



5 years of e-Health at the IDRC
Lessons Learned Workshop Report
Managua, Nicaragua
December 4, 2010

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Executive Summary

The third of a three-part series of eHealth “Lessons Learned Workshops” took place in Managua, Nicaragua on December 4, 2010 to convene grantees of the International Development Research Centre (IDRC) in the Latin American and Caribbean (LAC) region. The workshops are part of a broader strategic evaluation commissioned by IDRC to review the last 5 years of eHealth investments, and to inform future programming in a way that leverages past experiences and lessons, as well as reflects current trends and priorities.

Nine participants from Nicaragua, Peru, Haiti, Chile and Canada attended the workshop. It was facilitated by Dr. Patricia Mechael, who is leading the external evaluation of IDRC’s eHealth portfolio and supported by external facilitator, Beatrice Briggs from the International Institute for Facilitation and Change.

Three of the participants were native Spanish-speakers, with limited English. One was a native French-speaker, with a good grasp of English. The rest were native English-speakers, some of whom also spoke Spanish. One of the Spanish-speaking participants also spoke French. The goodwill of the participants, combined with the small size of the group, and the presence of a bilingual (English-Spanish) facilitator, made it possible to engage in a lively exchange of ideas throughout the day, despite the language gaps.

The participants appreciated the interactive and participatory workshop design, the opportunity to share experiences with new colleagues, and the occasion to contribute to IDRC’s visioning process. In the evaluation, the average taken of the ratings provided by participants of the overall experience was 6.3 out of 7.

The pre-workshop assignment and sessions revealed several outcomes to which IDRC funding contributed. These include a growing awareness of eHealth in the region, increased capacity and adoption of new technologies within the health sector, positive health outcomes, mobilization of additional resources, and influence on government health policy.

Participants welcomed the opportunity to make recommendations to IDRC about how to support eHealth initiatives in the future. Many of their comments were exhortations to “*stay the course*” and continue to provide innovative leadership and funding in this emerging field, investing in capacity building and collaboration. One respondent urges IDRC to “*continue to be...participative with grantees, [and] see projects as being catalysts to larger change*”.

Executive Summary (Spanish)

El tercero de una serie en tres partes de "Talleres de Lecciones Aprendidas" se llevó a cabo en Managua, Nicaragua el 4 de diciembre de 2010. Los talleres son parte de una evaluación estratégica más amplia encarada por el Centro Internacional de Investigaciones para el Desarrollo para revisar los últimos 5 años de inversiones en eSalud con el objeto de informar la programación futura de manera que se apoye sobre las experiencias y lecciones anteriores.

Al taller, que fue facilitado por la Dra. Patricia Mechael, asistieron nueve participantes. La Dra. Mechael está a cargo de la evaluación externa del portafolio de eSalud del CIID (IDRC), con el apoyo de Beatrice Briggs, facilitadora externa del Instituto Internacional de Facilitación y Cambio.

Tres de los participantes tienen el español como idioma nativo, con inglés limitado. Uno habla francés como idioma materno, con buenos conocimientos de inglés. Los demás hablan inglés y algunos de estos también español. Una de las personas que hablan español también sabe francés. La buena voluntad de los participantes, combinada con el factor de que era un grupo pequeño, y la presencia de una facilitadora bilingüe (inglés-español) hicieron posible que todos participaran en un animado intercambio de ideas durante todo el día, a pesar de las brechas idiomáticas.

Los participantes apreciaron el diseño interactivo y participativo del taller, la oportunidad de compartir experiencias con colegas nuevos y la posibilidad de contribuir con el proceso de visión del CIID (IDRC). En la evaluación, los participantes calificaron la experiencia general con 6.3/7.

Los resultados para los que contribuyó el financiamiento del CIID (IDRC) incluían aumentar la concientización acerca de la eSalud en la región, mayor capacidad y adopción de nuevas tecnologías, resultados positivos en salud (especialmente en el proyecto de Chagas), la movilización de recursos adicionales, y la influencia sobre las políticas de salud de los gobiernos.

Dos tercios de los participantes encontraron útil el ejercicio del mapa de ruta del proyecto, si bien una persona observó que *"no se asignaron recursos para retroalimentación en el mapa de ruta, por lo que no es posible identificar la necesidad de cambios, o cuáles cambios son necesarios."* Otros hubieran deseado tener más tiempo para conversar.

Los participantes apreciaron la oportunidad de hacer recomendaciones al CIID (IDRC) sobre la forma de apoyar iniciativas de eSalud en el futuro. Muchos de sus comentarios fueron exhortaciones para "mantener el rumbo" y continuar ofreciendo liderazgo innovador y financiamiento en esta área emergente, invirtiendo en la creación de

capacidad y colaboración. Una respuesta urge al IDRC para que “continúe siendo...participativo con sus beneficiarios, [y] considere que los proyectos son catalizadores de cambios más grand

Lessons Learned

There is an appetite for eHealth in Latin America

- Being contacted by hospitals in Latin America to implement eHealth tools such as OpenMRS
- Internet being used as a channel to disseminate sexual and reproductive health information to youth

Local project CHAMPIONS are critical to success

- Someone who not only manages the project, but supports, advocates and navigates challenges locally

Learning to manage co-located teams is an art

- Setting up process in advance to manage regular communication & collaboration from a distance
- Multidisciplinary and global teams have led to improved research and organizational skills and institutional strengthening

eHealth is not an end by itself, but rather a means to an end

- IT tools are complimentary when a sound and focused public health and promotion strategy is in place

Lessons Learned (Spanish)

Hay una necesidad de eSalud en América Latina

- Ser contactados por hospitales de América Latina para implementar herramientas de eSalud, tales como MRS Abierto
- Internet usado como un canal para difundir información sobre salud sexual y reproductiva a la juventud

Los campeones de los proyectos locales son esenciales para el éxito

- Alguien que no sólo administra el proyecto, sino que también apoya, aboga y pilotea los desafíos en el ámbito local

Aprender a conducir equipos co-localizados es un arte

- Establecer con anticipación el proceso para gerenciar comunicaciones regulares y colaboración a distancia
- Los equipos multidisciplinarios e internacionales han llevado a mejores competencias en investigación y organización y al fortalecimiento institucional

La eSalud no es un fin en sí misma, sino más bien un medio para llegar a un fin

- Las herramientas de TI son complementarias cuando existe una estrategia sólida y centrada de salud pública y promoción de la salud

Background

On December 4, 2010, in Managua, Nicaragua, the International Development Research Centre (IDRC) held a workshop entitled “5 years of eHealth at IDRC: Lessons Learned Workshop.” This workshop, the third of a three-part series being conducted as part of a broader evaluation and review of the last 5 years of eHealth investments by IDRC, aimed to engage grantees in the Latin America and Caribbean (LAC) region 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 could support eHealth research in the next 5 years.

Since this workshop is part of a series of activities informing a strategic evaluation commissioned by IDRC, the content 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 December 4, 2010 was an essential element contributing towards achieving this objective. The first workshop took place on September 18, 2010 in Cape Town, South Africa representing IDRC-supported activities in the Africa Region. The second workshop was held on October 26, 2010, in Colombo, Sri Lanka, representing IDRC-supported activities in South and Southeast Asia. Results from these workshops, in addition to thorough document reviews, surveys and key informant interviews, will help form the strategic research programming recommendations given to IDRC. The lead evaluator for this study is Dr. Patricia Mechael.

