

Report - Forum on Telemedicine Awareness in Ghana

The Ghana Information Network for Knowledge Sharing (GINKS) organized a forum on Telemedicine on Thursday, May 12, 2011. This forum was designed to serve as a medium of educating and enlightening medical practitioners on some of the current trends in Telemedicine practices and show case some of the innovative ways of using telemedicine to cure patients in other part of the world.

The assistant Co-ordinator of GINKS Mr. Joseph Kpetigo opened the meeting by welcoming and facilitating the introduction of participants.

Welcoming the participants, Mr. Ibrahim Inusah (Co-ordinator of GINKS) thanked the participants for attending the forum. He stated that people and professionals from all walks of life (including medicine) must accept and embrace ICT as the new frontier, because the role of ICT in the advancement and effectiveness of every aspect of social relations today cannot be over-emphasized. He said that he hoped that the discussions on telemedicine will encourage every practicing and aspiring medical practitioner to get involved in using ICT as the all important tool for development. He then shared some vital information with the participants about GINKS, which among other things is a network of individuals and organizations that use ICT as a tool for development. He invited everyone to be members.

Speaking on the Ugandan Situation in telemedicine, Dr. Richard Boateng from the Pearl Richards foundation, gave a brief background of tele-medicine as one of the ways through which we use technologies to deliver medical services. E.g radio technologies, video conferencing (both for research and doctor-patient communications). He added that the use of mobile phones is one of the most vibrant tele-medicine tools in the developing world and used the Ugandan situation as a point of reference. He however submitted that technology is not the issue and thus does not go to the root of the challenges in the delivery of medical services in Ghana (Africa). According to him, when we notice the rate at which any technology tool is advancing, the intelligent question to ask, is how can we harness that tool in order to make it relevant in the delivery of health care and other issues. He added that mobile phones could be used to delivery information from a data base which contains all the names and address of all the hospitals in that country, but doubted the possibility of prescribing medication on mobile phones.

Challenges

1. Misconception of the platform... the platform in Uganda was called google sms, instead of giving it a name within the 37 languages of the Ugandan people. It sounded like an internet application. If you want the people to use the platform beyond the elites, then it must have names peculiar you to the people. This makes you wonder who the development for?
2. There was no entertainment dimension/feature in order for the people not to be bored about it.
3. The platform is too restrictive... mtn seemed to be the only platform upon which the google sms advances.

4. There is also the issue of cost of the maintenance, especially seeing that a lot of mobile phones are in the hands of the young people or are unemployed.
5. The initiators of the project were not willing to share the information because of the private nature of the culture, and data is never released until after at least 3months

Discussion: Dr. Richard shared a few thoughts to which some of the participants responded to. These include

- Whose development is it? We must stop waiting for the West to come and advance things.
- Sustainability dilemma – no link to the local team. It is an African project and there was no one locally keeping the work going on ground; and when the West goes, the project falls apart because there is no local people trained for the job
- Is there any hope – Mobile phone can help in preventive and curative healthcare; and adding value to information in the delivery of healthcare. Consistency in information will lead to behavioral change, and mobile phones can be used to achieve this.

The most pressing Recommendation was the fact that we must begin to prepare content which uses local language to communicate.

After Dr. Boateng, Mr. E Afari-Kumah did a presentation on the Tanzanian Telemedicine Network using their website at <http://www.ipath-network.com/tanzania> (which is a platform where the patients and doctors share knowledge and information, with recommendations as to what steps ought to be taken to ameliorate or completely eradicate health issues) After his demonstration he expressed his deep desire for a platform like this to exist in Ghana, as this will help not just the patient, but will also give popularity to consultants who can handle certain kinds ailments.

The biggest challenge according to him was the issue of doctors who are not very keen about the use of computers. This was ameliorated, by the use of secretaries and other people who can type to get their observations and recommendations online.

Telemedicine is about getting healthcare and medical service when you need it.

Baab da-Costa Vroom from the Ghana Health Informatics Association was the last to speak at the forum. She spoke about GHIA, what it stands for and what it does, especially in the area of capacity in telemedicine. It is an interdisciplinary field, from teachers, doctors to ICT professions. Housed in the school of Public Health at the University of Ghana.

In his closing remarks, the coordinator of GINKS referred to the e-health strategy and mentioned that it is a project that must work. He also said that he hopes that the forum will be taken beyond the discussion level and actually begin to push forward issues of telemedicine. He recommended collaboration amongst GHIA and the Pearl Richards foundation. He concluded by inviting the participants to join the GINKS d-groups on ginks@dgroups.org