

A REPORT OF THE TECHNICAL MEETING OF GOVERNMENT OF NIGERIA AND PARTNERS ON HEALTH ICT

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Date: 9th July, 2015

Venue: Ballroom 1, Ladi Kwali Hall, Sheraton Hotels and Towers , Abuja.

Meeting Objectives:

- Present the Health ICT Vision, Plan and Theory of Change
- To build consensus around the costed plan
- Create Networking opportunities around Health ICT

Immediate Next steps

- All Participants and invitees to send organizational feedback on the following by 27th July 2015:
 - Health ICT Strategic Framework
 - Integrated Action Plan
 - Budget
- The Framework development team will capture comments and share drafts on or before 10th August 2015.

DETAILED MEETING NOTES

Meeting proceedings started at 10.07am with the head of ICT-FMoH welcoming everyone present. He thereafter invited the Director, eGovernment of the Federal Ministry of Communication Technology ably represented by an Assistant Director, in the Department to make some opening remarks.

DIRECTOR eGovt-FMCT Opening Remarks

The Director of eGovt' s appreciated the efforts of donors, partners and all stakeholders for the great job done so far.

He highlighted the importance of ICT in health management especially in the model collaboration between the ministries of Health and Communication amongst other partners. He introduced the prepared draft copy of the strategic framework for eHealth and posited that it was time to seek relevant alignment & funding to support strategic implementation of ICT in health. He concluded by welcoming the participants to the day' s session.

DIRECTOR DPRS-FMOH Opening Remarks

The Director of Planning, Research & Statistice FMOH drew attention of participants to the technical nature of the days' meeting as she sought the commitment of participants in doing justice to the draft health ICT framework in Nigeria.

In her words, the draft Health ICT Framework document was predicated on the Resolution 158.28 of the World Health Organization, WHO. The resolution was to be adopted and domesticated by Nigeria. She listed some important expected outcomes from the meeting to include:

- Ensure the National Health policy under review has an eHealth component
- Highlight important areas to be captured for the National Health policy under review
- Realize that eHealth is a tool to achieving Universal Health Coverage, UHC
- Ensure every stakeholder has been consulted
- Realise that Government alone cannot achieve UHC to the extent sought
- Realise eHealth is a strong part of health delivery that the private sector can invest in and help drive
- Realise eHealth is one area that can be used in mobilizing states

All these, in her opinion were critical to the success of the meeting. Interestingly, she referred stakeholders to the recently signed National Health Act and was surprised many in the audience were not aware it had been signed let alone reading the document itself. This, she continued spoke volumes on the need for concerted efforts by all to develop the framework for operability.

In strengthening her position, she alluded to the use of ePlatforms by President Obama of the United States in mobilizing Americans to his election cause. In the same way, he advocated the use of such platforms in achieving health access with the consequent effect of moderating the attitude of care providers knowing the implications of public scrutiny on such platforms. It was her hope that from the meeting, all stakeholders would have bought in to the draft framework before a mechanism would be developed to send it across State Councils of Health for adoption and finally sending it before the National Council on Health, NCH. She stressed that the emerging document should have the imprints of all stakeholders and not just the Federal Government. She explained that this will ensure it would be nationally acceptable upon passage by the NCH. She quickly pointed out that the FMOH provided a chapter in the Health Act on technology. She went on that the idea was to operationalize the Act.

Furthermore, she emphasized the need to advocate ICT for health as a whole and not just for saving one million lives. This was important in planning and cost development for the framework document. In her closing, she promised her continued support (in her official capacity) to ensuring proper work on the framework and leading the way in actualizing it' s implementation.

INTRODUCTION

The Head of ICT-FMOH, recognized the presence of the Director, PHC Project Development, National Primary Health Care Development Agency. He equally introduced the CEO of Vital Wave to facilitate subsequent sessions.