This report provides a detailed overview of the workshop outcomes with a focus on the achievements, lessons learned, and recommendations made by IDRC grantees in the LAC region.

Workshop Objectives

This Lessons Learned 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 the LAC region

Objective 2: To identify areas where IDRC can better support grantees in the LAC region in their research and implementation activities

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

These objectives were achieved through a pre-workshop assignment and one-day workshop. In the pre-workshop assignment, each grantee was asked to identify:

1. The ONE most important lesson learned and/or 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 that the IDRC grant has 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 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 likeminded projects, etc.)

This was followed by the one-day workshop, which included a combination of reflection, discussion, as well as group and individual activities. Based on the experience of the workshops in South Africa and Sri Lanka, the agenda was revised to allocate more time for fewer activities to encourage a richer discussion.

Methodology

The workshop was designed to be highly interactive, drawing to a large extent on the participant's knowledge and experience of working in a specific country/region on an eHealth project. During the one-day workshop there were opportunities to discuss issues in plenary, as well as in smaller working group sessions. Participants were asked to "map" out their eHealth experiences visually, building the diagram through discussions about challenges, opportunities and next steps. In addition, there was a strategic and practical lessons learned chart to which all relevant lessons were added.

Dr. Patricia Mechael, IDRC eHealth Evaluation Coordinator and Beatrice Briggs, Founder and Director of the International Institute for Facilitation and Change co-facilitated the workshop in English and Spanish.

Participants

The one-day workshop brought together nine participants from Nicaragua, Peru, Haiti, Chile and Canada.¹ The session took place at the Hilton Princess Managua Hotel in Managua, Nicaragua.

Name	Organization	Country
Heather Zornetzer, MS, MPH	Sustainable Sciences Institute	Nicaragua
Joaquin Blaya, PhD	eHealth Systems Chile	Chile
Pammla Petruka, PhD	University of Saskatchewan	Canada
Veronica Rojas, MD	eHealth Systems Chile	Chile
Cameron Norman, PhD	University of Toronto	Canada
Catalina Hidaglo	Instituto de Educación y Salud	Peru
Cecilia Cravero, MD	Universidad Nacional de Córdoba	Spain
Emmlyne Emmanuel, MD	International Training Centre for Health	Haiti

Table 1: List of workshop participants

Projects from LAC region

The following projects were represented and discussed at the workshop and are part of the broader evaluation of IDRC's eHealth portfolio. References to specific projects in this report are made by project number.

Project Number	Project Name	Country
103369	Regional Overview of Mobile Telephony in the Health Services in Latin America and the Caribbean	LAC region
104544	Enhancing Nurses Access for Care Quality and Knowledge through Technology (ENACQKT)	Dominican Republic, St. Lucia, St. Kitts, Barbados
103814	Punto J: a Portal for Youth-to-Youth Education on Health and HIV/AIDS - Phase II	Dominican Republic, Ecuador, Mexico, Columbia, Argentina
103818	Pilot Project Using ICTs to Monitor Chagas' Disease in Argentina, Bolivia and Brazil	Argentina, Bolivia, Brazil

¹ The researchers based outside of the region are all working with projects in Latin America and the Caribbean.

1061471	Strengthening Health Information Systems to Support Post-Disaster Healthcare in Haiti	Haiti
106302	Research and Capacity Building toward Improving Health Information Systems in Latin America and the Caribbean	LAC region
105798	Public eHealth Innovations in Latin America and the Caribbean	LAC region

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 learned and outcomes from their eHealth project, in addition to future research questions and inputs on how IDRC can provide additional support. Approximately 44% of participants completed the assignment.

Despite the small sample, the responses reflected a diversity of experiences in the region, ranging from recognizing the growing interest in ICT in the health field, to the importance of local champions. Further, project leaders noted the challenges of managing on-going collaboration at a distance, the added value that ICT tools bring to a health project, and the new dimensions provided by including qualitative analysis to the research and evaluation process.

“I think that the most important lesson is the need for an on the ground CHAMPION. This is someone who will support, navigate, and advocate for the project at levels beyond the implementation level.”

-Pammla Petruka

Significant Outcomes

Throughout the Lessons Learned Workshop process, participants were asked to reflect on their individual experiences as well as those of their organizations. This session focused primarily on what participants viewed as significant outcomes of the grants that they received from IDRC for their organizations.

In the pre-workshop assignment and the project road map exercise, participants reported significant outcomes in six areas: awareness of eHealth in the region, research relevant to the region's context, capacity building and adoption of novel strategies and systems, health outcomes, resource mobilization, and policy influence. It is important to note that these outcomes are not exhaustive, but rather a snapshot of major milestones to date.

The Second annual IMeCA conference, which gathers researchers and policy makers interested in advancing the study of open source health informatics to improve health systems in the LAC region and is supported by IDRC project 106302, took place in Granada, Nicaragua in December 2010. Organized directly prior to IDRC's Lessons

Learned Workshop, lead organizers, Joaquin Blaya and Heather Zornetzer reflected on the increased level of collaboration amongst local researchers at the conference, and a growing interest in eHealth by health professionals at health institutions as examples of increased awareness of eHealth in the region. Blaya noted being contacted by various organizations and stakeholders to collaborate on eHealth projects in the LAC region.

While all the projects addressed important regional health issues, the needs assessment and landscape analysis project (103369) has been designed specifically to identify opportunities for eHealth solutions in the LAC region that will yield the greatest health impact. Participants noted this type of targeted research to the LAC region as a significant outcome of IDRC funding.

Capacity building and adoption of new technologies was another significant outcome reported by project leaders. For instance, nurses part of the ENACQT project (104544), have been trained to use PDAs to collect data and platform NurseONE to access continuing medical education opportunities. Through a "train the trainer" approach, nurses will engage in knowledge exchange and building a community of practice amongst nurses in the region. Ongoing training of adolescents in sexual and reproductive health and the use of ICTs for health promotion and awareness has helped create a strong team of youth educators in the Punto J project (103814). While the project in Haiti (106147) only launched recently, developing capacity in the region for the introduction of an electronic medical record system is a primary goal.

One project reported specific health outcomes as a result of an eHealth solution supported by IDRC. The platform developed to monitor disease, Chagas (103818) in the region, has registered profiles of 33,000 children. Positive cases have been tagged with geographical data, which has allowed Community Health Workers to more easily follow-up with patients. Dissemination of the Chagas ICT project has led to additional resources such as personnel in the lab, television educational programs, and interest from other ministries of health. Due to delays in the project, final outcomes are expected in 2011.

Projects leaders also reported notable accomplishments in influencing the status of eHealth policy the region. The ENACQT project (104544) has demonstrated the importance of engaging and representing the interests of nurses in policy discussions, and the recognition of the Punto J (103814) program by Peruvian government officials has led to the expansion of the program and collaboration among government agencies in Peru, Bolivia, Mexico.

Tackling Challenges & Seizing Opportunities

In an interactive process, the group identified the principle challenges and corresponding opportunities of conducting eHealth research and implementation as indicated below. The most frequently cited challenges revolved around the issue of collaboration, indicating the extent to which projects are pushing boundaries to achieve results.

