



Bangladesh Digital Health Strategy 2023 - 2027

MINISTRY OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH



GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH

BANGLADESH DIGITAL HEALTH STRATEGY 2023 - 2027

Management Information System

Directorate General of Health Services

Health Services Division

Ministry of Health & Family Welfare

CONTENTS

LIST OF TABLES AND FIGURES	ii
AUTHORS AND CONTRIBUTORS	iii
ACKNOWLEDGEMENTS	v
MESSAGES	vi
FOREWORD	xiv
ABBREVIATIONS	xvi
EXECUTIVE SUMMARY	xvii
CHAPTER 1: COUNTRY CONTEXT	
1.1 Development and Digital Bangladesh	1
1.2 Health systems	3
CHAPTER 2: DIGITAL HEALTH CONTEXT	
2.1 Digital Health Maturity	6
2.2 Digital Health Stakeholders and Benefits	8
CHAPTER 3: PURPOSE, MISSION AND VISION	
Purpose, Vision and Mission	10
CHAPTER 4: GUIDING PRINCIPLES	
Guiding Principles	12
CHAPTER 5: THEORY OF CHANGE	
Theory of Change	15
CHAPTER 6: STRATEGIC FRAMEWORK	
6.1 Strategic Framework	19
6.2 Strategic Framework Cycle	20
CHAPTER 7: STRATEGIC OBJECTIVES	
Strategic Objectives and Specific Activities	23
CHAPTER 8: CONCLUSION AND NEXT STEP	
Conclusion and Next Step	33
REFERENCES	34
APPENDICES	39

TABLES AND FIGURES

Table 1	Components within each of the building blocks that are at the early adoption phase	6
Figure 1	Status of digital platform user in Bangladesh.....	1
Figure 2	Top 10 causes of death.....	2
Figure 3	Percentage changes of top 10 causes of death, 2009 - 2019.....	2
Figure 4	Digital health benefits for stakeholders.....	8
Figure 5	Theory of change linking health systems with digital health building blocks.....	15
Figure 6	The Strategic Framework.....	20

AUTHORS AND CONTRIBUTORS

ADVISORS

Hon'ble Minister, Ministry of Health and Family Welfare (MOHFW)
Secretary, Health Services Division (HSD), MOHFW
Secretary, Medical Education and Family Welfare Division, MOHFW
Additional Secretary (Planning Wing), HSD, MOHFW
Director General, Directorate General of Health Services (DGHS), MOHFW
Director General, Directorate General of Family Planning (DGFP), MOHFW
Director General, Directorate General of Drug Administration, MOHFW
Director General, Directorate General of Medical Education, MOHFW
Director General, Directorate General of Nursing and Midwifery, MOHFW
Director General, Health Economics Unit (HEU), MOHFW
Additional Director General (Planning & Development), DGHS, MOHFW
Director, MIS and Line Director (HIS & eHealth), DGHS, MOHFW
Director (Planning & Research), DGHS, MOHFW
Director, MIS, DGFP, MOHFW
Deputy Director, MIS, DGHS, MOHFW
Chief (HIU), MIS, DGHS, MOHFW
System Analyst, HSD, MOHFW

NATIONAL EXPERTS

Md. Humayun Kabir, Ex- Senior Secretary, MOHFW
SM. Ashraful Islam, Ex-Additional Secretary, MOHFW
Eng. Sukhendu Shekhor Roy, Senior System Analyst, MIS, DGHS, MOHFW
Dr. Md. Zahidul Islam, Deputy Program Manager (e-Health), MIS, DGHS, MOHFW
Dr. B M Riazul Islam, Deputy Chief (Medical), MIS, DGHS, MOHFW
Dr. Toufiq Hassan Shawon, Medical Officer, MIS, DGHS, MOHFW
Tasmia Islam, National Professional Officer – HIS, WHO, Bangladesh
Shila Sarkar, Ex-National Consultant - HSS, WHO, Bangladesh
A K Sabbir Mahbub, Chief Architect, CRVS Secretariat, Bangladesh
Mohammad Golam Kibria, Senior TB Strategic Planning Technical Advisor, USAID-STAR
Abdul Hannan Khan, Team lead, HiSP, Bangladesh
Dr. Sharmin Parvin, Professor, Bangladesh University of Health Sciences, Bangladesh
Mridul Chowdury, CEO, mPower, Bangladesh
Dr. Khondaker A. Mamun, Professor, United International University, Bangladesh
Abdul Alim, Information Management Assistant – HIS, WHO, Bangladesh

INTERNATIONAL EXPERTS

Sangay Wangmo, Team Leader-Health Systems, WHO, Bangladesh

Mark Landry, Ex-Regional Advisor, Health Information Systems, WHO-SEARO

Dr. Patricia Codyre, Ex- Technical Officer, Digital Health and Innovation (DHI) Dept. WHO-SEARO

CONSULTANT

Peter Drury, PhD, International Consultant, WHO-SEARO

LANGUAGE EDITOR

Ameera Hamid, International Consultant, WHO, Bangladesh

ACKNOWLEDGEMENTS

The Ministry of Health and Family Welfare extends its heartfelt appreciation to the dedicated individuals and groups who played pivotal roles in the development of this document. We are profoundly grateful for their unwavering commitment and invaluable support.

We would also like to express our deep appreciation to our development partners and all the stakeholders who actively participated in the consultation workshops to the development of the strategy. Your valuable suggestions and feedback greatly enriched the content of this document. This collaborative effort exemplifies the strong partnership among the government, academia, private sector, and international organizations.

Our profound thanks go to the national and international experts for their remarkable achievement in crafting the initial zero draft of the strategy from scratch. We extend our sincere gratitude to all Director General and head of agencies under Ministry of Health and Family Welfare whose expertise and dedication were instrumental in shaping this document. Their insights and contributions have been indispensable. The synergy among officials of the ministry of health and family welfare, officials from other ministries, WHO experts, and relevant stakeholders played a pivotal role in refining the strategy document.

Special thanks to World Health Organization for their unwavering support throughout the development of the strategy. We acknowledge with appreciation the financial contribution of the Foreign, Commonwealth & Development Office (FCDO).

We acknowledge the crucial role played by Secretary, Health Services Division and Secretary, Medical Education & Family Welfare Division. We wish to express our profound gratitude for the indispensable role played by Honourable Minister for Health, whose leadership and support were instrumental in transforming the Bangladesh Digital Health Strategy from a vision into reality.

Your collective efforts have made this achievement possible, and we are deeply appreciative of your contributions.

MESSAGE



Minister

Ministry of Health & Family Welfare
Govt. of the People's Republic of Bangladesh

It is a great pleasure that we start a transformative journey with the launch of the “Bangladesh Digital Health Strategy 2023-2027”. I extend my warmest greetings to all stakeholders who contributed to the development of the Strategy.

In the ever-evolving landscape of healthcare, the role of technology and innovation has never been more critical. The digital era has created us with unprecedented opportunities to improve healthcare access, quality, and outcomes for our citizens. For implementation of the envision of a healthier and prosperous Bangladesh, we must harness the power of digital health to address both the longstanding challenges of healthcare and the emerging complexities.

Our journey in healthcare has been marked by significant achievements. We have successfully managed the COVID-19 pandemic through demonstrating our resilience, adaptability, and dedication to protect the health and well-being of our citizens. We have achieved the goals set forth in Vision 2021 which propelled Bangladesh to the status of a middle-income country. We made remarkable progress in achieving the Millennium Development Goals (MDGs), including reducing maternal and child mortality, and improving life expectancy.

One of our notable initiatives within this strategy is National Digital Health Information Exchange (NDHIE) with a gateway and the Shared Electronic Health Record (SeHR) system, a cornerstone of our approach. SeHR will enable us to seamlessly exchange health information which ensuring its utmost security, reducing redundancy, and enhancing the quality of care. NDHIE will make an exchanged environment by breaking the silos and enabling SMART healthcare. Digital technologies in healthcare such as telemedicine, electronic health records, artificial intelligence and data analytics are prominently mentioned in this strategy.

The Bangladesh Digital Health Strategy 2023-2027 will elevate our healthcare system to new heights and will serve as a roadmap of outlining the principles, goals, and actions that will guide us in the next years. It is our commitment to ensure that every citizen has equitable access to get high-quality healthcare services, regardless of where they live or whatever their socio-economic background.

Thank you and let us begin this transformative journey towards a healthier. Bangladesh.

Dr. Samanta Lal Sen

MESSAGE



State Minister

Ministry of Health & Family Welfare
Govt. of the People's Republic of Bangladesh

I am very happy and proud that “Bangladesh Digital Health Strategy 2023-2027” has launched in Bangladesh to revolutionize healthcare across our beloved nation.

We achieved “Vision 2021” through the collective efforts of our people. Among our many accomplishments, one of the most noteworthy is the success of our community clinics, which have elevated our primary healthcare delivery to unprecedented heights. These clinics have played a pivotal role in attaining the Millennium Development Goals (MDGs), and we remain steadfastly on track to achieve the Sustainable Development Goals (SDGs).

Bangladesh is facing a lot of healthcare challenges over the years. Digital health encompasses a diverse array of technologies and tools meticulously designed to enhance healthcare delivery and streamline healthcare processes. The Government of Bangladesh has taken a resolute step to ensure Universal Health Coverage (UHC) by achieving “Smart Bangladesh Vision 2041”. This visionary initiative firmly rests upon the four pillars: Smart Citizens, Smart Society, Smart Economy and Smart Government. To turn this dream into reality, we must expedite the adoption and integration of digital technologies along with emerging technologies into our healthcare systems such as telemedicine, electronic health records, data analytics, internet of medical things etc. In this transformative journey, collaboration across sectors, private sector engagement, and partnership with our development allies are the bedrock of our success.

We have made significant strides over the past two decades in harnessing Information and Communication Technology (ICT) to enhance healthcare and we have to strengthen our efforts in the future. We must translate our digital aspirations into tangible improvements in healthcare services for ensuring that the benefits reach every corner of our nation.

I extend my heartfelt gratitude to all those who have contributed to the development of this strategy, and I thank the citizens of our nation for their unwavering trust and support. Let us guided by this strategy, we embark on a path toward a healthier and more prosperous future for all.