Brooke Patridge gave a rundown of the agenda and sought for formal introduction of all participants. The introductions revealed participants were drawn from several state and non-state actors including NACA, NITDA, PHC, NHIS, FMCT, NCC, WHO, USPF, UN Foundation, ICT4SoML, NPHCDA, CIDA, USAID, Vital Wave, amongst others.

PRESENTATIONS

Background

With the introductions over, a senior project manager at the UN Foundation gave a brief background on the partnership supporting the development of the Health ICT Framework. Her brief remarks highlighted:

- SoML was launched in 2012 to scale up health services and commodities for women and children
- SoML prioritized ICT services and platforms to save one million lives. UN Foundation (then mHealth Alliance) was invited by then Minister of state for Health Dr. Mohammed Pate to strengthen the enabling environment for application of ICTs for saving lives
- Support development of strategies, frameworks and guidelines needed to maximize the potential of ICTs to save lives

Health ICT context

The project manager ICT4SoML presented the Health and ICT context of the work done. His presentation centered on two key areas – Population and Health status as well as the National ICT status.

He made a graphical presentation of startling figures of health indicators. Similarly, he painted a picture of a geometric increase of ICT in the past decade. However, he presented an inverse relationship currently existing between a high ICT penetration rate and low eHealth application. Explaining that the eHealth environment was simply not growing at the same rate as ICT penetration.

Framework Development process

The ICT4SOML Country Director was introduced to run participants through the framework development process.

His presentation walked participants through the 3 phases of the development process (Phase 1–National Health ICT vision; Phase 2–National Health ICT Action plan and Phase 3–National Health ICT Monitoring and Evaluation). He further explained that over 190 stakeholders collaboratively worked on the 3 phases which delivered the draft document being presented. He seized the opportunity to thank every stakeholder who had contributed in bringing the framework to its draft stage.

Health ICT Strategic Framework

The Head of ICT-FMOH presented the highlights of the draft Health ICT Strategic Framework, highlighting the three [3] sections of the document. These are: Health ICT Vision; Health ICT Action Plan and Health ICT M&E Plan

He went on to itemize the recommended components of the Health ICT enabling environment according to the “WHO-ITU National eHealth Strategy Toolkit” (Leadership and Governance - described as a central part of the framework; Strategy and Investment; Legislation, Policy and compliance Architecture, standards and interoperability; Capacity building; Infrastructure: minimum infrastructure defined and Solution [services and application]) and related these to the recommendations that evolved into the Action plan. A key recommendation was the creation of a Health ICT governance/operational structure.

He also presented the “Theory of change” depicting the roadmap to achieving UHC through targeted investment and implementation of the proposed plan.

In his overview of action plan specific activities and the time frame for completion were divided into three [3] phases: Phase 1: Set up (Year 1); Phase 2: Development (Years 2 - 3); Phase 3: Maintenance (Years 4 - 5). The last slide in his presentation provided a brief highlight on the M&E plan in the strategic framework.

Action Plan and Budget Summary

The Head of Health Financing in the FMOH, presented the action plan and the budget summary. He walked the meeting through as follows:

- Integrated Action plan
- Overview of action plan activities
- Summary budget

He emphasized the difficulty of working to arrive at a budget for implementation of the framework. In conclusion, he introduced Olasupo Oyedepo, Emeka Chukwu, and Adeleke Balogun as colleagues who had also worked on the document and were competent to answer questions, as he had to leave for another meeting immediately.

Question and Answer session

The budget presentation was closely followed by the question and answer session. The moderator categorized the questions into two - Governance question and technical questions.

ANNEX

Annex 1: Q&A

The questions asked were as follows:

Who developed the framework?

The Head of ICT FMOH responded to the question that the FMOH and FMCT worked collaboratively with stakeholders - within & outside government - to develop the Health ICT Framework

What role for states in the process?

