Survey & Analysis: IT4UHC Challenges and Opportunities for South-South Collaboration

Kick-off Workshop

Marriott Sukhumvit Park 2013

Bangkok, May 16 -17, 2013

PROCESS REPORT

Kelvin Hui, GIZ Bangladesh
Jennifer Hennig, GIZ HQ
Jost Wagner, The Change Initiative

Bangkok, Thailand

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Preliminary remark about this report

Many comments and results will be incorporated into the study conducted by PATH. This report is only summarizing some of the information and outputs generated throughout the 1 ½ days. Furthermore, it provides an overview about the process. All power point presentations are available as separate documents. Please contact Mr. Kelvin Hui and Ms. Jennifer Hennig for further information if required. A small video is available at http://youtu.be/xr4OsOk1rGs.

Background

2010 was the year where a big push towards Universal Health Coverage (UHC) was made. Many key events contributed to the heightened awareness of urgently extending health coverage and financial protection, especially to the most vulnerable groups. Key among these events was the launch of the 2010 World Health Report entitled “Health System Financing: The Path to Universal Coverage”. The objective of reforming health systems to achieve universal health coverage is now very high on the agendas of many governments of developing countries and also development partners. Many countries around the world are exploring the introduction of a national social health insurance scheme as a strategy towards achieving UHC. As countries start to implement these strategies, a key obstacle will be operationalizing these political commitments.

A well designed social health insurance scheme cannot function without a good operating system. In Indonesia for example, the Jamkesmas scheme must handle almost 75 million beneficiaries and 1,100 service providers while the RSBY scheme in India has 120 million beneficiaries and over 4,000 service providers. The sheer volume of work and the complexity behind managing beneficiaries, claims (audit, payments), accounting and finance makes operating without the help of Information Technology (IT) impractical or even impossible. Besides enhanced work efficiency, operations based on a computerized system could also help prevent fraud and allow better financial management.

There are many other advantages of operating a social health protection scheme based on a computerized system such as increased transparency, improved planning and better decision-making based on accurate & timely data.

In 2009, the Rockefeller Foundation (RF) and other development partners recognized the importance of IT based on the discussions held within the Joint Learning Network for Universal Health Coverage (JLN\(^1\)). Information technology was one of the four tracks prioritized by JLN members, and the other tracks (on quality, provider payment, and expanding access) have all noted the importance of high-quality, timely and accurate information systems in furthering their own goals. The Rockefeller Foundation contracted PATH, in collaboration with PharmAccess and the Public Health Informatics Institute, to facilitate the JLN IT Track to develop generic systems design and requirements of an IT system to support health insurance operations.\(^2\) This is

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\(^1\) Additional information on the Joint Learning Network can be found at [www.jointlearningnetwork.org](http://www.jointlearningnetwork.org)

\(^2\) This initiative follows a similar successful effort in the field of Logistics Management in Health. Outputs of this can be found at [http://www.path.org/publications/detail.php?i=1865](http://www.path.org/publications/detail.php?i=1865).
done through analysis of multiple countries and determining common requirements that are shared across them. German funded GIZ projects in India and Indonesia contributed with inputs on health insurance work processes in their respective countries. The output from this initiative is open source and countries can freely adapt and use the generic systems design.

GIZ, also part of the JLN, has bilateral Health and Social Protection Programs in a number of countries which are not part of the JLN and recognized the need to facilitate access to learning and tools and contribution to “public goods” in these countries. More needs to be done now at the early stages where there is biggest potential for positive impact, as IT systems for Social Health Insurance are difficult to be changed/improved once they become operationalized.