Collaboration across disciplines, institutions, and regions was seen as a challenge that provided a wide variety of opportunities, including: opportunities to develop better communication skills; find common ground; engage in participatory processes that allow all voices to be heard; use new tools and technologies for inter-regional sharing; be more flexible. Also mentioned was the opportunity to acknowledge areas or initiatives where collaboration or reaching consensus will not be possible.

Research challenges were reframed as opportunities to engage more disciplines and institutions, find a balance between research breadth and depth, develop an evidence-informed research culture and focus on eHealth health impact.

Project management challenges gave rise to opportunities to balance project objectives and expectations with available resources, effectively coordinate teams of busy people, disseminate information, and seek sustainability.

Technology challenges were seen as providing opportunities to overcome technological barriers such as confidentiality and security, locate technologies that would be locally accepted, achieve a stable infrastructure and humanize the use of ICT for health.

Policy influence challenges were viewed as opportunities for engaging politicians from the beginning of the project, securing government participation in all relevant countries and obtaining commitment from health authorities to continue to fund and maintain the ehealth systems.

Time challenges was a universal theme that the group transformed into a positive assertion that there is time to build an ICT culture in different parts of the health system, to really build the evidence base needed to influence policy.

Vision for eHealth in LAC: 2015

The participants' vision for eHealth in the region focused on the idea that in the future, technology as a key tool for health care will be ubiquitous and "just the way we do things".

Other elements of the vision include:

Integrated Community of Practice

Trained professionals (both doctors and technicians) will be working in multidisciplinary teams. The eHealth community of practice will have reached critical mass, receiving adequate support to permit the dynamic exchange of ideas and information across the region.

Monitoring and Evaluation

The use of ICT will be given the same importance equal as evaluating any other new innovation within the health system. We will have the research tools and capacity to measure the health outcomes and impacts influenced by technology use.

ICTs and eHealth across the health system

eHealth supports high quality clinical care, providing reliable data for patient care, disease surveillance, program management and evaluation. The prevention of epidemics of contagious and non-contagious diseases is a priority. Health Departments use ICT not only to enter information, but also to promote public two-way communication and participation. Governments make open standards a legal requirement and promote open source. A post-modern vision of eHealth includes social dimensions, health and well-being, and a holistic perspective.

Recommendations to support the vision

The dominant message to IDRC was to “*stay the course*”, that is, continue to fund initiatives that connect individuals, groups, governments, and other interested stakeholders working to develop and implement eHealth solutions in the LAC region. In addition, participants urged IDRC to maintain its commitment to rigorous, process evaluation and active knowledge translation among the NGOs, organizations and governments working to build intercontinental capacity for eHealth in the LAC region.

Other recommendations included continued investment in local capacity building in eHealth technologies and research, as well as in efforts to strengthen collaboration, disseminate eHealth results and promote their replication in other geographies.

Along these lines, the identification of elements that contribute to sustainability and of ways to convince governments of the importance of eHealth were also mentioned as necessary to supporting the vision.

Two more specific recommendations for IDRC were to:

1. Support the analysis and detection of priorities (epidemics) in health in the coming years and research that promotes their control by applying ICTs, and
2. Encourage IDRC-funded projects to use open standards and open source and to spread the word in LAC about how their use has affected other countries such as Canada, Brazil, and Australia.

Finally, IDRC was encouraged to continue existing practices of being participative with grantees and seeing the projects they fund as catalysts to larger change.

IDRC Support

“The Punto-J portal has made it possible for adolescents and youths who are Internet users in Latin America and other countries in the world to have a friendly, welcoming, dependable, and safe place to connect on the web. In this space, they find respect for their rights, and their participation and role as citizens are encouraged. Similarly, web portals become places that encourage decision-making favoring health. The strategy has allowed adolescents and youths to own and become familiar with web 2.0 tools and has turned the youths into producers of content for the promotion of sexual and reproductive health for their peers.”

-Catalina Hidalgo

Overall, the respondents expressed satisfaction with the support received from IDRC, with particular appreciation for the connections to possible collaborators, trust in the project team, flexibility and accessibility.

In order to achieve sustainability, participants mentioned needing additional support in the following areas as needing additional support:

- **Resources and Funding:** To provide ICT infrastructure for free or at low-cost, to implement research findings and to network with like-minded projects
- **eHealth Policy:** Support is needed to disseminate the evidence findings of eHealth projects to policy and decision makers, and also to make contact with policy makers in the region
- **Technical/expert assistance:** To support policy formulation, the development of a business plan, and organizational setup of networks.
- **Industry Updates:** Ongoing updates on the latest research, policy briefs, funding and networking opportunities would be useful.

“Technical assistance is a must given the instability of the networks. Our project on two islands has far exceeded our project scale and will likely naturally migrate to some form of a standard within their system (especially for the wireless component). The interesting thing for me is the constant demand for replacement of items such as batteries, etc. I recognize that this is at a project level, but I worry that once we are gone the units will not be maintained.”

-Pammla Petruka

Future Research Questions

Given IDRC's mandate to support research, in the pre-workshop assignment, participants were asked to define eHealth research questions they would be interested in pursuing in the future. The following is a compilation of these questions segmented into three themes:

- **Community Engagement:** Investigate how to involve local communities in general and how to strengthen the open source community in LAC
- **Readiness and Sustainability:** Assessment of conditions that favor the introduction and adoption of eHealth practices and sustain them over time
- **Health Outcomes:** Explore the possibilities and limits of eHealth for improving health in at risk populations

Specific questions raised in relation to readiness and sustainability include:

- How to encourage local organizations to develop and/or maintain eHealth systems in developing countries, and have them work together and with international organizations?
- How to encourage and promote the use and development of open source systems in Latin America?

Specific questions raised in relation to readiness and sustainability include:

- What are the indicators of readiness for eHealth in a healthcare organization in a developing country to ensure adoption and sustainability?
- What social systems need to be in place to support the technical systems used for collaboration?
- What is the appropriate time horizon needed to support incremental innovation in eHealth programs?
- How can we create a low-cost, scalable model of an eHealth system to improve health in rural areas of developing countries and influence policy?

Specific questions related to health outcome include:

- How can eHealth / mHealth contribute to improving health outcomes in target populations (e.g. maternal health, street youth)
- Does eHealth / mHealth lead to improved patient outcomes? Improved system efficiencies? Enhanced human resources utilization?
- How does IT contribute to the promotion of healthy behaviors, especially sexual and reproductive health and HIV/AIDS prevention?
- To what extent does the use of ICTs for disease surveillance of Chagas lead to

- early detection, treatment and cure of the disease?
- To what extent does eHealth warning systems improve treatment compliance for children?
 - Can these disease surveillance systems be extended to other pathologies monitored in the country?
 - How does IT contribute to the promotion of healthy behaviors, especially sexual and reproductive health and HIV/AIDS prevention?
 - To what extent does the use of ICTs for disease surveillance of Chagas lead to early detection, treatment and cure of the disease?

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.

Project Roadmaps

The road-mapping session invited participants to map out the key activities, milestones, roadblocks and additional donors (if applicable) that defined their projects. The following is summary of these maps.