The director planning of the FCT Health services, Dr. kawu in his contribution stated that looking at the framework, the states did not have much to do with it's development, about 50% of the adoption was to come from the states and their input had been largely absent. He reckoned it would not be easy to carry them along but leaving them completely blank would not be good.

Head of ICT FMOH responded by telling all that plans were underway for states to make input before the framework is adopted or ratified. In his own words "... the document would be sent to the different state commissioners ...", and the team has also planned sensitization visits to the states. Dr. Kawu, Director, Planning, FCT Health services lent his voice on the need for input from states, the creation of a structure in the states headed by the Commissioner for Health with other members specified to avoid political considerations in selecting members for the group.

How often would the governance structure meet?

Head of ICT FMOH responded that it was planned that the steering committee would possibly be meeting on a quarterly basis, technical committee would meet more often on a monthly basis, and the expert working group would meet even more often than the technical committee. There would also be a project management office to oversee the day-to-day operations and activities.

Would it be easier to push through the actual plan through the instrumentality of the Health ICT fund rather than the project management office as specified in page 45 of the framework. The project management office at best would be good in monitoring and evaluation of the performance of the implementation of the actual plan. This was driven by the model of the Nigeria communication Act 2007 which provided for the set-up of the Universal Service Provision Fund under the supervision of the Nigeria Communication Commission, NCC with some levels of

independence to intervene through projects as distinct slightly from regulation of the industry. They are looking towards the fusion of ICT and health.

Olasupo Oyedepo responded to the issues raised by Shafi, the USPF representative in the following succinct manner:

- The document is a draft and makes no specific identification of what the Special Purpose Fund would do, but stakeholders may wish to elucidate clearly that the fund has responsibility of implementing while the PMO has monitoring oversight.
- The draft document presented arose out of the collaborative work of a plethora of stakeholder which embodies the sum of their experience
- Stressed that the community of practice would meet the next day to further brainstorm on the issues.
- He reiterated the need for socialization amongst stakeholders.

What role for CSOs and NGOs in the process, particularly in filling in the gaps on the dearth of knowledge of provisions of the National Health Act as passed.

Emeka Chukwu, ICT4SoML in his contribution re-emphasized Olasupo Oyedepo's information on the Community of Practice (which is composed of stakeholders including several NGOs & CSOs) meeting the next day stressing that a monthly meeting of the Community of Practice had been factored into the framework document. He also mentioned that a wide plethora of NGOs would be consulted in the prioritization of services and applications amongst other activities.

Emeka Chukwu reported the existence of about 6 technical working groups, TWGs and more could be created if the need arose. Another speaker, Adeleke Balogun, FMOH sought for a clear assignment of specific roles and responsibilities to the different NGOs, CSOs based on their area of expertise.

A question arose on the purpose of the day's meeting.

Mr. Adeleke Balogun responded saying by the meeting was important as it sought to present the document, state its function, gather the needed input, accept the document as a worthwhile one, consider the Action plan and budget.

He summarized thus:

1. Need for input from stakeholders and partners
2. Stakeholder engagement
3. Connecting health outcomes in ICT impact.

Do stakeholders not require time to study the framework document prior to making input?

Olasupo Oyedepo responded that it never was the intention to present the draft framework and then conclude discussion on it at the meeting. Rather, it was presented to again valuable reaction from stakeholders who will ultimately improve the document and initiate the process of collecting feedback.

How can the Health ICT Framework help in lowering maternal death?

Dr. Ime Asangansi of ICT4SOML answered the question with a reference to the “Theory of change” which showed the role of ICT in lowering the maternal mortality rates.

Other questions on the technical aspects of the framework were:

- What about integrating LMIS?

How does the execution plan at the state level differ from that at the Federal level?

Head of ICT FMOH responded by saying priorities varied among states and the federal level. He explained that technical assistance would be provided to the states to work on & develop action plan based on their own peculiarities.

What in the interoperability of the framework with existing platforms such as DHIS?