Because of this rationale, GIZ Social Protection division through the initiative “Global Alliances for Social Protection” commissioned a survey on “IT for UHC: South-South Collaboration and Learning Opportunities and Challenges” to PATH, which will help inform GIZ’s future strategy on South-South Learning regarding this topic. The survey will be conducted in the following countries where GIZ is working:

- Bangladesh
- Cambodia
- Indonesia
- Mongolia
- Nepal
- Pakistan

Additionally, the study will include the following countries but with a different interest; namely to what degree would these countries be willing to share their experience and knowledge through a south-south learning initiative. Also, what are the enabling mechanism which may promote sharing of experience and knowledge from these more advanced countries? The identified resource countries are:

- India
- Philippines
- Thailand
- Taiwan
- S. Korea

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Workshop

Information Technology (IT) for Universal Health Coverage was discussed prominently during the event “Moving toward Universal Health Coverage - Learning through South-South Partnerships” organized in Kathmandu last year. As a follow up, GIZ (Competence Center Social Protection and Health Programme Bangladesh) in collaboration with the JLN IT track organized a 1 ½ day workshop that brought together 31 participants from 10 Asian countries to share their experiences. Participants came from several Asian countries in which GIZ is active in the area UHC, from countries that are very advanced in the area IT4UHC (such as Thailand, Korea, Taiwan) and from other development partners (KOICA and Rockefeller). KOICA jointly supported this event in Bangkok with an expert presentation and prominent participation of representatives from its KOICA Kathmandu and Manila office.

Objectives of the workshop:

✔ Knowledge sharing and peer to peer support.
✔ Provide information and orientate stakeholders on the study.
✔ Jointly identify additional stakeholders within each country who could be approached for providing further information to the survey.
✔ Develop information collection strategy in consensus with in-country participants for each country and determine assistance that can be provided by GIZ in-country project staff member.

Day 1: May 16

The workshop started with a welcome by Ms. Jennifer Hennig followed by the facilitator, Mr. Jost Wagner, who gave a short outline of the program. He pointed out that the program is flexible according to the needs and energy of the participant and has various inputs and various interactive sessions.

Mr. Kelvin Hui explained why GIZ as an implementing agency of the German government is interested in supporting IT4UHC. He then elaborated on the objectives of the Survey & Analysis commissioned to PATH.

Ms. Kate Wilson thanked all the participants to answer the online survey and gave a quick overview about the scope of the study. She also explained the Process Framework using the following picture developed by the Joint Learning Network:
After these introductory remarks a number of case studies were presented followed by a short Q & A session. **Dr. Yolsilp Suchonvanich**, National Health Security Office presented the Thai model. The case of South Korea was presented by **Jeong-sik Yoon**, Health Insurance Regulatory Authority and specifically on the protection and use of Big Data in S. Korea by **Dr. So Yoon Kim**, Yonsei University. Taiwan was presented by **Dr. Sun-Hua Chen**, Bureau of National Health Insurance and questions were jointly answered by him and his colleague **Ms. Yenhsiu Liu**. After lunch **Dr. Nishant Jain** presented the RSBY model from India.
Prior to the first interactive session, **Ms. Caren Alhauser**, consultant to PATH presented some first findings of an online questionnaire regarding the technical assistance requirements of countries:

**Scheme Policy:**
- How to build an IT plan for national health insurance scheme
- Health Data Dictionary
- Adopting standards and interoperability
- Mobilizing political will or policy commitment
- Data security and patient privacy policies

**Fundamental System Factory:**
- Documenting business processes and system requirements
- eClaims
- Smart cards

**Analyzing Performance:**
- Data and reporting / Business Intelligence tools

**Fund Management**

**General:**
- Building country capacity in health IT
After the presentation participants from the various countries were clustered into two groups in order to cross-check with these first findings.