Project Name	Activities	Milestones	Roadblocks	Other Donors
eSAC-eGov	<ul style="list-style-type: none"> • Build relationships with key stakeholders, within and across programs • Develop and disseminate initial evaluation plan • Gather feedback on proposal / products • Integrate feedback → on proposal + outcomes + products • Re-imagine next steps + • Repeat from step 1 	<ul style="list-style-type: none"> • Initial proposal developed – Including budget and deliverables • Integration of feedback into “Stage 2” Innovation • Second stage evaluation cycle completed • Dissemination discussion 	<ul style="list-style-type: none"> • Constantly evolving programs • Different “rhythms” of programs • Lots of cooks and unclear size of kitchen • Diversity is high (also a strength) – Potential for missed / confused / lack of communication 	Creating critical mass for other \$ \$
105798: Public eHealth Innovations in Latin America and the Caribbean	<p>Create incentives for “radical” innovation</p> <ul style="list-style-type: none"> • Supporting a network of “champions” • Catalyzing collaborative efforts • Promoting additional funding opportunities • Facilitating communications among tech/health/decision making • knowledge translation 	<ul style="list-style-type: none"> • Innovation competition • Platform launching • Testing of innovative solutions • Uptake 	<ul style="list-style-type: none"> • Coordination between two main partners • Overall coordination / logistics • Effective support of “champion” network • Shared understanding of “innovation” 	(Potentially) multiple

Project Name	Activities	Milestones	Roadblocks	Other Donors
103814: Punto J: a Portal for Youth-to-Youth Education on Health and HIV/AIDS - Phase II	<ul style="list-style-type: none"> • Punto J strategy: youth participation, promotion of sexual and reproductive health (SRS), prevention of HIV, and social use of ICT • Dissemination of strategy in 5 countries • Strengthening of capacities in adolescents and youths in SRS and ICT (continuous) • Creation of portals in each country • Update and maintenance of portals (online info and orientation) 	<ul style="list-style-type: none"> • Idea shared by young peer educators and technical team • Webpage launch • Webpage redesign launch • Internship for (knowledge) transfer to other countries • Creation of portals for each country • Creation of network of portals and LAC portal 	<ul style="list-style-type: none"> • Governments and Health Departments in certain countries do not recognize the importance of ICT use for health • Currently: maintenance / support of technical equipment and material conditions to facilitate volunteer participation 	<p>2006-2007: ICA/Save the children / Young volunteers – organization in each country</p> <p>2008-2010: IDRC/ICA</p> <p>UNFPA Peru MINSA Peru</p> <p>UNFPA Bolivia UNFPA Dom. Rep. 2010 and beyond: Young volunteers</p> <p>UNFPA Bolivia</p> <p>IES</p> <p>Organization in each country</p>
104544: Enhancing Nurses Access for Care Quality and Knowledge through Technology (ENACQKT)	<ul style="list-style-type: none"> • Infrastructure building and stabilizing • Training and Capacity building • Data capture; management; analysis • Linkages – Inter-sector / Interagency / Interisland 	<ul style="list-style-type: none"> • Infrastructure “launch” (training, access, etc.) • Annual meetings (bring together participants and stakeholders) • Data analysis / findings / interim dissemination • Beyond the project capacity / continuing education • Release of “OM” tool (electronic) 	<ul style="list-style-type: none"> • People – staffing / management, shortages of nurses • Process <ul style="list-style-type: none"> ◦ “Out of state; out of mind” ◦ Compliance ◦ Policy environment (non-enabling) ◦ History (multiple start) • Products: <ul style="list-style-type: none"> ◦ Internet instability ◦ Language challenges 	<ul style="list-style-type: none"> • Governments / Health system / Agency contributions • Telecoms – Sasktel / Alcatel / Lucent; Digicel • Canadian Nurses Association • University of Saskatchewan

Project Name	Activities	Milestones	Roadblocks	Other Donors
103818: Pilot Project Using ICTs to Monitor Chagas' Disease in Argentina, Bolivia and Brazil	1. Teams 2. Dissemination: Chagas , ICT & Project to General population , Authorities, Health workers, Community leaders 3. Patient detection using ICT 4. Incorporation into database: medical record ;treatments 5.Location of Patients via GIS 6. Patients follow-up 7. Web portal	1. <u>Ample dissemination:</u> To the community – participation To authorities – Appropriation of surveillance system Community leaders – use of technology and other things 2. <u>Appropriation and transfer</u> <u>Health Dept.</u> – 33.000 children enrolled and monitored 3. Other sectors are interested and support the project	1. Organize teams from different countries /regions (great learning opportunity) 2. Get commitment from authorities 3. Possibility to apply to other diseases 4. Scale up to country level	<u>Córdoba – Argentina</u> Health Department Dept. of Science and Technology University of Cordoba Nat. Inst. Chagas-Argentina <u>Bolivia</u> Health Department University Saracho S. Epidemiolog.
106147: Strengthening Health Information Systems to Support Post-Disaster Healthcare in Haiti	<ul style="list-style-type: none"> • Expanding functionality and use of open MRS and iSanté • Create mobile eHealth tools based on these EMRs • Interconnection with stock management tool • Develop standard patient summaries for clinical review and transfers between institutions • Implement automated disease surveillance 	TBD	<ul style="list-style-type: none"> • Power • Transport • Communication • Staffing 	<ul style="list-style-type: none"> • IDRC • CDC • Rockefeller Foundation • PIH Funds

Project Name	Activities	Milestones	Roadblocks	Other Donors
103369: Regional Overview of Mobile Telephony in the Health Services in Latin America and the Caribbean	<ul style="list-style-type: none"> • Identifying communities, groups, individuals, trainers, participants • Iterating on content and identifying appropriate trainers, presenters and forum formats (+ materials) • Building both knowledge /capacity <u>and</u> building networks and collaborations for concrete future projects • Coordination + facilitation + follow up next steps 	<ul style="list-style-type: none"> • Interest and participation commitment from parallel communities (Open MRS / open ROSA / OASIS / IMIA / etc.) and initiatives (BID / 4TH. Sector / PAHO info syst / etc.) • Overwhelming interest from 3 major participant stakeholder groups (DM / Impl / Developers) • High quality presentations / panel sessions / discussions and exceptionally motivated participation • Clear definition of role of community going forward 	<ul style="list-style-type: none"> • Coordination complications (time / language / \$) • Balance between quantity of participants and \$ for fellowship • (Future) need for core community activity funding for 1) ongoing training activities, 2) website / community communication forum / tool, 3) Coordination / champion / person / people 	<ul style="list-style-type: none"> • Individual + institutional commitments to supporting multiple continuing activities of the community • 4th. Sector (USAID) / CLARO (telcom)
106302: Research and Capacity Building toward Improving Health Information Systems in Latin America and the Caribbean	<ul style="list-style-type: none"> • Collaboration IMECA – research • Bibliographic review • Selection of countries and researchers • Research design • Research execution • Preparation of reports • Dissemination of results 	<ul style="list-style-type: none"> • Creation of work group • Country reports • Regional report 	<ul style="list-style-type: none"> • No agreement on initial definitions and concepts • Country diversity • Costs of coordinating research teams • Coordination at a distance 	<ul style="list-style-type: none"> • In kind donations by researchers and their organizations

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?

The participants particularly liked the opportunity to reflect, share experiences with others and to contribute to IDRC's planning process. The participatory dynamics were also appreciated.

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

Aspects that participants liked least were the limitations of time and space (the room was a bit cramped) and the lack of depth in some of the discussions. One participant questioned the usefulness of the elevator pitch and story-telling sessions as ways to share experiences.

