analysis

**FUNDING**
- Obtain funding from a common funding basket
- Donor harmonization of reporting on eHealth projects
- Support existing eHealth projects reach sustainability
**Collaboration**

- Create a communication hub for IDRC projects
- Form national eHealth strategic planning committees
- Develop a toolkit of reusable processes and materials for planning and

**Innovation**

- Create and promote local innovation labs followed by encouraging donors to tap into local innovation
- Create implementation sites for common use cases

*Figure 3: Vision for eHealth in Africa brainstorming session chart*
Future Research Questions

In the pre-workshop assignment, participants were asked to define research questions they would be interested in pursuing in the future. The following is a compilation of these questions segmented into four themes:

- **Health Systems**: The impact of integrating eHealth systems into national health systems
- **Health Information**: How to better manage health information within an organization and/or transfer health information across levels of influence in a way that is secure and confidential
- **Health Policy**: How to manage the political aspects of eHealth implementation, including but not limited to, power dynamics from rapid data sharing and gender issues
- **Health Education**: How technology such as mobile phones, video and imaging functions can be leveraged to increase dissemination of health information and learning opportunities for health professionals

Please note that these research questions were not discussed in great detail at the workshop itself. The purpose of including them in the pre-workshop assignment was to get a sense of emerging themes, in addition to participant interests. In 2011, this topic will be revisited when IDRC begins to more closely examine the project development process of a global eHealth research program.
How can potential privacy and security innovations in developing countries be leveraged in developed countries, as a form of ‘technology transfer’?

What is the role of mobile phones for the transfer and communication of medical information from the periphery to the centre?

What are the features of an integrated health information architecture that supports health information and data management?

What is the role of open source tools for development of hospital information systems in order to produce reliable information?

How do you introduce eHealth into a dysfunctional HIS?

What are the gender issues, if any, involved in ICT adoption amongst female nurses and data capture staff?

What measures can be taken to mitigate the power dynamics being caused by rapid data sharing?

What are the privacy and security dynamics at play during emergency situations?
Impact of ICT on reduction of maternal mortality

How can elearning be used to extend the reach of nurse training and upgrading programs?

Health Information & Education

How do we enhance access to medical / clinical information using mobile phones for CHWs?

Do audio-visual tools make CommCare easier to use for illiterate CHWs?
Future IDRC Support Recommendations

In the pre-workshop assignment, participants identified areas where they could use additional support from the IDRC, and where they felt the IDRC could better leverage their assets.

1. **Support and advocate for policy changes on the national and international level that would impact eHealth projects and implementations**

   The IDRC has the opportunity to use its political position to communicate the value of eHealth to local policy and decision makers that could lead to the development of a collaborative policy framework. Further, by structuring multi-year grants and documenting evidence overtime, IDRC projects will have a greater likelihood of impacting policy changes.

2. **Create platforms to share tacit knowledge**

   Forums to share ideas and experiences such as meetings and workshops are critical to ensure that groups are not reinventing the wheel. The suggestion of IDRC “study trips” to visit similar projects in different geographies was made.

3. **Strengthen local African development and capacity**

   Support more effective ways to promote hiring local individuals and companies for software development. This can be accomplished through grant requirements, training programs and establishing R&D labs at local universities.

4. **Resource Mobilization**

   Many projects requested the need for technical assistance and mentoring from individuals well versed in eHealth and ICT, especially during the planning and design phases. Further, by leveraging IDRC’s network of researchers and practitioners, projects can more easily gather data in the field as it pertains to their project.
Evaluation Results

The following is a synthesis of the results of the workshop evaluation by question.

1. What did you like the most about this workshop? Why?

Participants thoroughly enjoyed the workshop’s interactive components and facilitation. It allowed for idea and experience sharing between individuals through a variety of small and larger group activities. Many commented that the workshop was well organized, and had a diverse and valuable group of individuals.

2. What did you like the least about this workshop? Why

Many participants commented on being tired, since the workshop was scheduled after a full week of conferences and meetings being held in Cape Town, South Africa. Others felt that the benefit was not mutual, and that the IDRC gained more than the participants.

3. Would you participate in a similar workshop in the future?

100% of responding participants said they would participate in a future workshop, and found that forums of this kind were important to learn and exchange ideas and experiences with individuals working in eHealth in Africa. The workshop allowed participants to share their work, but also contribute to informing future work.

4. Which session did you like most? Why?

Almost unanimously participants liked the Vision for eHealth in Africa 2015 session the most. They found it fun, and an effective method for collaboratively designing the bright future for Africa. Other’s enjoyed the road-mapping and story telling session, in addition to the identification of challenges and opportunities.

5. Which session did you like least? Why?

Participants felt that the story-telling session was difficult to follow. Other’s commented that the vision session was rather broad and not concrete enough to apply practically.

6. To what extent did the workshop approach and format (i.e. visuals, project road map, story telling) enable or impede the achievement of one or more of these objectives

Participants enjoyed the usage of visuals and post-it notes to generate and share ideas. It allowed everyone to leave with some knowledge, motivation and a sense of community of researchers and practitioners. One participant commented that the story telling session was a good idea in theory, as telling stories is a powerful and useful, but
the format needs to be adjusted. Others thought that the outputs of the workshop were only useful for the IDRC.

7. Was developing a Project Road Map for this workshop useful to you? What could have increased its usefulness?

Over half the group felt the project road map activity was helpful, but would have preferred more time and the opportunity to share, discuss and receive comments to attain real value.

8. What will be your most important follow-up action(s) after this workshop?

The main follow-up actions from the workshop for participants will be to sustain contact and communication with specific projects as they relate to their own to continue sharing ideas, advice, and funding opportunities with each other.

9. Any additional comments?

Participants enjoyed the workshop and pre-workshop assignment, and commented on the wonderful facilitation through discussions and group activities. Some requested that workshops and meetings of this kind were held on regular basis to encourage sharing of information and collaboration. Requests for feedback and a report of the workshop takeaways were made. Suggestions for improvement included introducing newcomers to the group, and limiting the break-out into groups to avoid disrupting conversation.

In terms of logistics, transportation from the airport to the hotel was not well organized. Many participants had to arrange and pay for this independently.