Dr. Rokeya Sultana

MESSAGE



Secretary

Health Services Division

Ministry of Health & Family Welfare

Govt. of the People's Republic of Bangladesh

Aiming to build a smart health system and establishment of Smart Bangladesh, I am very happy and proud as the journey of 'Bangladesh Digital Health Strategy 2023-2027' has started as an important step in delivering world class healthcare to all citizens.

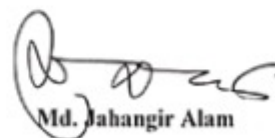
We stand at the beginning of a revolution determined to improve the healthcare system. Our Digital Health Strategy encompasses eight building blocks: Leadership and Governance, Innovative Ecosystem, Services and Applications, Standards and Interoperability, Infrastructure, Legislation, Policy and Compliance, Workforce, Strategy and Investment. Based on these fundamental elements, we will build an efficient, accessible, data-driven and patient-centric "SMART" healthcare system. Through the use of technology, we have created opportunities for people to receive services at home which will reduce workload on healthcare providers & facilities.

The strategy is the product of the experience, vision and collective efforts of many stakeholders, including government officials, health care professionals, academics, development partners, public health experts and international collaborators. Their unwavering dedication and expertise have shaped this strategy into blueprint, which will play an outstanding role in building a healthier and digitally empowered nation.

I express my sincere gratitude to all those who have contributed to the formulation of this strategy. This digital health strategy has prepared by commitment, dedication and expertise of all concered will implement the dream of creating a sustainable and modern healthcare system.

Everyone, from healthcare providers to technology innovators has put huge contribution to the implementation of this strategy. Together, we can bring about transformative change, improving access, enhancing quality, and driving efficiency in healthcare delivery.

Let us, we all move forward together in the digital health management evolution.



Md. Jahangir Alam

MESSAGE



Secretary


Medical Education & Family Welfare Division
Ministry of Health & Family Welfare
Govt. of the People's Republic of Bangladesh

I am profoundly happy and proud as the journey of "Bangladesh Digital Health Strategy 2023- 2027" has started. I hope this visionary strategy will make significant contribution to revolutionizing the entire healthcare sector.

This strategy encompasses not only to modern medical education but also encompasses to enhance family welfare services. Through this strategy we are going to enter a digital era where opportunity to provide improve health and family welfare services will extend.

This strategy is the outcome of collaborative efforts, with invaluable insights and expertise contributed by a multitude of stakeholders, including government entities, academicians, industry leaders, healthcare professionals, educators, development partners, and esteemed public health experts. Ministry of health and family welfare already approved this strategy. Through implementing this strategy by 2027, it will be possible to make SMART Bangladesh as well as build a healthier nation by 2041.

I extend a heartfelt invitation to all stakeholders to unite with us in this transformative endeavour. Let us collectively work toward realizing our vision of a healthcare system and family welfare services that harness the full potential of digital innovation, ensuring the well-being of our citizens remains our foremost priority.


(Md. Azizur Rahman)

MESSAGE



Director General

Directorate General of Health Services

Health Services Division

Ministry of Health & Family Welfare

Govt. of the People's Republic of Bangladesh

“Bangladesh Digital Health Strategy 2023-2027” is a landmark publication that signifies our collective commitment to harnessing digital innovation within healthcare services under the visionary leadership of the Directorate General of Health Services.

In this digital revolution, we are excited about the future of our health systems. Our strategy sets a bold agenda to streamline our health systems and optimize the healthcare experience, resulting in more personalized and precise healthcare.

We have been early adopters of technology and are recognized industry leaders. We will build on our digital foundation and equip our workforce with the skills and tools to maximize the benefits of digital health. The COVID-19 pandemic has created significant disruption to healthcare delivery, and we have embraced the opportunities presented by digital technology during this challenging time, rapidly adopting virtual care and collaboration tools.

The Government of Bangladesh's "Smart Bangladesh Vision: 2041" is a forward-looking initiative aimed at leveraging technology for socio-economic development and ensuring better healthcare outcomes for its citizens. Digital health is a vital component of this vision.

Investing in modern technology is paramount in providing healthcare professionals with the tools they need to deliver contemporary, holistic care. Equally important is empowering individuals receiving healthcare, granting them easy access to manage their healthcare information through appropriate systems.

This strategy is intricately linked with our existing health policies and aligned with the global digital health strategy. The development of the Bangladesh Digital Health Strategy is the result of extensive consultations within our country, involving stakeholders such as government officials, healthcare professionals, academics, development partners, public health experts, and international experts.

I eagerly anticipate witnessing the innovations that can be achieved across our public health services through the implementation of this strategy. These innovations will undoubtedly lead to improved health outcomes for our community by enhancing access to information and ensuring the continuous provision of healthcare, nutrition, and family planning services.

Prof. Dr. Abul Bashar Md. Khurshid Alam

MESSAGE



Director General

Directorate General of Medical Education
Medical Education & Family Welfare Division
Ministry of Health & Family Welfare
Govt. of the People's Republic of Bangladesh

In a world where technology is revolutionizing healthcare and medical education, “Bangladesh Digital Health Strategy 2023-2027” embodies our commitment to preparing healthcare professionals for the digital age. Medical education is the foundation upon which the healthcare system stands. It's where future doctors, nurses, and healthcare professionals acquire the knowledge and skills needed to provide the best possible care to patients. Integrating digital health into the medical curriculum equips future healthcare professionals with the necessary skills to excel in a technology-driven environment, benefiting patients and the healthcare system. I believe, this strategy will direct the education system on how Digital technology enables students to engage in global health initiatives and collaborate with healthcare professionals worldwide. This exposure broadens their perspectives and fosters a global outlook on healthcare. Our commitment to digital health within medical education aligns with our mission to produce well-equipped healthcare professionals capable of navigating modern healthcare complexities. Through this strategy, we envision a future where medical education is enriched by digital innovations, keeping our healthcare workforce at the forefront of advancements. The Bangladesh Digital Health Strategy will leverage digital tools to enhance medical training, foster continuous learning, and empower healthcare professionals. Let's work together to ensure that medical education remains flexible and quick to adapt to the ever-evolving digital landscape, equipping our healthcare professionals to deliver high-quality care.

In conclusion, the use of digital technology in medical education is not a mere option; it is a necessity. It empowers us as students to become better healthcare professionals, more informed researchers, and ultimately, more compassionate caregivers. Embracing digital technology prepares future healthcare providers for the challenges and opportunities of tomorrow's healthcare landscape, ensuring that they can adapt and thrive in an ever-changing field.

Prof. Dr. Md. Titu Miah

MESSAGE



Director General

Directorate General of Family Planning
Medical Education & Family Welfare Division
Ministry of Health & Family Welfare
Govt. of the People's Republic of Bangladesh

In an age where the convergence of technology and healthcare is reshaping the landscape of public health, we are delighted to introduce the Bangladesh Digital Health Strategy. This strategic initiative underscores our unwavering dedication to the betterment of the well-being and reproductive health of our citizens. As the Directorate General of Family Planning, we acknowledge the pivotal role that digital health plays in advancing accessible, equitable, and efficient family planning services. This encompasses the utilization of digital tools and information to enrich family planning education, counselling, and service delivery.

The integration of digital health tools into family planning offers exciting avenues to enhance access to voluntary family planning methods, with the added potential to address gender-related barriers that impede access and utilization among marginalized populations.

Our commitment to digital health within the realm of family planning is deeply rooted in our mission to empower individuals and couples with the knowledge and resources necessary for making informed choices regarding their reproductive health. Through this strategy, we envision a future where family planning services are readily accessible, customized to individual needs, and enriched through digital innovations.

In summary, digital health holds the promise of revolutionizing family planning by augmenting access to information, counselling, and contraceptives, all while upholding individuals' privacy and dignity. It stands as a potent force in empowering individuals and couples to take charge of their reproductive health, enabling them to make choices aligned with their family planning aspirations. Together, we can harness the potential of digital tools to enhance the effectiveness of our programs and continually improve the reproductive health outcomes of our nation.

Let us move forward with determination and unity, working hand in hand to make the Digital Health Strategy for Bangladesh 2023-2027 a reality. Together, we can build a future where healthcare is not just a service but a fundamental right for every citizen, where technology empowers us to lead lives and where our nation's well-being thrives.

Shahan Ara Banu

MESSAGE



The impact of digital technologies on healthcare transformation is undeniable. Digital health is a great enabler in the delivery of health services, and it has full potential to support Universal Health Coverage (UHC). The COVID-19 pandemic has highlighted the importance of the application of digital technologies to health and its potential to strengthen health systems, prevent disease, and enhance service delivery at the global, national, and sub-national levels.

I would like to extend my heartfelt congratulations to the Ministry of Health and Family Welfare (MOHFW) on the successful launch of the Digital Health Strategy 2023-2027, a visionary roadmap designed to harness the incredible potential of technology for the betterment of health across the nation. In 2019, Bangladesh formulated a national digital health strategy with technical support from the WHO. This Strategy aligns with global digital health strategy and resolution 71.7 of the World Health Assembly (WHA), May 2018, which recognizes the transformative potential of digital technologies in advancing the Sustainable Development Goals (SDGs) and strengthening health systems worldwide.

Founded on 19 strategic objectives organized within seven building blocks, this strategy promises to advance the country's infrastructure, connectivity, and the quality and validation of digital healthcare applications within the public and private sectors. In addition, the strategy also emphasizes data privacy, security, and responsible selection of digital technologies to prevent unintended consequences or breaches of confidentiality.

This strategy was meticulously developed through extensive consultations involving policymakers, subject experts (national and international), individuals, educational institutions, private sector stakeholders, and development partners. WHO is fully committed to continue supporting the government of Bangladesh in this journey of strengthening the country's digital health systems. We welcome all our health and development partners to work jointly on this initiative, which will ultimately lead to better health for the entire population of Bangladesh. I applaud the Ministry of Health and Family Welfare (MOHFW) for introducing the strategy and developing an action plan with a budget to implement the strategy successfully.

I express my gratitude to everyone who contributed to shaping this strategy. I acknowledge the Foreign, Commonwealth, and Development Office (FCDO) of the Government of the United Kingdom for its financial support and the Management Information System (MIS) Unit at the Directorate General of Health Services for embarking on this initiative.

I believe, this strategy will guide the country to implement digital solution in a strategically synchronized manner. Digital health systems can become powerful tools in our pursuit of the goal of health and well-being for all.