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

All were willing to participate in a similar workshop in the future in order to contribute to the further development of eHealth.

4. Which session did you like most? Why?

While several participants cited all of the sessions as being enjoyable, two mentioned the challenges/opportunities exercise as being "useful and creative" and two cited the vision process as their favorite.

5. Which session did you like least? Why?

The majority (5) of the participants could not say which exercise they liked the least, as they enjoyed them all. Two cited the road map session as their least favorite, one because his project was not far enough advanced to fit the format and another who felt that it lacked depth of analysis.

6. This workshop worked towards achieving three objectives listed below. On scale of 1 to 5 (1 being 'strongly disagree; and 5 being 'strongly agree'), to what extent do you think each objective was achieved:

In terms of the three workshop objectives, 77 % of the participants agreed or strongly agreed that the event provided a forum for IDRC grantees to share experiences, challenges and lessons from implementation of an eHealth project in LAC. 67% agreed or strongly agreed that the workshop succeeded in identifying areas where IDRC can better support grantees in their research and implementations. 100% agreed or strongly

agreed that the workshop met the objective of determining where IDRC should focus its efforts in the next 5 years to enable the vision for eHealth in LAC.

7. 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

Two-thirds (6) of the participants enthusiastically endorsed the workshop approach (i.e. visuals, project road map, story telling) as providing effective support for the achievement of the objectives. Lack of time for more in-depth discussion was mentioned as a defect of the methodology.

8. This workshop worked towards achieving five outcomes listed below. On scale of 1 to 5 (1 being ‘strongly disagree’ and 5 being ‘strongly agree’), to what extent do you think each outcome was achieved:

Participants expressed a wider variety of opinions on the workshop’s success in achieving the five outcomes listed below.

77% agreed or strongly agreed that participants have better understanding of the common challenges faced by eHealth researchers and practitioners in LAC.

44% agreed or strongly agreed that participants reflected on how their project has impacted their personal and professional growth (The exercise related to this outcome was not included in this workshop.)

55% agreed or strongly agreed that participants mapped out the process taken for the implementation of their project and reflected on potential areas of improvement

77% agreed or strongly agreed that participants have a sense of what the eHealth vision is for LAC in the next 5 years and how their work fits into that picture

55% agreed or strongly agreed that participants left with a set of lessons that may impact the future course of their eHealth project

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

Two-thirds (6) of the participants found the project road map exercise useful. Suggestions for improving its usefulness included more time, giving feedback on the roadmap and including a take away diagram for personal reference.

10. On a scale of 1 to 7 (1 being the lowest and 7 being the highest), I would give the accommodation, meals and over logistics of the workshop a rating of:

Accommodation, meals and overall logistics of the workshop received a rating of 6.4/7.

11. On a scale of 1 to 7 (1 being the lowest and 7 being the highest), I would give the overall experience of the workshop a rating of:

Overall workshop experience received a rating of 6.3/7.

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

Participants mentioned a variety of post-workshop follow-up actions, including sharing the workshop experience with colleagues, keeping in touch and developing collaborations with other participants, reflecting on the long-term sustainability of their project, and integrating workshop content into future project planning.

Among the additional comments posted at the end of the evaluation included a desire to know how IDRC will use the workshop results and appreciation for the role of the facilitator and the provision for translations and accommodation of multiple languages in order to adequately engage all participants.

This workshop worked towards achieving five outcomes listed below. On a scale of 1 to 5 (1 being strongly disagree and 5 being strongly agree), to what extent do you think each outcome was achieved?

Outcome 1: Participants have a better understanding of the common challenges faced by eHealth researchers and practitioners in South Asia	4	5	3	3	5	5	5	4	4	4.2
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Objective 2: To identify areas where the IDRC can better support grantees in their research and implementations	3	4	2	2	4	5	4	4	4	3.6
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Objective 3: To determine where the IDRC should focus its efforts in the next 5 years to enable the vision for eHealth in South Asia	4	5	5	4	4	4	5	5	4	4.4
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This workshop worked towards achieving five outcomes listed below. On scale of 1 to 5 (1 being 'strongly disagree' and 5 being 'strongly agree'), to what extent do you think each outcome was achieved?

Outcome 1: Participants have a better understanding of the common challenges faced by eHealth researchers and practitioners in South Asia	4	5	4	3	5	5	5	3	4	4.2
---	---	---	---	---	---	---	---	---	---	-----

Outcome 2: Participants have reflected on how their project has impacted their personal and professional growth	4	4	2	3	5	4	3	2	3	3.3
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Outcome 3: Participants have mapped out the process taken for the implementation of their project and reflected on potential areas of improvement	5	5	3	3	3	4	4	2	4	3.7
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Outcome 4: Participants have a sense of what the eHealth vision is for Africa in the next 5 years, and how their work fits into that picture	5	5	4	3	4	5	1	4	4	3.9
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Outcome 5: Participants are left with a set of lessons that may impact the future course of their eHealth project	3	5	4	2	3	5	4	2	3.5	3.5
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On a scale of 1 to 7 (1 being the lowest and 7 being the highest), I would give the accommodation, meals and over logistics of the workshop a rating of:

	6	6	6	7	6	7	7	6	7	6.4
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On a scale of 1 to 7 (1 being the lowest and 7 being the highest), I would give the overall experience of the workshop a rating of:

	7	7	6	5	6.5	7	6	6	6	6.3
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Appendix

Workshop Agenda

9:00am- 9:30am
9:30am – 10:30am

Introductions & Workshop Overview
Sharing Experiences (20 min)
Presentation of Pre-workshop Assignment Results

Individual Assignment (15 min and then post)

*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 per post-it note.

Gallery (20 min) people walk around and have a look while taking their coffee break.

10:30am – 12:00pm

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

Activity: Map out the process of how you approached your eHealth project. Include major activities, achievements, roadblocks, and addition of new donors and post in the appropriate order on the chart.

Story telling – Group exercise (45 min)

Activity: In 3 groups of 3, 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

Share elevator pitches

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 Latin America and the Caribbean? Use 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 post-it notes to record unsuccessful and successful attempts to overcome a challenge/seize an opportunity (and why it happened this way). (40 min work +20 min sharing in plenary)

3:00pm – 3:30pm

Break and Refreshments

3:30pm – 5:00pm

Group Brainstorm: The Future of Global eHealth in Latin American & Caribbean

Activity 1: What is the vision for eHealth in Latin America and the Caribbean? Participants jot down ideas (words/phrases) that they feel are integral to the vision of eHealth in Latin American and the Caribbean in 2015. What are the structures and processes required to achieve the stated vision