Emeka Chukwu shed light on this stating the framework wasn't hinged on any particular system but DHIS as an examples is a system and service running in the country. It is expected that it would be considered – alongside other applications – in the prioritizations of services and applications.

What in the plans for data storage and disaster recovery?

Again, the document makes no specific recommendation but storage and disaster recovery are covered in the relevant sections on data use, storage & retrieval. Adeleke Balogun emphasized the stance of the government in avoiding duplication of ICT as it relates to security, this led to the adoption of shared services (such as provided by Galaxy Backbone Limited) to support and interface all sectors from health, agriculture, security.

What is the improved service delivery plan for data collection for primary health care level?

Steve Uduh of NPHCDA responded to this question. He emphasized that standards to ensure accuracy, timeliness and a standardization of data collection format and reportage.

What are plans for securing funding for the implementation of the plan?

Adeleke Balogun clearly puts it beyond the purview of the meeting. It is a high level discussion as only the Honourable Minister or Permanent Secretary of the ministry would be able to answer the question. This meeting was geared towards adopting the draft framework.

Olasupo Oyedepo in contributing advocated stakeholders contribution to funding technology applications in health. He pointedly referred to page 19 of the draft document which speaks to existing services including rural internet coverage for PHCs, etc are some roles agencies can adopt to help.

The USPF representative re-emphasized the need for securing adequate funding as implementation would be more affective if the line of funding was secured. In the same vein, he thinks the budget presented was too low for our environment and should be upscaled.

Adeleke Balogun, FMoH explained that the mechanism for implementation had already been set up by government, with the National Health law as the operational platform of the Framework.

Emeka Chukwu, ICT4SoML cleared the air on the budget figures. He stated that from the phase II of the plan, the figures presented included some yet to be determined values particularly in the services and application and Infrastructure sections of phase 2 and phase 3 of the budget.

The draft framework presented was a zero draft and work would continue on it in the coming weeks.

Olasupo Oyedepo acknowledged the following:

- The draft document presented was by no means completed as collaborative efforts were still ongoing and apologies to any organizations/individuals not acknowledged in the draft.

- The incomplete nature of the document could partly be due to incomplete information at the time of collection. No conjecture was done to avoid setting the project up for chaos.

Responsibilities have to be assigned. Other comments made were equally summarized below:

- comments/criticisms on how the budget matches to the activities were welcome & could be channeled to Mr. Adeleke Balogun (RM 803, FMOH) or Engr. Olufeko (Ground floor FMCT), both in the Federal Secretariat complex
- Suggestions made for a co-ordinated response to queries/questions with a time frame allotted to it. Olasupo Oyedepo promised participants that would be worked out and sent across via e-mails or telephone calls.
- Chucks, NITDA hailed the document as a quality one.
- Olasupo Oyedepo advocated a reading of the three documents to make a sense of all said.

At this point, Brooke Partridge, CEO, Vital wave took over. In her discourse on priority next steps, she highlighted the following:

- Continued budget review and refinement
 - Line the review budget for feasibility [WPF/NCC]
 - Begin funding discussion [NPC/DPC]
 - Address questions on state level involvement
 - Clarify and finalize governance
 - Structure for continued discussion, workshops, individual meetings
- These priority next steps are important to get the team in a comfortable position.

Olasupo Oyedepo was invited to give the closing remarks. He summarised thus:

‘ ‘ we have heard a number of views, not all aligned but all not necessarily divergent. Enrichment, operationalization, refinement is the loud statement of all speakers.’ ’

In thanking stakeholders and all present, he reiterated the efforts at setting this up. He acknowledged every single individual, group who supported and committed to the task. With a promise to share materials from the meeting with participants (via e-mail & dropbox) by the next day.

The co- host, Engr. Femi Feko, representative of the Director, eGovernance of the FMCT was invited to close the programme at 1.20pm. He sought a participant to pray at Christian prayer. The session was rounded up with lunch at 1.30pm.