Group 1: Korea, Taiwan, Thailand and Mongolia
Group 2: Nepal, India, Bangladesh and Pakistan

Each group tried to discuss their top 3 most pressing IT issues of their own countries and determine similarities. These were the outputs from the groups as the most pressing IT4UHC topics:

Thailand:
1. Interoperability to exchange data among stakeholders
2. Standard terminologies e.g. drug codes

Korea:
1. Standards of terminologies
2. Counterfeit drugs

Nepal:
1. Design of IT System for Health Insurance
2. Funding Hardware / Software – Purchasing and Maintaining
3. Human Resources and Capacity Building
4. Linking Existing Systems
India:

1. Data Security
2. Health-related Data on Smart Card
3. Health Data Dictionary

Pakistan

1. Political will and investments for IT
2. Registration of different registration databases (poverty + namecards + institutions)
3. Documenting business process + technical specifications
4. Building capacities to develop and implement IT4UHC

Taiwan:

1. Privacy

Bangladesh:

1. IT strategy plan: cost-effective solution, capacity development, open source, privacy of data
2. Adopting standards and inter-operability
3. Learning from other countries / assistance

Mongolia:

1. Real-time web-based software for collection, payment
2. IT plan / Capacity (training), internet access in rural area, e-health (IT in providers)
3. E-Card Health Insurance (design)
4. No experience, decision over developing own system or purchase
5. Capacity to develop own software or purchase suitable technology

Philippines:

1. Governance and Leadership,
2. Capacity for IT integration Social Health Insurance, UHC
3. Inter-operability of systems, standards (were just lately defined)

In the last session the group decided to organize a peer-to-peer learning. Three people or countries could be problem holder and everybody else acts as an advisor/consultant.

The following three topics were discussed:

1. Developing a national IT strategy (Bangladesh)
2. Smart Card (Mongolia)
3. Process / Business Plan
In the following debriefing problem holders rated this approach as extremely helpful. This concluded Day 1.

**Day 2**

**Stakeholder mapping**

The morning started with a request by the organisers to develop a stakeholder map. This exercise would be helpful to the researchers to ensure to address and contact all relevant stakeholders in each country. Kelvin Hui gave an example of such a stakeholder map. Each country group was invited to use either the flipcharts or a template on their notebook. Please see two examples in the annex. For other stakeholder maps please contact the respective countries.
In the final session the facilitator invited participants to discuss in smaller groups the following questions:

- How can we bring the topic IT4UHC forward in the region?
- What can each country and each organisation bring to the table?
- What can we take out of it? What kind of concrete knowledge sharing mechanism can be feasibly established?

The following four groups were formed:

**Group 1: Nepal, Bangladesh, Pakistan**

- Organise similar events, e.g. – tailor made for different countries
- Visit “real” systems while in another country, e.g. Thailand
- Have more “mixed” delegations from countries, e.g. policy makers, managers and IT specialists
- Stocktaking of initiatives / country & regional level
- Develop a forum / blog
- Share new a) developments b) innovations c) experience/lessons learnt d) challenges e) pool of experts f) actuarial model g) business processes (IT) h) sectorial liability agreements
• Organize meetings/events on IT4UHC in the country (follow-up), preparation of next multi-country meeting

Group 2: Nepal

• Help on decision around patient enrollment
• National ID card focus, focus is on adults but UHC needs focus on children
• Need helpful system – not just IT – that comes next
• Public Education – What is UHC
• How we strengthen the existing plans (voter card) - Nepal
• Understand different technological capabilities (smart card technology)
• Ideas on how to engage the IT sector
• Design SW requirements
• Enterprise architecture for country – not just – UHC
• Make topic broader, more than UHC IT

Group 3: India, Philippines, Mongolia

• Keep talking to increase awareness
• Google groups to bring people together
• Factsheets on UHC (IT) regarding country progress for comparison
• JLN – facilitate access to tools that have been created by JLN for non-JLN countries, tools alone not enough facilitation on how to use them needed (Philippines)
• What we can offer to other countries:
  o Consensus building on long term policy for SHI (Mongolia)
  o Business plan to change SHI into active purchaser (Mongolia)
  o Interoperability & Standards (Philippines)
  o Smart card platform (India)
  o Developing from documentation (India)
  o IT awareness among policy makers (Philippines)
  o Governance discussions (Philippines)
• What we would like to learn from others
  o Smart card IT master plan (Mongolia)
  o Data privacy (India from Taiwan)
  o Storing health data on smart card (India)