Documents translated in Spanish

Agenda del Taller de Lecciones Aprendidas

9:00am - 9:30am	Presentaciones y Visión General del Taller
9:30am – 10:30am	Compartir Experiencias (20 min) <i>Presentación de los Resultados del Trabajo Previo al Taller</i>
	Tarea Individual (15 min y publicar) <i>¿En qué aspecto creciste (personalmente) a través de este proyecto?</i> <i>¿Qué resultados produjo la subvención (en tu organización)?</i> <i>*Limita las respuestas a una oración/línea por nota post-it.</i>
	Galería (20 min) la gente pasea y socializa mientras están en el coffee-break (receso).
10:30am – 12:00pm	Mapa de Ruta del Proyecto: Desde la A hasta la B (30 min) – Ejercicio individual <i>Actividad: Mapear el proceso con que encararon su proyecto de eSalud. Incluir las actividades principales, logros, obstáculos, y el agregado de nuevos donantes (patrocinadores) y publicarlas en orden en el gráfico.</i>
	Relato de historias – Ejercicio Grupal (45 min) <i>Actividad: En 3 grupos de 5, basándose en los mapas de ruta desarrollados, pedir a cada participante que cuente una historia que ilustre uno o más: logros, obstáculos, actividades, etc. Cada grupo designará UNA historia para compartir en reunión plenaria. (15 min)</i>
12:00pm – 1:00pm	Almuerzo y Creación de Redes
1:00pm – 3:00pm	Ejercicio Grupal: Enfrentar Desafíos y Aprovechar Oportunidades <i>Actividad 1: Trabajar en 3 grupos de 5 y discutir en forma de mesa redonda. Preguntas: ¿Cuáles desafíos y oportunidades son generales para la eSalud y cuáles son exclusivos de América Latina y el Caribe? Usar notas post-it para registrarlos. (40 min de trabajo + 20 min compartiendo en plenario)</i> <i>Actividad 2 (mismo grupo): ¿Qué han hecho para intentar superar los desafíos identificados y/o aprovechar las oportunidades? ¿Qué salió bien? ¿Qué no salió bien?</i> <i>Usar notas post-it para registrar los intentos fallidos y los exitosos para superar un desafío/aprovechar una oportunidad (y por qué sucedieron de esa manera). (40 min de trabajo + 20 min compartiendo en plenario)</i>
3:00pm – 3:30pm	Receso y Refrigerios
3:30pm – 5:00pm	Brainstorm (Iluvia de ideas) Grupal: El Futuro de la eSalud Mundial en América Latina y el Caribe <i>Actividad 1: ¿Cuál es la visión sobre la eSalud en América Latina y el Caribe? Los participantes apuntan ideas (palabras/frases) que sienten que son importantes para la visión de eSalud en América Latina y el Caribe en 2015. Cuáles son las estructuras y procesos necesarios para alcanzarlas.</i>

Resumen Ejecutivo

El tercero de una serie en tres partes de "Talleres de Lecciones Aprendidas" se llevó a cabo en Managua, Nicaragua el 4 de diciembre de 2010. Los talleres son parte de una evaluación estratégica más amplia encarada por el Centro Internacional de Investigaciones para el Desarrollo para revisar los últimos 5 años de inversiones en eSalud con el objeto de informar la programación futura de manera que se apoye sobre las experiencias y lecciones anteriores.

Al taller, que fue facilitado por la Dra. Patricia Mechael, asistieron nueve participantes. La Dra. Mechael está a cargo de la evaluación externa del portafolio de eSalud del CIID (IDRC), con el apoyo de Beatrice Briggs, facilitadora externa del Instituto Internacional de Facilitación y Cambio.

Tres de los participantes tienen el español como idioma nativo, con inglés limitado. Uno habla francés como idioma materno, con buenos conocimientos de inglés. Los demás hablan inglés y algunos de estos también español. Una de las personas que hablan español también sabe francés. La buena voluntad de los participantes, combinada con el factor de que era un grupo pequeño, y la presencia de una facilitadora bilingüe (inglés-español) hicieron posible que todos participaran en un animado intercambio de ideas durante todo el día, a pesar de las brechas idiomáticas.

Los participantes apreciaron el diseño interactivo y participativo del taller, la oportunidad de compartir experiencias con colegas nuevos y la posibilidad de contribuir con el proceso de visión del CIID (IDRC). En la evaluación, los participantes calificaron la experiencia general con 6.3/7.

Los resultados para los que contribuyó el financiamiento del CIID (IDRC) incluían aumentar la concientización acerca de la eSalud en la región, mayor capacidad y adopción de nuevas tecnologías, resultados positivos en salud (especialmente en el proyecto de Chagas), la movilización de recursos adicionales, y la influencia sobre las políticas de salud de los gobiernos.

Dos tercios de los participantes encontraron útil el ejercicio del mapa de ruta del proyecto, si bien una persona observó que *"no se asignaron recursos para retroalimentación en el mapa de ruta, por lo que no es posible identificar la necesidad de cambios, o cuáles cambios son necesarios."* Otros hubieran deseado tener más tiempo para conversar.

Los participantes apreciaron la oportunidad de hacer recomendaciones al CIID (IDRC) sobre la forma de apoyar iniciativas de eSalud en el futuro. Muchos de sus comentarios fueron exhortaciones para "mantener el rumbo" y continuar ofreciendo liderazgo innovador y financiamiento en esta área emergente, invirtiendo en la creación de capacidad y colaboración. Una respuesta urge al IDRC para que "continúe siendo...participativo con sus beneficiarios, [y] considere que los proyectos son catalizadores de cambios más grandes.

Tarea previa al taller

En un máximo de dos páginas, por favor comparte con nosotros lo siguiente:

1. ¿Cuál es la PRIMERA lección más importante que aprendiste/estás aprendiendo en la implementación de tu proyecto de eSalud? (*Este aprendizaje puede estar relacionado con el proceso, la investigación, la evaluación, o cualquier otro tema que creas que es importante compartir.*)
2. Los TRES resultados más significativos que la subvención (el aporte) del IDRC (Centro Internacional de Investigaciones para el Desarrollo) ayudó a concretar (*por ejemplo, temas adicionales de investigación, influencia en políticas, fortalecimiento de la organización, etc.*)
3. Si hubiese subvención adicional, ¿cuáles TRES interrogantes adicionales para investigación relacionada con eSalud son los que más te interesan? (*Estos pueden surgir de tu proyecto actual financiado por el IDRC, o de otras fuentes de inspiración.*)
4. ¿Cómo puede el IDRC dar mejor apoyo a la implementación de tu proyecto de eSalud?
5. ¿Cuáles son los recursos necesarios para que tu proyecto alcance escala y sustentabilidad? (*por ejemplo, financiamiento, asistencia técnica la pertinencia política y la tracción de políticas, creación de redes con otros proyectos similares, etc.*)

Mapa de Ruta de eSalud

PROYECTO	ACTIVIDADES	HECHOS DESTACADOS	OBSTÁCULOS	DONANTES
eSac - eGov Evaluación de desarrollo	<ul style="list-style-type: none"> • Crear relaciones con actores clave, dentro y a través de los programas • Desarrollar y difundir el plan de evaluación inicial • Obtener retroalimentación sobre la propuesta/productos • Integrar la retroalimentación sobre → propuesta + resultados + productos • Re-imaginar los próximos pasos + • Repetir desde el paso 1 	<ul style="list-style-type: none"> • Propuesta inicial desarrollada – Incluyendo presupuesto y material a entregar • Integración de <i>feedback</i> a la “Etapa 2” Innovación • Ciclo de evaluación de la segunda etapa completado • Discusión sobre difusión 	<ul style="list-style-type: none"> • Programas en constante evolución • Diferentes “ritmos” de los programas • Muchos cocineros y tamaño de la cocina incierto • Gran diversidad (también es una fortaleza) – Potencial para que se pierda / confunda / falte comunicación 	Crear masa crítica para otros \$ \$
eSac	<ul style="list-style-type: none"> • Crear incentivos para innovación “radical” • Apoyar una red de “campeones” (paladines) • Catalizar esfuerzos de colaboración • Promover oportunidades adicionales de financiamiento • Facilitar 	<ul style="list-style-type: none"> • Competencia (concurso) de innovación • Lanzamiento de plataforma • Prueba de soluciones innovadoras • Adopción 	<ul style="list-style-type: none"> • Coordinación entre los dos socios principales • Coordinación / logística general • Apoyo efectivo a la red de “campeones” (paladines) • Comprensión compartida de “innovación” 	(Potencialmente) múltiples