A handwritten signature in black ink, which appears to read "Bardan".

Dr Bardan Jung Rana
WHO Representative to Bangladesh

FOREWORD



Director

MIS and Line Director, HIS, and e-Health
Directorate General of Health Services
Health Services Division
Ministry of Health & Family Welfare
Govt. of the People's Republic of Bangladesh

In the ever-evolving landscape of healthcare, innovation and technology have the potential to be the cornerstones of progress. As we embark on this transformative journey, We are honoured to present the Digital Health Strategy 2023-2027-a comprehensive roadmap toward realizing a SMART Bangladesh by 2041. Our commitment to excellence in healthcare delivery is an ongoing endeavour, and this strategy will be regularly updated to keep pace with the ever-changing landscape of technology and innovation in healthcare.

This strategy reflects the government's vision of achieving universal health coverage by 2030, closely aligning with global trends in healthcare digitalization. Notably, it has been meticulously crafted in compliance with the "National Health Policy," the 8th five-year plan, and the perspective plan, ensuring that digital health initiatives harmonize seamlessly with broader healthcare objectives. It is also aligned with the National ICT Policy 2018. The strategy systematically identifies and addresses gaps within the digital health ecosystem, guaranteeing a comprehensive approach to healthcare digitalization.

The healthcare sector in Bangladesh has made remarkable strides, aligning itself with the Vision 2021 agenda and gaining global recognition for its achievements. Now, it is time to elevate these initiatives to the level of SMART healthcare. The Digital Health Strategy is thoughtfully constructed around the eight building blocks of digital health, strategically aimed at strengthening the health systems of Bangladesh. Among these, the National Digital Health Information Exchange (NDHIE) with a gateway and the Shared Electronic Health Records (SeHR) for every citizen of Bangladesh stand out as transformative initiatives. They are poised to fulfil the goals outlined in the 8th five-year plan and the perspective plan of Bangladesh, empowering citizens and harnessing the power of data to make healthcare delivery more effective.

Our vision is bold: to leverage digitalization as a catalyst for change across the healthcare sector. The Digital Health Strategy serves as our compass, guiding us toward a future where healthcare is smarter, more accessible, and profoundly responsive to the diverse needs of our people.

This strategy transcends the boundaries of traditional healthcare. It reaches deep into the heart of our medical education system, nurturing SMART doctors, nurses, and technologists. It extends into family welfare services, providing personalized care to expectant mothers, families, adolescents, and the most vulnerable among us. It penetrates the remotest corners of our nation, ensuring that quality healthcare is a right, not a privilege.

Our commitment to a SMART Bangladesh by 2041 mirrors our national aspirations. We envision a healthcare ecosystem where digital technologies empower individuals to make informed choices, access quality healthcare services, and actively manage their well-being. Through telemedicine, electronic health records, data analytics, and other cutting-edge tools, we aim to enhance healthcare delivery, promote wellness, and streamline healthcare processes.

This strategy is the embodiment of collective wisdom—a testament to the dedication and expertise of a multitude of stakeholders. Government entities, healthcare professionals, educators, development partners, and public health experts have all played a pivotal role in shaping this comprehensive approach to digital health.

We extend our heartfelt gratitude to all those who have contributed to this strategy, directly or indirectly. Your commitment, passion, and expertise have fuelled our shared vision of a healthcare system that is both resilient and modern.



Prof. Dr. Md. Shahadat Hossain

ABBREVIATIONS

BDHA	Bangladesh Digital Health Architecture	MOHFW	Ministry of Health and Family Welfare
BdREN	Bangladesh Research and Education Network	NDHA	National Digital Health Architecture
BNDA	Bangladesh National Digital Architecture	MCWC	Maternal & Child Welfare Centre
Covid-19	Coronavirus disease of 2019	LDC	Least Developed Countries
CC	Community Clinic	NGO	Non-Governmental Organization
DGHS	Directorate General of Health Services	OOP	Out-of-pocket
DHIS2	District Health Information System	OpenMRS+	Open Medical Record System
GDP	Gross Domestic Product	OpenSRP	Open-source smart register platform
GDHI	Global Digital Health Index	PPPs	Public-Private Partnerships
HPNSP	Health Population and Nutrition Sector Program	SDGs	Sustainable Development Goals
HRIS	Human Resource Information System	SaaS	Software as a Service
HDI	Human Development Index	WoG	Whole of Government
HR	Human Resource	WHA	World Health Assembly
HIS	Health Information System	WHO	World Health Organization
ICTs	Information and communication technologies	UN	United Nations
ITU	International Telecommunication Union	UH&FWC	Union Health & Family Welfare Centre
IT	Information technology	UHC	Universal Health Coverage
KPIs	Key performance indicators		
MoLGRD&C	Ministry of Local Government, Rural Development & Co-operatives		
MIS	Management Information System		

EXECUTIVE SUMMARY

Around the world, the use of digital technologies to support health systems is growing rapidly. The People's Republic of Bangladesh is fortunate to have already developed a “whole of society” approach to supporting the Sustainable Development Goals, and so the cross-sector thinking needed to deliver the health-related SDGs is already being nurtured. Furthermore, the use of digital technology to support “Digital Bangladesh” is well established. However, more needs to be done to support the scale-up of what is working well, and to develop those areas where more progress is needed. This strategy gives the direction of travel to 2027.

The whole purpose of the Digital Health Strategy is to pave the pathway for the evolution of integrated digital health, nutrition and family planning services; enable citizens' access to the services in a convenient way as per their needs and choices; make data available for decision-making and better governance; equip service providers and health professionals with knowledge and digital tools to deliver quality health services to Bangladeshi citizens.

The strategy provides a brief review of the context within which digital health is evolving in Bangladesh, and an assessment of its “maturity”. In addition, it provides a summary of the desired benefits of digital health as perceived by four key groups of stakeholders. Informed by these views, the purpose, vision and mission of the strategy are set out, as are its guiding principles. Essentially, the strategy strives to nurture the development of a digital health ecosystem so that it can help to accelerate delivery of the health-related SDGs on time.

The strategy recognizes that health systems need strengthening and endorsement of long-established building blocks for doing this. These include leadership and governance; services and applications; standards and interoperability; infrastructure; legislation, policy, and compliance; workforce and strategy and investment. They are further supplemented by recognizing the need to support the evolution of an innovation ecosystem. The strategy recognizes that there is a continuing balance to be struck between accountability, supply, demand, quality and affordability if the requirements of the four key stakeholder groups are to be met. Therefore, the strategy must set a direction of travel, but also be dynamic and kept under active review.

In setting out the building blocks of the strategic framework as an iterative cycle, the key areas of work are introduced for each element. This provides the basis for a section detailing the strategic objectives and specific activities that need to be undertaken for each of the building blocks, and who are their responsible parties. Here, structured by stakeholder, are detailed the intended desired outcomes, the outputs of the digital health activities and the rationale for them (Appendix 2). There are certain topics where some further explanatory notes are provided (Appendix 3).

To operationalize the strategy a detailed and costed implementation plan, together with a monitoring and evaluation framework, will need to be developed with continuing stakeholder engagement.

The development of this document was guided by a technical working group formed by MOHFW which was supported by the WHO.

1

COUNTRY CONTEXT

the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million (1990–2000) and is projected to increase by a further 1.5 million by 2020 (Office for National Statistics 2001). The number of people aged 65 and over is projected to increase by 2.5 million by 2020 in the USA (U.S. Census Bureau 2000).

There is a growing awareness of the need to develop strategies to meet the needs of the ageing population. The ageing population is a heterogeneous group, and the needs of the ageing population are not homogeneous. The needs of the ageing population are complex and multifaceted, and the needs of the ageing population are changing over time. The needs of the ageing population are complex and multifaceted, and the needs of the ageing population are changing over time.

The needs of the ageing population are complex and multifaceted, and the needs of the ageing population are changing over time. The needs of the ageing population are complex and multifaceted, and the needs of the ageing population are changing over time. The needs of the ageing population are complex and multifaceted, and the needs of the ageing population are changing over time. The needs of the ageing population are complex and multifaceted, and the needs of the ageing population are changing over time.

The needs of the ageing population are complex and multifaceted, and the needs of the ageing population are changing over time. The needs of the ageing population are complex and multifaceted, and the needs of the ageing population are changing over time. The needs of the ageing population are complex and multifaceted, and the needs of the ageing population are changing over time. The needs of the ageing population are complex and multifaceted, and the needs of the ageing population are changing over time.

The needs of the ageing population are complex and multifaceted, and the needs of the ageing population are changing over time. The needs of the ageing population are complex and multifaceted, and the needs of the ageing population are changing over time. The needs of the ageing population are complex and multifaceted, and the needs of the ageing population are changing over time. The needs of the ageing population are complex and multifaceted, and the needs of the ageing population are changing over time.

The needs of the ageing population are complex and multifaceted, and the needs of the ageing population are changing over time. The needs of the ageing population are complex and multifaceted, and the needs of the ageing population are changing over time. The needs of the ageing population are complex and multifaceted, and the needs of the ageing population are changing over time. The needs of the ageing population are complex and multifaceted, and the needs of the ageing population are changing over time.

The needs of the ageing population are complex and multifaceted, and the needs of the ageing population are changing over time. The needs of the ageing population are complex and multifaceted, and the needs of the ageing population are changing over time. The needs of the ageing population are complex and multifaceted, and the needs of the ageing population are changing over time. The needs of the ageing population are complex and multifaceted, and the needs of the ageing population are changing over time.

The needs of the ageing population are complex and multifaceted, and the needs of the ageing population are changing over time. The needs of the ageing population are complex and multifaceted, and the needs of the ageing population are changing over time. The needs of the ageing population are complex and multifaceted, and the needs of the ageing population are changing over time. The needs of the ageing population are complex and multifaceted, and the needs of the ageing population are changing over time.