Annex 2 : List of Participants

S/N	NAME	DESIGNATION	ORGANIZATION
1	Alvin Marcelo	ACHIN	ACHIN
2	Ken Warman	Sr. Program Officer	BMGF
3	Martin Osubor	Devt Officer	DFATD
4	Dr. Ini Ekong	DO eHealth	FCT N
5	Dr. M. B. Kawu	FCT Director	FCTA
6	Abdulrahman Iliya Baau	System Analyst	FMCT
7	Olufeko Olufemi	AD (eGovt.)	FMCT
8	Dauda Samson Ovedooh		FMCT
9	Otavie Stevens	Sr.System Engr	FMCT
10	Onwukwe Chisom Joy	System Analyst	FMCT
11	Titlayo Osinubi	CS-(eGovt.)	FMCT
12	Mr Emmanuel Ante	Comp. Analyst	FMCT
13	Adeleke Balogun	Head (IT)	FMOH
14	Rosemary Oyewole	ICT	FMOH
15	Dr.Francis Ukwuije	Sr. Health Economist	FMOH
16	Akintomide Alex	Assistant Director	FMOH
17	O. A. Owolabi	AD (FED)	FMOH
18	Dr. Welle S. C	Sr.Medical officer	FMOH
19	Dr. NRC Azodoh	Director HPRS	FMOH
20	Valentine	Reporter	Global news
21	Friday J. Achimugu	DPO	Health
22	Samson Bamidele	SPO (M&E)	HERFON
23	Emeka Chukwu	Project Manager	ICT4SOML
24	Salama.A Oseghale	Comm. Associate	ICT4SOML
25	Ime Asangansi	Support	ICT4SOML
26	Badanga Ahmed	MD/CEO IOSAFE	IOSAFE NIG.
27	Josephine Kalu	Deputy Director	NACA
28	Kudumi Huck	Head MIS/IT	NACA
29	Dr. S. B. Adebaye		NAFDAC
30	Olufemi Balogun	Head ICT	NAFDAC
31	Mrs Adeole Oyelede	CRO	NAFDAC
32	Agim B.A	AD	NAFDAC
33	Kelechi Nwankwo	Head SCDM/USPF	NCC

34	Benson Kekeocha	Deputy Manager	NCC
35	Joseph Amakurugbmwo	AGM ICT	NHIS
36	Mary Utor	SM ICT	NHIS
37	Okechukwu Chinelo	Manager ICT	NHIS
38	Kenneth Okereafor	AGM-ICT	NHIS
39	Chris Onyemenam	DG/CEO	NIMC
40	Dr. Robert Attuh	Head, 3DCS	NIMC
41	Dr. Nkem Momah	Coordinator MTDA	NITDA
42	Chuks Onuoha	TA-DG	NITDA
43	John Chime	Head Partnership	NITDA
44	Winifred Onwuka	Program Analyst	NPHCDA
45	Steve Felix Uduh	Program Analyst	NPHCDA
46	Dr. Nnenna Ihebuzor	Director PHCSO	NPHCDA
47	Michael Ajuluchuku	Medical Officer	NPHCPA
48	Kemi Olagun	Program Analyst	NPHCPA
49	Jonathan Payne	Sr. Technical Adviser	UNF
50	Carolyn Florey	Sr. Manager	UNF
51	Dr. Mounkala Billo	Sr. Health Ad.	USAID
52	Ikenyei Uche	M&E Specialist	USAID
53	Akin Atobatele		USAID
54	Shafii Ndanusa	SM- USPF	USPF
55	Noble Ekajeh	Sr. Consultant	Vital Wave
56	Brooke Partridge		Vital Wave
57	Mayowa Alade	Consultant	WB
58	Suleiman Aliyu	NPO IDSR/HE	WHO
59	F. Mustapha	Consultant	World Bank
60	Ifunanya Amobi	Admin Support	
61	Julius Phillip	Note Taker	