	<p>comunicaciones entre los sectores técnico/salud/toma de decisión</p> <ul style="list-style-type: none"> • Traspaso de conocimientos 			
Punto J: Adolescentes, jóvenes y TIC en la respuesta al VIH en LAC (Perú, Bolivia, Argentina, Ecuador, México y República Dominicana)	<ul style="list-style-type: none"> • Estrategia Punto J: participación juvenil, promoción de salud sexual y reproductiva (SSR), prevención del VIH, y uso social de las TIC • Diseminación de la estrategia en 5 países • Fortalecimiento capacidades de adolescentes y jóvenes en SSR y TIC (continua) • Creación de portales en cada país • Actualización y mantenimiento de portales (info y orientación en línea) 	<ul style="list-style-type: none"> • Idea compartida por jóvenes educadores de pares y equipo técnico • Lanzamiento página • Lanzamiento rediseño página • Pasantía de transferencia a países • Creación portales de cada país • Creación red de portales y portal LAC 	<ul style="list-style-type: none"> • Gobiernos y Min de Salud de algunos países no visualizan la importancia de uso TIC para salud • Actualmente: mantenimiento / soporte de equipo técnico y de condiciones materiales que faciliten participación de voluntarios 	<p>2006-2007: ICA/Save the children / Jóvenes voluntarios – organización en cada país</p> <p>2008-2010: IDRC/ICA - UNFAA Perú – MINSA Perú – UNFAA Bolivia – UNFAA Rep. Dominicana – Jóvenes voluntarios – organización en cada país</p>
ENACQT	<ul style="list-style-type: none"> • Construir / estabilizar infraestructura • Capacitación/Creación de capacidades • Captura de datos; administración; análisis • Vinculaciones – Intersectorial / Interagencias / Inter- 	<ul style="list-style-type: none"> • “Lanzamiento” de infraestructura (capacitación, acceso, etc.) • Reuniones anuales (yuxtaponer participantes y actores) • Análisis de datos / conclusiones / difusión en el ínterin 	<ul style="list-style-type: none"> • Gente - personal / administración / carencias de enfermeras • Proceso • “Out of state; out of mind” (Cuándo salimos del país, se olvida del proyecto) • Conformidad (cumplimiento) Ambiente 	<ul style="list-style-type: none"> • Gobiernos/ Sistema de salud / Contribuciones de las Agencias • Telecoms – Sasktel / Alcatel / Lucent; Digicel • Asociación de enfermeras canadienses • Universidad de Saskatchewan

	isleña	<ul style="list-style-type: none"> • Capacidad más allá del proyecto / educación continua • Publicación (difusión) de herramienta de MA (electrónica) 	<ul style="list-style-type: none"> de políticas (no permiten • Historia (múltiples inicios) • Productos: <p>Inestabilidad de Internet Desafíos de idiomas</p>	
Vigilancia epidemiológica (monitoreo) de E. Chagas favorecido por TIC en Argentina y Bolivia	<ol style="list-style-type: none"> 1. Equipos 2. Difusión: Chagas – TICS – Proyecto Población gral. – Autoridades – Ejecutores salud – Líderes comunitarios 3. Detección de pacientes ¿? TICS 4. Incorporación a base de datos – historia clínica – tratamientos 5. GIS de pacientes 6. Seguimiento de pacientes 7. Portal web 	<p>1. <u>Gran difusión:</u> A la comunidad – participación A las autoridades – Apropiación del sistema de vigilancia Líderes comunitarios – Utilización tecnología para otras cosas</p> <p>2. <u>Apropiación y transferencia M. de Salud</u> – 33.000 niños incorporados</p> <p>3. Se interesaron otros estamentos y apoyan el proyecto</p>	<ol style="list-style-type: none"> 1. Organizar equipos de diferentes países y regiones (da un gran aprendizaje) 2. Lograr el compromiso de autoridades 3. Poder aplicar a otras enfermedades 4. Escalarlo a nivel país 	<u>Córdoba – Argentina</u> Ministerio de Salud Ministerio de C. y Tecnol. Universidad de Córdoba Inst.Nac.de Chagas-Argentina <u>Bolivia</u> Ministerio de Salud Universidad Saracho S. Epidemiolog.
Propuesta Fortalecer los sistemas de información de salud para apoyar la atención de la salud en Haití, después del desastre	<ul style="list-style-type: none"> • Expandir el funcionamiento y uso de MRS abierto e iSanté • Crear herramientas móviles de eSalud basadas en estos EMRs • Interconexión con la herramienta de administración de stock • Desarrollar resúmenes de pacientes estándar para revisión clínica y transferencias entre instituciones 	TBD	<ul style="list-style-type: none"> • Energía • Transporte • Comunicación • Personal 	<ul style="list-style-type: none"> • IDRC • CDC • Rockefeller Foundation • PIH Funds

	<ul style="list-style-type: none"> • Implementar la vigilancia de enfermedades automatizada 			
Investigación + creación de capacidad en eSalud en LAC Reunión y talleres IMCA	<ul style="list-style-type: none"> • Identificar comunidades, grupos, personas, instructores, participantes para traer • Iterar sobre contenidos y identificar instructores apropiados, presentadores y formatos de los foros (+ materiales) • Crear tanto conocimiento como <u>capacidad y además</u> construir redes y colaboraciones para futuros proyectos concretos • Coordinación + facilitación + seguimiento próximos pasos 	<ul style="list-style-type: none"> • Compromiso de interés y participación de comunidades paralelas (MRS abierto / ROSA abierto / OASIS / IMIA / etc.) e iniciativas (BID / 4TH. Sector / PAHO sist de inf / etc.) • Enorme interés de 3 importantes grupos de actores participantes (DM / Impl / Desarrolladores) • Presentaciones de alta calidad/ sesiones de paneles / discusiones y participación excepcionalmente motivada • Clara definición de rol de la comunidad que avanza 	<ul style="list-style-type: none"> • Complicaciones de coordinación (tiempo/ idioma / \$) • Equilibrio entre cantidad de participantes y \$ para becas de investigación • (Futuro) necesidad de fondos para actividades de la comunidad para 1) actividades de capacitación en cursos, 2) página web / foro de comunicación para la comunidad / herramienta, 3) Coordinación / campeón / persona / gente 	<ul style="list-style-type: none"> • Compromisos individuales + institucionales para apoyar múltiples actividades continuas de la comunidad • 4th. Sector (USAID) / CLARO (telcom)
Análisis del panorama de eSalud en LAC	<ul style="list-style-type: none"> • Colaboración IMCA – investigación • Revisión bibliográfica • Selección países e investigadores • Diseño investigación • Ejecución investigación • Elaboración reportes 	<ul style="list-style-type: none"> • Formación grupo trabajo • Reportes país • Reporte regional 	<ul style="list-style-type: none"> • No hay acuerdo definiciones y conceptos iniciales • Diversidad países • Costos coordinar equipos investigación • Coordinación a distancia 	<ul style="list-style-type: none"> • Tiempo investigadores y sus instituciones