1.1 DEVELOPMENT AND DIGITAL BANGLADESH

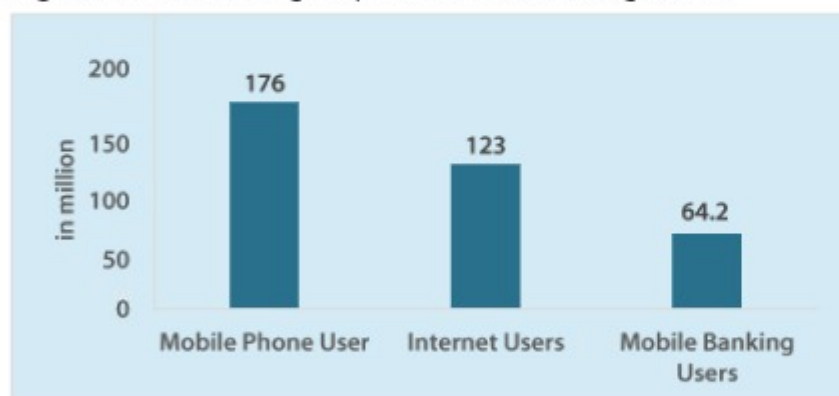
Over the last two decades, Bangladesh experienced steady social and economic growth. Based on the international poverty line of \$1.90 a day (using purchasing power parity exchange rate), Bangladesh reduced poverty from 44.2% in 1991 to 14.8% in 2016/17. In parallel, life expectancy, literacy rates and per capita food production have increased significantly. Progress was underpinned by steady growth in GDP, which averaged 6.5% in the last decade (according to official estimates). Rapid growth enabled Bangladesh to reach the lower middle-income country status in 2015. In 2018, Bangladesh fulfilled all three eligibility criteria for graduation from the UN's Least Developed Countries (LDC) list for the first time and is on track for graduation in 2024(1). Bangladesh ranks at 135 (out of 189 countries) in terms of the Human Development Index (which focuses more on people centred policies than national income measures) (2).

Digital Health is “the field of knowledge and practice associated with the development and use of digital technologies to improve health” - WHO 2020.

In 1998, Bangladesh initiated eHealth under the umbrella of Ministry of Health and Family Welfare (MOHFW). The Government's 2010 'Digital Bangladesh' vision also accelerated digital health initiatives with its vision of “Quality healthcare services to doorsteps of all citizens” (3). Information and communication technologies (ICTs) is an integral part of “Digital Bangladesh” vision. Use of ICTs in education and health sectors;

in enabling e-payment, e- commerce and trade and e-governance and such other uses will bring a rapid transformation in the socio-economic conditions in the country. The

Figure 1: Status of digital platform user in Bangladesh



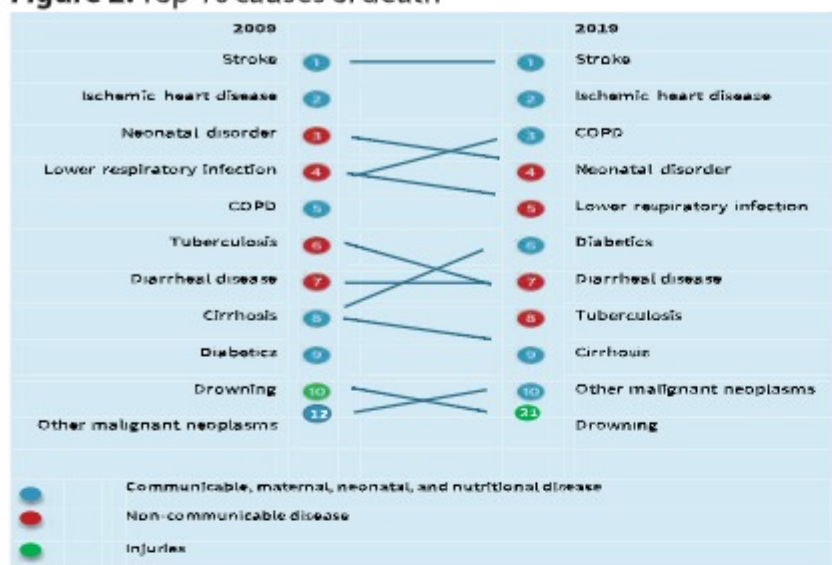
Government has formulated several acts, policies, and guidelines to ensure rapid expansion and secure the use of ICTs. There is now a Whole of Government (WoG) strategy, framework, and approach (4) which this digital health strategy will leverage. The Government has worked towards the development of ICT infrastructure and service capacities.

In 2022, mobile phone subscriptions reached 106.8%, while internet penetration was around 31.5% (5).

Innovative use of ICTs, eHealth and Telemedicine is one of the core principles and strategy of Bangladesh since the National Health Policy 2011(6). The National Information and Communication Technology (ICT) Policy 2018 also outlined application of ICT in health sectors. To improve health care, ICT policy recommended to use ICTs as electronic medical records, telemedicine, medical and health education. The National ICT Policy 2018 identified in total 26 strategic action areas for ensuring good health for each citizen (7).

The Government has been following a “whole of society” approach in carrying out the task of implementing the Sustainable Development Goals (SDGs). Coordinated from the Prime

Figure 2: Top 10 causes of death



Source: Institute for Health Metrics and Evaluation

determinants of health or health-service provision (8). A recent cross-study in the context of urban health shows how 48 SDG indicators are relevant to understand the links between social determinants of health, environmental exposures, behaviour, health outcomes and urban policies (9).

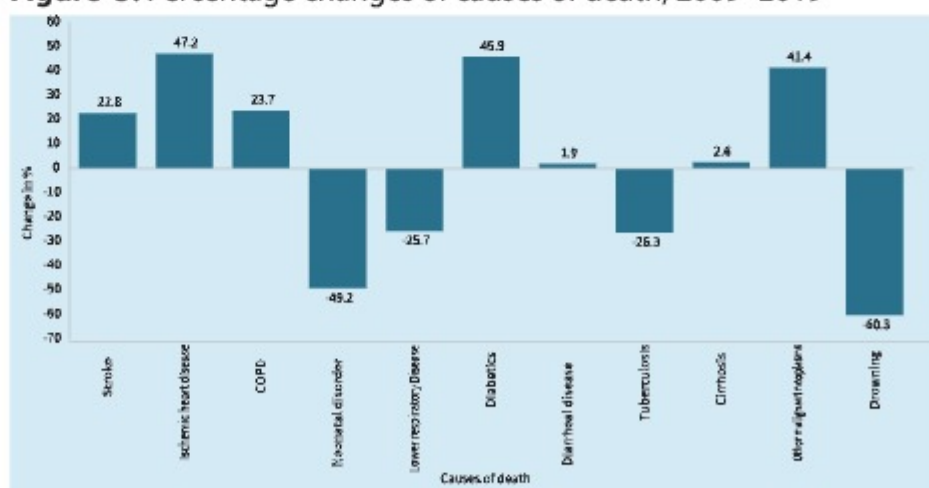
Within this cross-sectoral approach to social and economic development, the health sector of Bangladesh shows significant progress on different health indicators (10). Health indicators like under-five child mortality rates, maternal mortality rate and fertility rate show significant improvement for the decade. Moreover, in recent years, Bangladesh has experienced a remarkable demographic transition led by rapid decline of fertility rate (6.9 births per woman declined to 2.3 from 1970 to 2010). With the demographic transition, and rapid urbanisation disease patterns and the burden of disease has also been changing, as shown in the fig 2(10). In Bangladesh, there has been a significant increase in the stroke and ischemic heart disease, and these two causes remains the cause of the highest numbers of Years of Life Lost over the period 2009 to 2019(10).

The Bangladesh National Digital Health Strategy is aligned with the Global Strategy on Digital Health (11) that was launched at the World Health Assembly

in November 2020. Digital health can be a powerful enabler to accelerate progress towards national health policy objectives, rapidly achieve the health-related SDGs, and transform the health systems resulting in better health outcomes.

Minister's office, an inter-ministerial committee on SDGs implementation and review was established. The committee comprises secretaries from 20 ministries and divisions. While SDG 3 is the main SDG with an explicit focus on health, at least 10 other goals are also concerned with health issues. In total, more than 50 health-related SDG indicators have been agreed upon internationally, to measure health outcomes and proximal

Figure 3: Percentage changes of causes of death, 2009-2019



Source: Institute for Health Metrics and Evaluation

1.2 HEALTH SYSTEMS

The Bangladesh health system is a pluralistic system mixed with diverse roles and activities. In this diverse health system, two sectors- public and private- are dominating. Besides this, national and international organizations are working vertically to provide additional services with approval of the government. The Bangladesh Government has an extensive health system structure to deliver health services from primary to tertiary including domiciliary services (12). Government of Bangladesh established 429 Upazila health complexes at primary care level, 110 Maternal & Child Welfare Centres (MCWCs), 62 district hospital at secondary level, 31 medical & dental college hospitals, 3 maternal and child specialized hospitals and 22 postgraduate specialty facilities at tertiary level(13). The government has established 14311 community clinics, 3362 Union Health & Family Welfare Centres (UH&FWCs) and 30,000 satellite clinics for child and maternal healthcare to confirm doorstep health services(14).

The MOHFW coordinates with the Ministry of Local Government, Rural Development & Cooperatives (MoLGRD&C) to ensure urban primary health services. Under MoLGRD&C, city corporations are the executive agency to deliver urban primary health services. In municipality areas, NGOs are supporting MoLGRD&C to deliver primary healthcare to specially ensure quality services for reproductive health and family planning. Besides public health structures, private hospitals are providing health services across the country, in both urban and rural areas. Additionally, government is also responsible for setting policy and implementing rules and regulations to confirm health services are delivered in a structured way both by public and private sectors (12). In the 4th Health Population and Nutrition Sector Program (HPNSP), government has an initiative to achieve universal health coverage (UHC) by establishing a structured referral system coordinating with private sectors and defining specific catchment areas (15). In practice, patients seek health services at their most convenient health facilities (16).

COVID-19 situation: The **COVID-19** impact as of 4 of April 2023, according to the MOHFW COVID-19 dashboard (<http://103.247.238.92/webportal/pages/covid19.php>), had claimed 2,038,045 lives in Bangladesh, and a rate of 1.44 deaths per 100,000 (a rank of 142 in the countries of the world – see <https://coronavirus.jhu.edu/data/mortality>). The Government has introduced telemedicine services, for round- the-clock service provision for COVID-19. The Directorate General of Health Services has (on 4 April 2023) stated that a total of 36,072,938 people received healthcare services from hotline numbers and health web portals as the government formed a group of medical professionals to provide emergency healthcare services

(Ref: <https://corona.gov.bd/>)

Bangladesh offers public health services with a nominal fee for every citizen. Current health expenditure per capita is \$41.91 (compared to the Global average of \$1110.84) and amounts to only 2.34% of its GDP (compared to the Global average of 9.84%(17)). out-of-pocket (OOP) expenditures are high, amounting to 67% of total health expenditure (18).