Group 4: Thailand, Taiwan, Korea

• Bring in topics that more advanced countries have experience with (e.g. patient privacy protection, data security)
• Meeting Format, grouping by level of countries (just beginning vs operating vs advanced), pre-preparation of topics
• Good sessions which were appreciated during workshop: Peer Consultation, open space, suggestion: Site visits
• Have a Core group but: meetings can also involve different stakeholders: Academician, Ministry ICT, Finance Ministries, etc.
• Build on existing platforms such as AeHIN and JLN?
• Don’t limit topic to IT4UHC, but IT4UHC(+)
Appendix A: Participants List

Bangladesh
Ministry of Health & Family Welfare
Ahmed Latiful Hossain
System Analyst
latifulhossain@gmail.com

Bangladesh
GIZ
Kelvin Hui
Technical Advisor
kelvin.hui@giz.de

Bangladesh
Ministry of Health & Family Welfare
Md. Asaduzzaman Siddique
Assistant Programmer
asadfs03@yahoo.com

Bangladesh
GIZ
Paul Rueckert
Principal Advisor
paul.rueckert@giz.de

Germany
GIZ
Jennifer Hennig
Planning Officer
jennifer.hennig@giz.de

Germany
GIZ
Roland Panea
Advisor – Systems of Social Protection
roland-panea@giz.de

India
GIZ
Shakeel Ahmad
Expert on Social Security Extension
Shakeel.ahmad@giz.de

Korea
Health Insurance Review & Assessment
Jeong-sik Yoon
Deputy Manager, International Cooperations department
Jsyoon3@hiramail.net

India
GIZ
Nishant Jain
Deputy Programme Director
nishant.jain@giz.de

Mongolia
Social Insurance General Office
Tsetsegmaa Urtnasan
Director General
urtnasan.ts@ndaatgal.mn
Korea
Health Insurance Review & Assessment
Doo-hwan Jung
Assistant Manager, IT department
doohwan@hiramail.net

Korea
Yonsei University
KIM So Yoon
Associate Professor
syoonkim@yuhs.ac

Mongolia
Social Insurance General Office
Dashdorj Batsaikhan
IT manager for health insurance
batshn@gmail.com

Nepal
GIZ
Franziska Fuerst
Technical Advisor
franziska.fuerst@giz.de

Nepal
Ministry of Health and Population
Mukti Khanal
Chief of HMIS Section
muki_khanal@yahoo.com

Nepal
Koica Nepal
Sangbaek Park
Deputy Representative
gkr800507@gmail.com

Pakistan
GIZ
Imran Durrani
Technical Advisor
durrani.imran@giz.de

Philippines
National Telehealth Center, University of The Philippines
Portia Fernandez-Marcelo
Director
portiamarcelo@telehealth.ph

Taiwan
Bureau of National Health Insurance
Ms. Yenhsiu Liu
Associate Researcher
yenhsiu@nhi.gov.tw
Koica Philippines
Kim Young Ran
Senior Deputy Resident Representative
elenakim@koica.go.kr

Thailand
Health Systems Research Institute
Boonchai Kijsanayotin
boonchai@hsri.or.th

Thailand
The Change Initiative
Jost Wagner
Facilitator and Process Consultant
jw@change-initiative.com

USA
PATH
Kate Wilson
Consultant
kwilson@path.org

Bureau of National Health Insurance
Dr. Sun-Hua Chen
Chief
harrysun@ nhi.gov.tw

Thailand
National Health Security Office
Dr. Yolsilp Suchonvanich
yolsilp.s@nhso.go.th

USA
PATH
Caren Alhauser
Consultant
calthauser@path.org
### Appendix B: Updated program