	• Difusión resultados			
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Transcripción de los desafíos y las oportunidades

Desafíos	Oportunidades
Colaboración entre disciplinas, instituciones, regiones	<p>Desarrollo compartido</p> <ul style="list-style-type: none"> • Potencial de adherencia (propiedad) • Cumplimiento / uso <p>Flexibilidad - Pensar fuera de lo convencional</p> <p>Proceso incluyente. Legitimiza los aportes <u>de todos</u></p> <p>Variedad de planteos para encarar problemas</p> <p>Amplitud intersectorial / inter-agencias</p> <p>Oportunidad para compartir en el ámbito inter-regional usando nuevas herramientas y tecnologías</p> <p>Crear un idioma (lenguaje) más preciso</p> <ul style="list-style-type: none"> • Nuevo léxico • Metáforas más adecuadas <p>Proyecto puede cruzar más barreras / áreas que si lo tuviera que hacer una organización</p> <p>Se puede aprender a usar tecnologías de colaboración que pueden ser parte de la solución</p> <p>Compartir recursos y propiedad intelectual</p> <p>Se puede aprender a usar tecnologías de colaboración que pueden ser parte de la solución</p> <p>Identificar áreas en común; Fomenta colaboración porque se aprende a lidiar con las diferencias</p> <p>Identificar áreas o iniciativas donde no se va a poder colaborar o llegar a un consenso</p> <p>Volver a mirar la forma de gerenciar y de trabajar</p> <p>Llegar a una comprensión común del término “innovación”</p> <p>Hablar el mismo idioma</p> <p>Compartir un marco común de conceptos</p> <p>La Inclusión de idiomas</p> <p>Encontrando los contactos claves para conectar nuevas redes</p> <p>Flexibilidad para iniciativas locales</p>
Tiempo	<p>Creer que hay tiempo para</p> <ul style="list-style-type: none"> • crear cultura informática en diferentes escenarios • demostrar resultados • influenciar la política
Investigación	<p>Oportunidad de que haya más gente e instituciones involucradas en investigación y de tener más categorías profesionales involucradas</p> <p>Aprovechar experiencias y conocimiento más avanzado</p> <p>Equilibrio entre amplitud y profundidad en investigación</p> <p>Concentrarse en el impacto de eSalud en la salud</p>

	Desarrollar una cultura de investigación basados en evidencias
	Calidad de la información
Incidencia en políticas	Involucrar políticos desde el inicio
	Apoyo para políticas públicas
	Lograr la participación del estado en todos los países
	Atraer la atención de quienes toman las decisiones
	Comprometer a los sistemas de salud para su permanencia y apropiación
	Identificar los factores que afectan las decisiones de los tomadores de decisión
Project Management	Equilibrar objetivos / expectativas con recursos disponibles
	Determinar el alcance del proyecto
	Aclarar la visión del programa en cuanto a recursos
	Coordinar los equipos
	Mecanismo de difundir “capacitaciones”; Desarrollo de los materiales / medios
	Definiendo el mecanismo más apto para dar seguimiento a “la comunidad”
	Mantener la sostenibilidad
	Coordinar entre todas las otras actividades
Tecnología	Lograr una aplicación que pueda generalizar su utilización (cambio de mentalidad)
	Solucionar problemas de infraestructura: Inestabilidad tecnológica; Que sea lo apropiado /viable
	Aprender a superar las barreras de tecnología (“Confidencialidad”; “Seguridad”)
	Identificar un problema en salud y buscar su solución tecnológica
	Humanización del uso de las TIC para la salud

I Futuro de eSalud en Cinco Años

E → M → U (Ubicuidad)

Es sencillamente la forma en que hacemos las cosas

Se considera la tecnología como una parte natural de las ciencias de la salud

Comprensión madura a través de las disciplinas de TIC como herramienta

Ministerios de Salud utilizan TICs para promover la comunicación-participación del público, de doble vía, no únicamente para colocar información

Educación sobre la tecnología para crear y apoyar la demanda en el equipo salud

Crear programas compartidos donde se puede capacitar/involucrar a los técnicos y los médicos

Apoyar equipos multidisciplinarios

Recursos humanos listos y preparados

Tener herramientas de investigación / capacidad para saber cómo está produciendo resultados en salud el uso de la tecnología – medir resultados, impactos en salud

Evaluar el uso de TICs será lo mismo que la evaluación de cualquier otra tecnología

Costos de la tecnología (recursos humanos, etc.) no sean barreras

Todos los gobiernos ponen como requisito legal el uso de normas abiertas (open standards) y promueven el código abierto

eSalud apoya una atención clínica de alta calidad. Los datos están disponibles para atención de los pacientes. Los datos están disponibles en tiempo real para la supervisión de enfermedades y administración y evaluación del programa.

Sin perder el enfoque en el ser humano, no clavarnos en la tecnología

Enfoque en la prevención de epidemias, enfermedades contagiosas y no contagiosas, con base de datos confiable

Visión post moderna de eSalud (incluye las dimensiones sociales, salud y bienestar, perspectiva holística

Recomendaciones

IDRC debe mantener el rumbo de financiar iniciativas que crean redes entre grupos, gobiernos, y actores que trabajan para desarrollar e implementar recursos de eSalud en LAC. Sumado a esto, vigilancia continua y compromiso con evaluación rigurosa de desarrollo, combinada con transmisión activa de conocimiento dirigida a involucrar ONGs, organizaciones + gobiernos de LAC para construir capacidad intercontinental para eSalud en las Américas

Continuar con:

- Inversión en creación de capacidad / capacitación local
- Inversión en esfuerzos para fortalecer la colaboración

Inversión flexible, coherente y ética en capacidad, personas, redes, comunidad de Crear / apoyar / sostener sistemas “abiertos” de salud (u-salud)

1. Crear / apoyar / sostener programas de investigación novedosos e importantes para la gente (más que proyectos)
2. Crear / apoyar / sostener esfuerzos de e/m/u-salud a escala

IDRC apoye con financiamiento, redes de contacto y difusión, proyectos de implementación de eHealth para demostrar beneficios y replicarlos

Invertir en crear capacidad local en tecnologías e investigación de eSalud

IDRC mi recomendación es analizar y detectar cuáles son las prioridades en salud en los próximos años (epidemias), y apoyar las investigaciones que permitan favorecer su control aplicando TICs que puedan generalizarse y aplicarse a diferentes zonas y patologías

Mi recomendación es que ayuden / apoyen a identificar elementos que contribuyen a la sostenibilidad (a través de financiamiento de proyectos) y a incidir en los gobiernos que salud electrónica es importante

Continuar con el buen trabajo e invertir en iniciativas que faciliten el intercambio de lecciones aprendidas entre los proyectos que han apoyado y la creación de sinergias entre ellos

Continuar con:

- a) Ser participativos con los beneficiarios
- b) Considerar los proyectos como catalizadores de cambios más grandes y fomentar la colaboración, comunicación y disponibilidad de datos, y el desarrollo local demostrando cómo las normas abiertas (open standards) y código abierto han afectado a otros países, como Canadá, Brasil, y Australia, y con proveer financiamiento y asesoramiento a proyectos financiados por IDRC para usarlos y educar en LAC.