The critical shortage of skilled health workforce along with unequal distribution is an issue that the country has faced for a long time (19). Only 25% of the health workforce is working for the rural population to deliver health services for 70% of the total population (20). Additionally, health workforce density is only 9.9 per 10000 population (20). Shortage of

quality healthcare professionals and high population density is a challenge to ensuring affordable and adequate health care (21). Recognizing these critical challenges, Government took several initiatives to increase production of health workforce. In this regard, Government established new medical colleges and total 109 are now working where 37 are government and 72 non-government (22). In addition, revision of the Bangladesh Health Workforce Strategy-2015 has undertaken to identify strategic guideline to address current needs and gaps.

The Government has been following a sector-wide approach in the health sector of the country from 1998. So far three programs have been implemented and the 4th HPNSP is being implemented from January 2017 to June 2023. The 4th HPNSP is aligned to the goal of achieving UHC by 2030 which emphasizes the right of every citizen to gain access to quality health care irrespective of provider of these services- public or private. The program also aims to improve efficiency through reducing wastage and increasing impact of resource use. Appropriate use of digital health plays an important role. New digital technologies are evolving for better management of health systems. Bangladesh has already experienced a number of remarkable achievements in digital health sectors (23).

2

DIGITAL HEALTH CONTEXT

2.1 DIGITAL HEALTH MATURITY

The current state of digital health in Bangladesh was measured and monitored using the Global Digital Health Index (GDHI), which has been developed as a national “digital health scorecard” that helps assess the “maturity” of different aspects of digital health in the country (24). The assessment scores on a maturity scale of one to five and aligns to the five phases (Experimentation – phase I, early adoption-phase II, Developing and building up – phase III, scale up- phase IV, and mainstreaming – phase V) of maturity initially presented in the WHO/ITU toolkit(25). It is based on the seven building blocks that the WHO/ITU toolkit references; leadership and governance; strategy and investment; legislation, policy and compliance; workforce; standards and interoperability; infrastructure; and services and applications.

The overall score for Bangladesh, using the GDHI assessment, is four out of five(26). This indicates that it is in the “Scaling Up” phase. Whilst leadership and governance, workforce, infrastructure, services, and applications are all in this phase, the others are still in the “Developing and Building Up” phase. And within each of these seven building blocks there are more detailed indicators that have been assessed (26). Some are in the Phase 3 that is “Developing and Building Up”, there are some (which are highlighted in **Table 1**) where these components are assessed as being in the early adoption phase, and there is one (Cross-border data security and sharing) that is still in experimentation phase (Phase 1). These are suggested as areas where Bangladesh needs to strengthen its work.

Table 1: Components within each of the building blocks that are at the early adoption phase

Digital health building block	Component
Strategy and Investment	Public Funding for digital health
Legislation, Policy and Compliance	Protocol for regulating or certifying devices and/or digital health services
Workforce	Digital health integrated in health and related professional pre-service training (prior to deployment) for doctors, nurses and community health workers
Standards and Interoperability	Health information standards
Infrastructure	Network readiness

The GDHI may be an alternative for monitoring the overall progress of implementation and achievement of the objectives for this strategy.

In a recent mapping study (27) it was identified that total 114 digital health initiative has been taken under MOHFW. Out of 114, 54 HIS platforms are implemented by DGHS, 18 by DGFP, 5 by DGDA, 2 by NIPORT and 1 by DGNM which indicates DGHS and DGFP are the maximum user and approximately 50% of total system are implementing by them (27).

Directorate General of Health Services (DGHS) has performed well in utilizing ICT in many areas. DGHS already established DHIS2 based system for routine health information (both for facility and community), COVID-19 surveillance and lab report system and Cervical and Breast Cancer screening program. In addition, an online based Human Resource Information System (HRIS) has developed to capture health workforce information, applicable for all Directorate under Ministry of Health and Family Welfare (MOHFW). In 2012, hospital automation system initiated using OpenMRS+ and currently 62 health facilities are implementing this system. To ensure quality health service, a feedback

mechanism has established as “grievance redress (GRS) system”. A system for tracking and distributing ICT equipment and logistic system has also developed to ensure IT capacity at all health facilities from community clinic to tertiary hospital. 96 telemedicine centres where 67 centres are working as recipient and 29 are consulting are established to ensure essential health service for rural population. Providing Health card for individual person is another flagship project under DGHS where 5,00,000 (approx.) population already using health card during receiving health service from facilities.

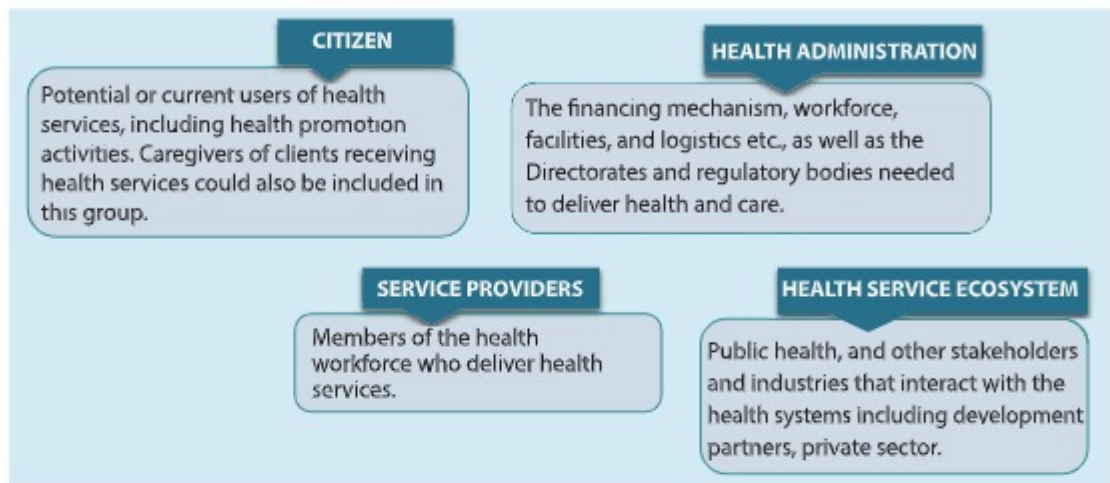
Directorate General of Family Planning (DGFP) has made remarkable progress in implementing web-based monitoring tools and electronic systems which are readily available for supervisors and managers at district, Upazila and central level. DGFP are implementing e-MIS for population registration, registration of eligible couples, pregnant women with status of scheduled visits, ANC and PNC services and attainment of tasks mentioned in the work plan. And FP-DHIS2 has been using for collection, validation, analysis and presentation of aggregated and client-based statistical data and tailored (but not limited) to integrated health information management activities. DGFP is also in advance to use HRIS for human resource data entry and update regularly.

However, there are weaknesses in terms of quality, analysis, interpretation and use of data and indicators across all levels of the health systems. Private sector performance data is missing and is a blind spot in terms of understanding health services delivery since a significant proportion of provision of services is administered by the private sector. Interoperability is still a challenge across different public sector as well private. Multiple health monitoring dashboards have been created (28) but may not be optimally used particularly at level of data collection and for management decision support.

In addition, an overall summary of the status of digital health in Bangladesh, together with an assessment of the Strengths, Weaknesses, Opportunities and Threats it faces, is in **Appendix 1**.

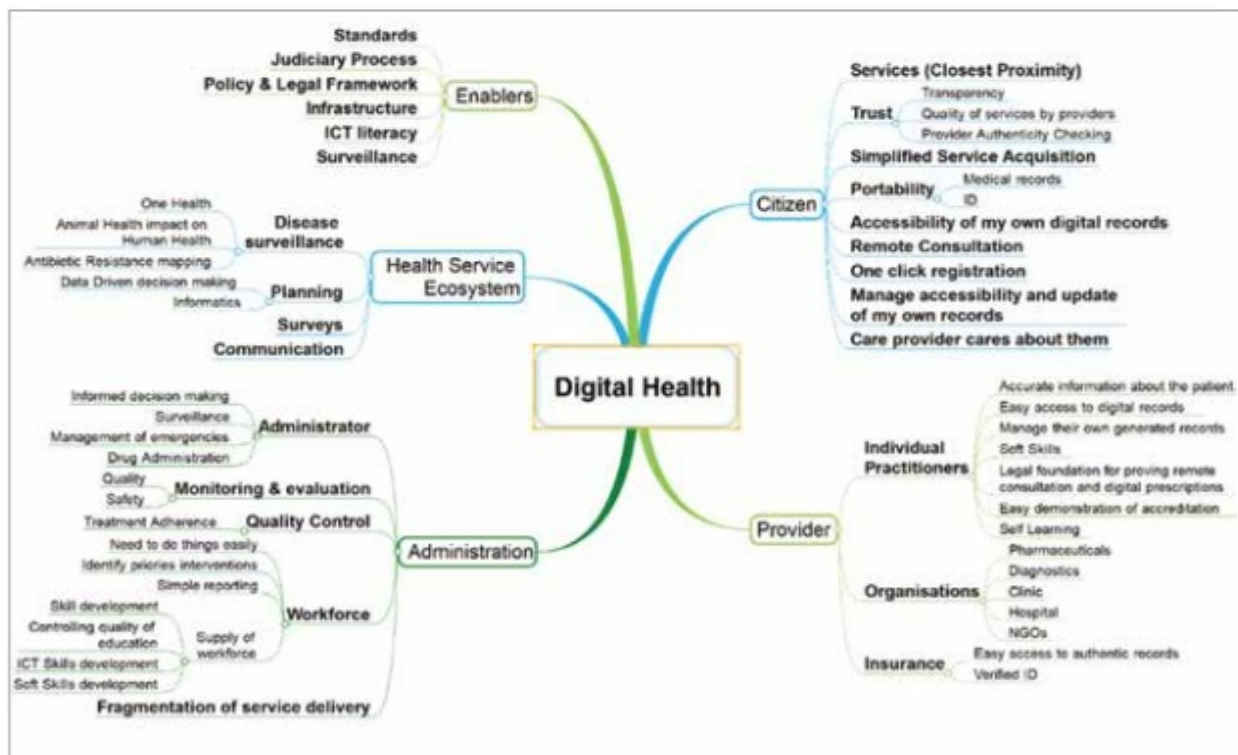
2.2 DIGITAL HEALTH STAKEHOLDERS AND BENEFITS

Health systems have been described as “complex adaptive systems” with multiple stakeholders involved (29). The four broad types of stakeholders in digital health include: citizen, health administration, service providers, and health service ecosystem.