**Day 1: 16 May 2013**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:30</td>
<td>Registration of participants</td>
</tr>
<tr>
<td>09:00</td>
<td>Opening, Kelvin Hui &amp; Jennifer Hennig, GIZ</td>
</tr>
<tr>
<td>09:05</td>
<td>Introduction of the moderator &amp; participants, Jost Wagner</td>
</tr>
<tr>
<td>09:30</td>
<td>Introduction to the IT4UHC TA survey, Kelvin Hui &amp; Kate Wilson</td>
</tr>
<tr>
<td>10:00</td>
<td>Case study on IT4UHC – Thailand, Dr. Yolsilp Suchonvanich, National Health Security Office</td>
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<tr>
<td>10:30</td>
<td>Coffee Break</td>
</tr>
<tr>
<td>10:50</td>
<td>Case study on IT4UHC – S. Korea, Jeong-sik Yoon, Health Insurance Regulatory Authority</td>
</tr>
<tr>
<td>11:20</td>
<td>The protection and use of Big Data in S. Korea, Dr. So Yoon Kim, Yonsei University</td>
</tr>
<tr>
<td>11:50</td>
<td>Case study on IT4UHC – Taiwan, Dr. Sun-Hua Chen, Bureau of National Health Insurance</td>
</tr>
<tr>
<td>12:30</td>
<td>Network Lunch</td>
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<tr>
<td>13:45</td>
<td>Case study on IT4UHC – India, Dr Nishant Jain, GIZ India</td>
</tr>
<tr>
<td>14:15</td>
<td>Initial survey findings &amp; issues spotlight, Caren Althauser, PATH</td>
</tr>
<tr>
<td>14:30</td>
<td>Breakout session: Country reflections on case studies. <strong>Purpose:</strong> Discuss which are the most pressing IT issues for my country’s development towards UHC <strong>Outcome:</strong> Top 3 most popular issues to be taken up for a deep dive</td>
</tr>
<tr>
<td>15:15</td>
<td>Coffee Break</td>
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<tr>
<td>15:30</td>
<td>Presentation in the plenary by the 3 groups</td>
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<tr>
<td>15:50</td>
<td>Breakout session: Peer to Peer Consultation on identified top 3 topics</td>
</tr>
<tr>
<td>16:30</td>
<td>Presentation in the plenary by the 3 groups</td>
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<tr>
<td>16:50</td>
<td>Wrap up of day</td>
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<tr>
<td>17:00</td>
<td>End</td>
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</table>
## Day 2: 17 May 2013

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:00</td>
<td>Outlook for the day, <em>Jost Wagner</em></td>
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<tr>
<td>09:10</td>
<td>Breakout session: <em>IT4UHC Country Stakeholder Mapping</em></td>
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<tr>
<td></td>
<td><strong>Method</strong></td>
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<tr>
<td></td>
<td>• 11 individual country groups</td>
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<tr>
<td></td>
<td>• Stakeholder Mapping tool (briefing will be provided)</td>
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<td></td>
<td>• GIZ in-country colleagues will facilitate their country teams</td>
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<tr>
<td>10:00</td>
<td>Gallery Walk for country’s stakeholder map (As example, 3 volunteer countries only)</td>
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<tr>
<td>10:30</td>
<td>Coffee Break</td>
</tr>
<tr>
<td>11:00</td>
<td>Breakout session: <em>Explore Technical Assistance Needs</em></td>
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<tr>
<td></td>
<td><strong>Method</strong></td>
</tr>
<tr>
<td></td>
<td>• Breakout to 4 groups</td>
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<td></td>
<td>• Guiding questions:</td>
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<tr>
<td>12:00</td>
<td>Presentation in the plenary by the 4 groups</td>
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<tr>
<td>12:45</td>
<td>Next steps in the TA needs survey, <em>Caren Althausser &amp; Kate Wilson, PATH</em> &amp; Next steps for the IT4UHC initiative by GIZ (<em>Kelvin Hui &amp; Jennifer Hennig</em>)</td>
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<tr>
<td>13:15</td>
<td>End of workshop &amp; Lunch</td>
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</tbody>
</table>
Appendix C: Stakeholder Maps (Examples)

 Country: Bangladesh

[Stakeholder map image]
Country: NEPAL

Diagram:

- State
- IT4UHC
- Civil Society
- Others/Private sector
- Ext. Dep.