The diagram below (see Figure 4), highlights some of the potential benefits each of these four stakeholder categories can gain from digital health innovations.

Figure 4: Digital health benefits for stakeholders



Realizing the vast benefits of digital health and optimizing the return on investments requires a sound and comprehensive vision (purpose and mission), guiding principles, strategic framework, objectives, and actionable approach.

3

PURPOSE, MISSION AND VISION

PURPOSE, MISSION AND VISION



4

GUIDING PRINCIPLES

GUIDING PRINCIPLES

To guide the process of implementing the Digital Health Strategy, there are a number of guiding principles that have been developed under the leadership of the MOHFW:

1

Strong public health leadership and governance mechanism to ensure effective management in the implementation of Digital Health.

3

Country capacity development both from the private sector and the government should be a priority of the strategy with an additional focus to create jobs so that the Digital Health initiatives sustain.

5

Guarantee of patient information rights, integrity, privacy, security, confidentiality, and anonymity in line with emerging public health access needs.

7

In development of digital health system/applications, priority should be given to open-source platforms and must adopt the e-Health standards available and recommended internationally (also adopted in BDHA). All system should be guided by national ICT policy 2018 or later version).

2

The strategy is designed to guide and mainstream the use of ICTs in health and other related sectors; hence it is designed to sit within the socio-economic development agenda of the country rather than a stand-alone technology framework permitting exploitation of existing structures and use of an incremental approach.

4

Priority shall be given to the establishment of Public-Private Partnerships (PPPs), coordination and collaboration between Government, cooperating partners, and stakeholders at different levels to allow for integration of digital technology in key functions of society in order to ensure sustainability of digital health programs and projects.

6

Give emphasis on Mobile first policy to ensure services to everyone everywhere.

8

Digital technology should promote social inclusion.

5

THEORY OF CHANGE

The first part of the paper discusses the importance of understanding the local context in which a project is implemented. This involves a thorough analysis of the social, cultural, and economic factors that may influence the success or failure of the intervention. It is essential to engage with the community from the outset, ensuring that their voices are heard and their needs are addressed. This participatory approach not only builds trust but also ensures that the project is tailored to the specific circumstances of the target population.

In addition, the paper highlights the need for clear communication and transparency throughout the project lifecycle. Regular updates and open dialogue with stakeholders are crucial for maintaining their interest and support. It is also important to establish realistic expectations from the beginning, acknowledging the challenges and uncertainties that may arise. By fostering a culture of openness and accountability, project managers can better navigate potential obstacles and ensure that the project remains on track.

Furthermore, the paper emphasizes the importance of monitoring and evaluation (M&E) systems. These systems provide a structured way to collect data, assess progress, and identify areas for improvement. Regular M&E allows project managers to make data-driven decisions and adjust their strategies as needed. It also provides a means of demonstrating the impact of the project to funders and other stakeholders, which is essential for securing continued support and funding.

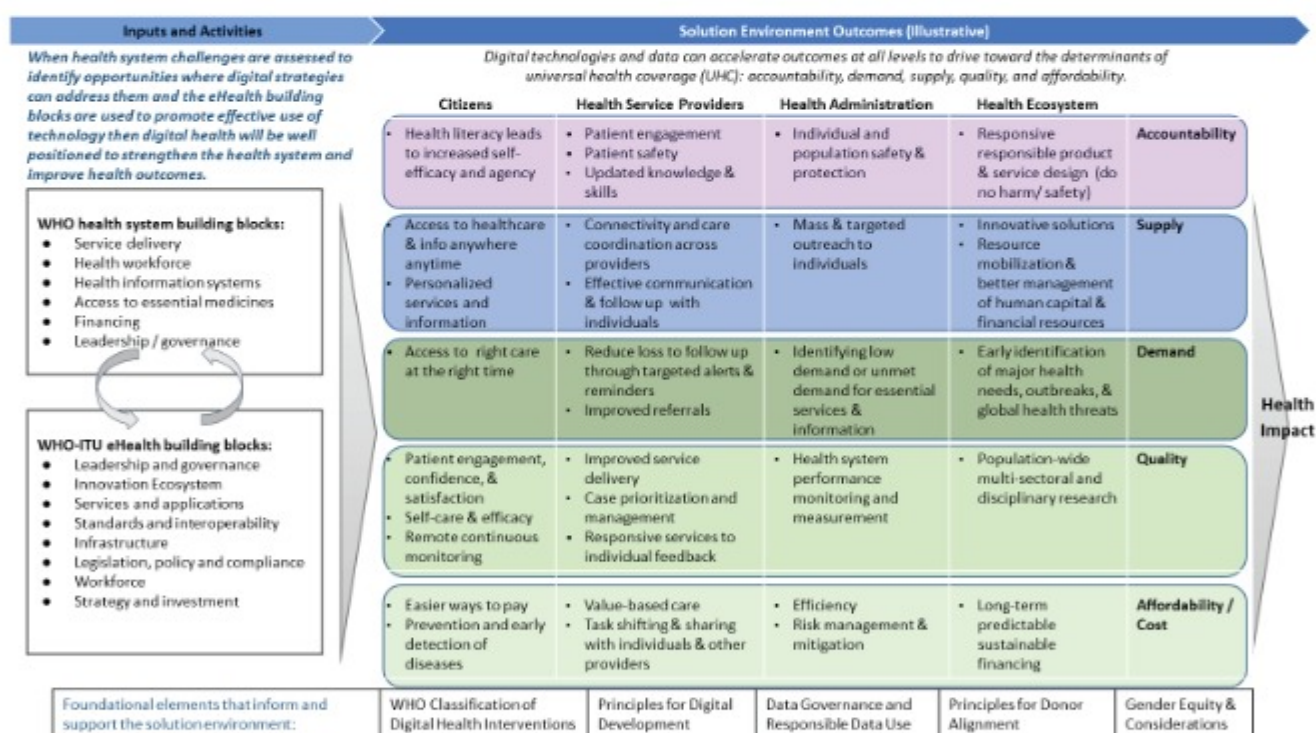
Finally, the paper concludes by stressing the importance of sustainability. A project should be designed with the goal of creating lasting positive change, rather than relying on external support. This involves building local capacity, transferring knowledge, and ensuring that the project's benefits are maintained long after the initial implementation phase. By focusing on sustainability, project managers can ensure that their efforts have a lasting and meaningful impact on the community.

THEORY OF CHANGE

The Digital Health Strategy will support to strengthening of health systems in Bangladesh (Health Information Systems being one of the Health System Building Blocks commended by the WHO (30)). This strategy is based on the digital health building blocks or components recommended by the WHO and ITU(25). In addition, a further digital health building block “Innovation Ecosystem” has been added in recognition of the growing importance of nurturing continuous improvement in the digital health ecosystem so that the strategy remains dynamic and able to respond rapidly to changing requirements as health threats or opportunities emerge. This is summarised below.

The establishment of an enabling environment for each of the stakeholders so that, when combined, maximum health impact is delivered from digital health investments, means getting the right balance between accountability, supply, demand, quality, and affordability (31). It will do this because the “theory of change” is that when the public health evolves an enabling environment it will provide the “means” that enable the “ends” of delivering quality health and care to citizens that is affordable, both for them and the country. This theory of change necessary to deliver the digital health vision and mission is outlined in more detail in the following diagram (see Figure 5).

Figure 5: Theory of change linking health systems with digital health building blocks



There are other foundational elements that can be drawn on. One of particular relevance is the “Framework on integrated people-centred services” which means putting the comprehensive needs of people and communities, not only diseases, at the centre of health systems, and empowering people to have a more active role in their own health (32). It entails adoption of legal and ethical frameworks for assuring patient safety, data security, appropriate use and ownership of health data, privacy data recoverability, as well as protection of intellectual property rights, and ensuring cross-border data exchange both

supports health security (33) and research (34). Also, the Digital Investment Implementation Guide helps to ensure effective, sustainable, and equitable investment in digital health— and that they are implemented in a coordinated way and appropriate for the local context (35).

The challenges faced by digital health in Bangladesh have been considered by the Technical Working Group, and an assessment made of the desired outcomes that stakeholders want together with a rationale for the outputs needed to deliver them. These are presented in **Appendix 2**. The strategic framework, objectives and specific actions needed to deliver these outcomes are presented in chapter 6 and 7.

6

STRATEGIC FRAMEWORK

6.1 STRATEGIC FRAMEWORK

In the following explanatory narrative of the framework, the first number refers to the building block, and the second to the strategic objectives to be achieved.

The starting point is Governance. Whatever is to be done has to be guided by good governance arrangements (1.1). These arrangements will need to reflect the requirements of both public and private sectors to help deliver on the cross-sector vision of the strategy and there are different options to be considered in reviewing what to select and develop (3.6). This requires partnerships and dissemination of best practices in the health sector (2.1) that create an innovation ecosystem, and the facilitation of the (safe and secure) exchange of health information (2.2).

Best practice shows how vital it is that individuals can take care of their own health as far as possible, and that using digital technology to support this life-long process of learning should support health professionals in their skills development (3.1). The use of call centres and the provision of telecare to provide trusted advice for all citizens on specific issues is the next requirement (3.2). And then there is the wide range of additional digital services that are needed to support more specific aspects of care, including, for example health alerts and reminders, and medical records both within and between health organisations (3.3). Providers (both public and private) will need support and guidance in the use of integrated information and the increasingly wide range of services that are being developed, e.g., e-Prescriptions, and this requires some agreed standards (3.4).

Firstly, if safe care is to be given, standards are needed for the clinical terms that are recorded so that they are unambiguous (4.1). Secondly, the exchange of electronic records requires a consistent (but dynamic) architecture and interoperability framework (4.2). But interoperability requires an underpinning infrastructure of networks that enable all the facilities and individuals providing health services to communicate (5.1). With this in place it is then possible to provide data warehouse and aggregation services so that data analytics can provide additional value and insights (5.2).

Establishing the technical and social systems to support digital health requires legislation and regulations which set out what the standards, roles, responsibilities and sanctions are for stakeholders (6.1) and a set of regulatory tools and operational procedures to guide development and implementation (6.2). None of the above is relevant if there is not an ICT-enabled workforce and organizational capacity which requires specific posts to be filled up by recognized skilled and experienced health informatics and information technology professionals (IT). In this regard, new posts may be created with career opportunity. Investment in training and learning for professional development is also essential (7.1).

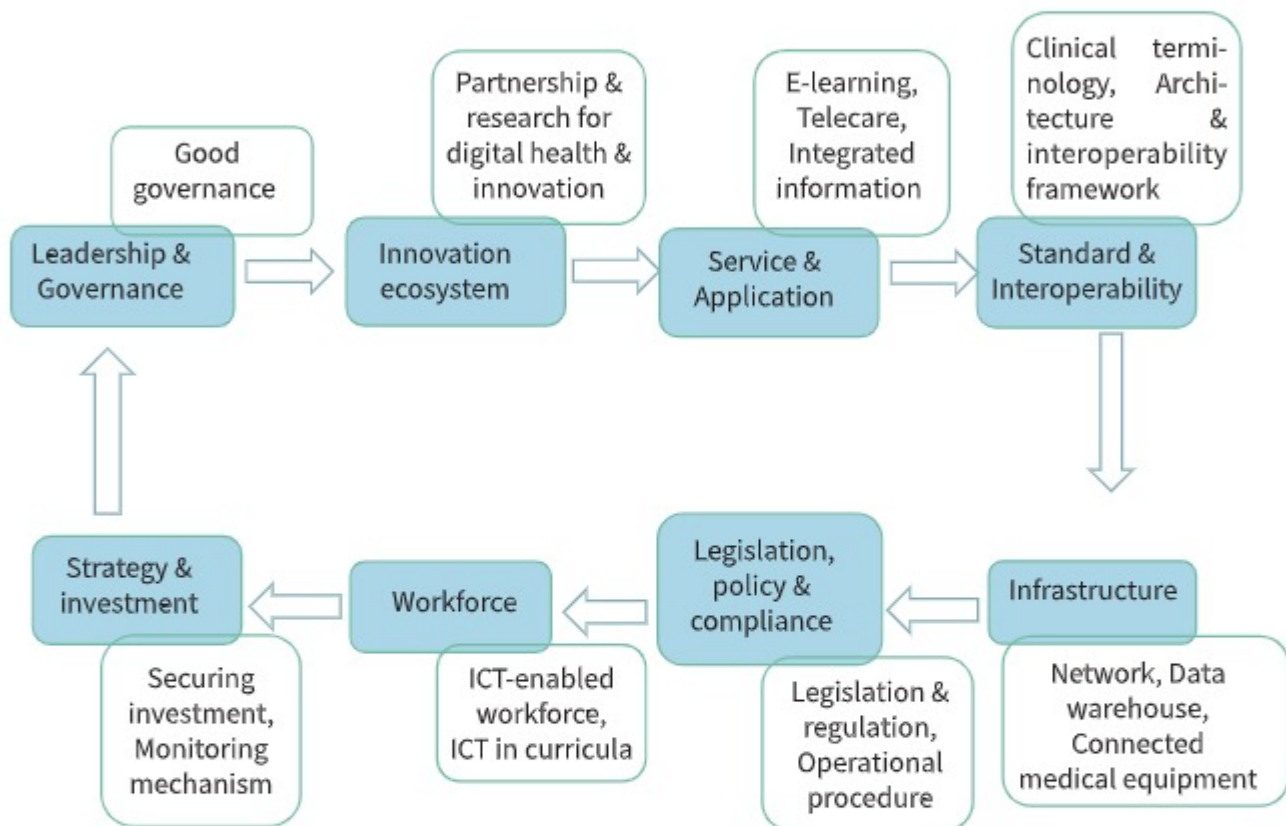
Securing investment for all aspects of the Digital Health Strategy is necessary. This can be from both the public and private sectors and may well involve some innovative arrangements (8.1). The value for money being delivered by implementation of the strategy is one of the reasons for having a monitoring and evaluation programme for the delivery of projects in place, and this will be supported by the improving data storage and analytics capabilities (8.2). Finally, the overall strategy, and its supporting action plan, needs to be kept under review, and good relationships with all stakeholders maintained, so that it can be updated as and when required (8.3). And all this requires the governance arrangements to be kept under review.

This framework is summarised below, and it provides the summary of the strategic objectives presented in chapter seven.

6.2 STRATEGIC FRAMEWORK CYCLE

The Strategic Framework is presented as a cycle in the diagram below (whilst recognising that in reality the interrelationships between the elements are much more complex.)

Figure 6: The Strategic Framework



Continuous iterations of the Framework will ensure:

- **Governance** arrangements are evolved that engage stakeholders in order to maximize transparency, accountability, and oversight so that all can contribute to ongoing improvements in digital health in Bangladesh.
- **Standards, infrastructure and legislative** requirements are in place that can enable people-centered health services to be delivered.
- **Services and applications** are developed which meet the needs of citizens and providers.
- Digital health technologies can be used by all the **human resources for health workforce**.
- **Investments** enable the strategy to be delivered, with progress monitored and under reviewed.

7

STRATEGIC OBJECTIVES

STRATEGIC OBJECTIVES AND SPECIFIC ACTIVITIES

Taking each of the eight building blocks in turn, the strategic objectives and specific activities for each are provided in the table below. In addition, for some of objectives there is some more detailed explanation given of what is intended provided in **Appendix 3** and within it the **Notes 1-9** referenced accordingly in the table below.

LEADERSHIP AND GOVERNANCE

STRATEGIC OBJECTIVES	SPECIFIC ACTIVITIES
1.1 To strengthen leadership and governance for digital health creating strong institutional arrangement and building ownership among health officials and programme managers, professionals at all levels whether public or private.	i Review Governance options, and then establish and implement digital health Governance structure involving all stakeholders to optimize measurement, accountability, coordination, and communications.
	ii Establish and maintain a technical working group to oversee the implementation of digital health strategy.
	iii Facilitate and build awareness, engagement, and high commitment of future leaders of bureaucracy, professionals, health workers, and recipients ensuring implementation and sustainability of Digital health.
	iv Strengthen Digital health program management capacity of MOHFW, LGD and ICTD.
	v Allocate sufficient budgetary provisions to meet the objectives prioritized and outlined in the forthcoming detailed costed action plan (see 8.3.iv).
	vi Develop, implement, and maintain a comprehensive digital health monitoring and evaluation framework, performance indicators, and monitoring system with a comprehensive framework to implement and expand digital health services.

DIGITAL HEALTH INNOVATION, RESEARCH AND PARTNER ECOSYSTEM

STRATEGIC OBJECTIVES	SPECIFIC ACTIVITIES
2.1 To support digital health innovation and research in health sector through facilitation and partnership; (see Note 1).	i Support innovative business models in health services reducing time, cost, visit and providing quality health service.
	ii Develop partnerships with industry and academia in Bangladesh to promote appropriate and effective digital health and innovation Research & Development (R&D) and foster better collaboration.
	iii Set up an institutional arrangement to examine the potentiality of Bangladeshi innovations in digital health and provide seed funding.
2.2 To facilitate innovative digital health services	i Formulate a policy to promote innovation in digital health and to govern innovative digital health services connection to NDHIE.

providers to exchange data through national digital health information exchange (NDHIE).	ii	Evaluate option for adoption and use of the Bangladesh National Digital Architecture (BNDA) e-service bus to enable exchanging of data and information between MOHFW and other ministries and agencies.
	iii	Evaluate option for linkage with the National Blockchain strategy and other emerging strategies for frontier technologies.
	iv	Support the formation of national data portal that can be open for partner organizations to share data in response to pandemic situations
	v	Evaluate options for integrating internet of medical things (IOMT).

SERVICES AND APPLICATIONS

	STRATEGIC OBJECTIVES	SPECIFIC ACTIVITIES
3.1	To develop an eLearning system to build capacity of the individuals of all ages to take care of their own health and facilitate lifelong learning for them, catering the needs of health professionals' continued education and lifelong learning as well.	i Develop an eLearning system with components for facilitating health professionals pre-service and in-service learning.
		ii Facilitate people being able to learn about their reproductive health and family planning; adolescent health issues; healthy behaviours and lifestyles, Mental health, NCDs and CDs, disease outbreaks and health events, with information to manage their actions.
3.2	To develop a safe and robust telemedicine system that is capable of meeting the needs of all citizens whether at home or abroad.	i Institutionalize telemedicine governance which enables suitably qualified doctors (and support staff) to provide quality consultations;
		ii Equip all community level public facilities, union level public facilities; Upazila and district level hospitals, tertiary hospitals and specialized hospitals with telemedicine facilities; and enable private entities and individual healthcare providers to join the telemedicine networks.
	A trusted health advisory service developed (see Note 2).	iii Develop/adopt robust telemedicine software with all necessary modules connected with NDHE and made available as Software as a Service (SaaS).
		iv Develop a trusted health and family welfare advisory service anytime anywhere through making available services on digital platform and mobile apps. Such system should be equipped with technological infrastructure for managing large scale outbreak like COVID-19 pandemic.

To develop person-centred information systems that a) support service provision and b) shared electronic health records (see Note 6), that help improve the quality of care provided.

- i Enable digital health applications and services that provide appointments, health education, health alerts, reminders, remote monitoring, telemedicine, automation services, emergency medical services, ambulance service, and transportation optimized using shared services and platforms (see Note 6).
- ii Enable patients, consumers access their health information at any time online and through mobile apps.
- iii Develop/adopt a consent management system that makes the patient or consumer in-charge of their own electronic health record, and no one uses or views the record without his/her consent.
- iv Identify the information components of shared electronic health record with nationally accepted ID and enable MOHFW to implement SeHR system in SaaS model through developing a compliant and secured SeHR software to be used by all entities and individual health service providers, patients and consumers (see Note 4).
- v Establish an interoperable population-based health database with nationally accepted ID to ensure longitudinal health record for each individual.
- vi Develop an e-Prescription system as an integral part of shared electronic Health record (see Note 5).
- vii Develop/adopt electronic immunization registration system to facilitate individual registration, auto-generated alert, e-card, tracking zero dose children, GIS mapping of vaccination centers, with use of GPS tracking and satellite images for monitoring vaccination campaigns in hard to reach & high-risk areas; all supporting better monitoring immunization services through interactive dashboards.

STANDARD & INTEROPERABILITY

STRATEGIC OBJECTIVES	SPECIFIC ACTIVITIES
<p>4.1 Foster development and adoption of suitable standards to support safe, accurate, and effective exchange of clinical and related health information among all stakeholders.</p>	<ul style="list-style-type: none"> i Analyse global standards and benchmarks and adopt the most appropriate standards for identity management, data transport and messaging, clinical terms, and anonymization. ii Analyse global standards and benchmarks and adopt the most appropriate standards for identity management, data transport and messaging, clinical terms, and anonymization. iii Adopt agreed standards for secured data transport service including standards for metadata, Application layer, Transport Layer, Network/Internet layer, Data Link Layer and physical layer. iv Adopt agreed standards for clinical terminologies. v Adopt agreed standards for de-identification and aggregation enabling the secondary uses of data.
<p>4.2 To develop a digital health architecture and interoperability framework, that enables an information exchange (see Note 3) to be developed and which can be used exchange through APIs that are made available to the citizen as a platform independent solution.</p>	<ul style="list-style-type: none"> i Develop Bangladesh National Digital Health Architecture (BNDHA) in conformity with Bangladesh National Digital Architecture (BNDA) built by ICTD (see Note 7); and develop a Digital Health Interoperability framework (DHIF) in conformity with eGovernment Interoperability Framework (eGif) built by the ICTD. ii Establish a digital Health Information Exchange that includes different Registries and Directory services, Person and Entity Identification Services, Record Locator and Search services, Identity Management services, Consent Management Services, Secure Data Transport services, Data Exchange, Data Identification and Aggregation Services, Data Warehouse, Data Analytics and AI services; and provides alerts and warnings, e.g., about medication errors. iii Develop/adopt HMIS software meeting the needs of public sector facilities at different level integrating e-Prescription system and complying BDHA and BNDA including solutions for core functions and sub-activities like laboratory, pathology, pharmacy, PACS and back-office automation for supply chain management, human resource management, billing and automatic vaccination alert system etc. iv Facilitate private entities and individual health service providers to implement HMIS systems of their choice complying the regulatory requirement set by the MOHFW and connected to NDHE. v Facilitate private entity and individual health service providers to connect to the NDHE through open API.

INFRASTRUCTURE

STRATEGIC OBJECTIVES	SPECIFIC ACTIVITIES
5.1 To ensure connectivity of all the facilities and individuals providing health services.	<ul style="list-style-type: none"> i Connect all the public-sector health care delivery facilities and entities through a high-speed connectivity with redundancy and ensuring network security. ii Incentivize and govern all private health facilities, individual medical practitioners to connect through high-speed internet with appropriate network security. iii Facilitate mandatory localization of health data within territorial jurisdiction of Bangladesh. iv Develop a policy for providing all field level health workers irrespective of being private or public to have a connected and secured device, and appropriately trained to use digital tools and technology required for delivering their assigned services; together with appropriate certification to ensure network security between individuals and facilities. v Create ICT infrastructure and HWF capacity to enable use of advanced used of Digital Health Services available in future like when 5G and other new technologies will be available.
5.2 To establish a data warehouse and design various analytics services aligned with ICT policy for data hosting and management (see Note 8).	<ul style="list-style-type: none"> i Expand and further develop data warehouse service to support SeHR system facilitating use of data for decision making and analytics, using appropriate technology, provisioning for hardware and network. ii Develop and manage a data lake of depersonalized data. iii To establish data analytics service integrated with AI, visualization tools and curated analytics service.
5.3 Establish Health Hazard Early Warning and Response Systems.	<ul style="list-style-type: none"> i Establish online early warning and response systems including pandemic, epidemic and climate sensitive diseases for better prediction of disease outbreak, adopting preventive and response measures in order to minimize the health burden from climate variabilities. ii Develop a system to forecast disease risk for future Epidemic using available country data.
5.4 To ensure automated laboratory/pathology/radiology and imaging etc. equipment's can be connected to networks.	<ul style="list-style-type: none"> i Adopt/develop communication standards for different types of medical equipment to adopt by all providers.

LEGISLATION, POLICY AND COMPLIANCE

	STRATEGIC OBJECTIVES	SPECIFIC ACTIVITIES
6.1	To develop Legal Frameworks setting standards, roles and responsibilities of each stakeholder to facilitate countrywide implementation of Digital Health.	<ul style="list-style-type: none"> i Establish a legal framework to protect the data security, privacy, and confidentiality of individuals, health professionals, health workers in the digital health space and making everyone accountable to the level of his/her span of responsibility named as Digital Health Act. ii Ensure that all digital systems built/ adopted or used in Bangladesh are safe, secured and compliant. iii Establish a framework for the governance of digital health in Bangladesh; this will include arrangements to ensure adherence to the BDHA, BNDA, NDHIF, and National Digital Health Exchange by all sorts of healthcare providers, practitioners and users. iv Promote a mobile first policy in Bangladesh Health sector.
6.2	To develop necessary regulatory tools to govern digital health.	<ul style="list-style-type: none"> i Establish procedures for implementation of legal provisions of a Digital Health Act so that all stakeholders engaged in health service delivery implement digital system prescribed by the government. ii Establish a framework for governing cross boarder data exchange to support health security, health research and innovation. iii Establish a high-level prescription of the digital systems to be developed or adopted as an ICT tool.

WORKFORCE

	STRATEGIC OBJECTIVES	SPECIFIC ACTIVITIES
7.1	To Build the Capacity of the health workforce to use ICT in their workplaces; (see Note 9).	<ul style="list-style-type: none"> i Create IT posts and recruit new human resources to sustain present and future digital health establishment in all levels of care. ii Ensure training of HWF so that they become efficient, as appropriate in digital health technology. iii Create opportunity and career counselling for people engaged in health service delivery in hospitals, clinics, day-cares, pharmacies and individual chambers and also for improving their ICT skills in an environment of learning by doing.

7.2	To include ICT in health workforce education curriculum and teaching – learning environment.	i	Include ICT, health informatics, biostatistics in the curriculum of medical, dental, nursing, paramedics and health technicians' education to build a critical mass of ICT-enabled health workforce.
		ii	Strengthen and improve Bangladesh Research and Education Network (BdREN).
		iii	Health informatics may be recognized as an educational qualification of health worker.
		iv	Create ICT friendly digital learning & teaching environment to support efficient teaching & learning in health workforce education.

STRATEGY AND INVESTMENT

STRATEGIC OBJECTIVES		SPECIFIC ACTIVITIES	
8.1	To create a congenial atmosphere for public and private sectors to invest in digital health.	i	Develop an enabling policy for attracting private sector to invest in Digital Health while allocating sufficient financial resources for the public sector including opportunities for innovative financing in both the public and private sector.
		ii	Create an enabling environment for private sector to engage in managed service model where cost is recovered as a fee for service without creating cost burden on patients or their families.
8.2	To use data for monitoring and evaluation of digital health services dedicated to improving the health outcomes of Bangladesh citizens.	i	Establish a data warehouse to enable use of big data analytics to monitor performance of the health system in Bangladesh, make use of big data analytics for decision making; and publish depersonalized data in a data lake to enable health service innovation in Bangladesh.
		ii	Design and develop dashboards for monitoring health system performance and quality of care (in both public and private sector) including use of patient satisfaction and exit interviews made public at all the different levels of delivery.
		iii	Identify whether policy decisions, logistics and provisions supplied, distribution and deployment of human resources are contributing towards achievement of national health goals and health-related SDGs.
		iv	Develop and publish citizen dashboards to enable citizen monitoring of health system, disaggregated by divisions, districts, and subdistricts, early disease projection incorporating survey and surveillance data from various sources.

To finalize and implement the Digital Health strategy and action plan of Bangladesh.

- i Maintain the technical working group to support implementation of the national digital health strategy 2023-2027.
- ii Engage stakeholders in such a way that they own the strategy and involve them in developing and choosing technology and standards for the sustainability of the initiatives.
- iii Establish and maintain a mapping and inventory of current and planned digital health interventions, such as using the Digital Health Atlas.
- iv Develop a detailed costed action plan for implementation of the strategy with funding approval from the government and then maintain and periodically review and re-priorities it as appropriate.
- v Develop an Implementation Strategy for a digital health intervention and implementation of digital intervention within routine national health service practice and find out the challenges of implementation.
- vi Allocate sufficient budgetary resources for the continued implementation of the action plan.

8

CONCLUSION AND NEXT STEPS

The first part of the paper discusses the importance of understanding the local context in which a project is implemented. This includes a thorough analysis of the social, economic, and cultural factors that may influence the success or failure of the intervention. It is essential to engage with the community from the outset, ensuring that their voices are heard and their needs are addressed. This participatory approach not only fosters a sense of ownership and commitment among the community members but also allows for the identification of potential challenges and the development of strategies to overcome them.

The second part of the paper explores the role of leadership in driving change. Effective leaders are those who are able to inspire and motivate others, to set a clear vision, and to take decisive action. They are also skilled in building strong relationships and in fostering a culture of collaboration and innovation. Leadership is not a static role; it evolves over time and is shaped by the needs and circumstances of the community. Therefore, it is important to invest in leadership development and to provide ongoing support and training for leaders at all levels.

The third part of the paper examines the importance of monitoring and evaluation (M&E) in assessing the impact of a project. M&E is a systematic process that involves the collection, analysis, and use of data to measure the progress and outcomes of a project. It provides a means of accountability and a basis for learning and improvement. By regularly monitoring the project's performance, managers can identify areas where the project is falling short and take corrective action. Evaluation, on the other hand, provides a more comprehensive assessment of the project's overall impact and value. It allows stakeholders to make informed decisions about whether the project should be continued, modified, or terminated.

The fourth part of the paper discusses the challenges of implementing a project in a complex and dynamic environment. There are many factors that can lead to project failure, including lack of resources, poor planning, and inadequate communication. To overcome these challenges, it is essential to have a clear and realistic plan, to allocate resources wisely, and to maintain open and honest communication with all stakeholders. It is also important to be flexible and adaptable, as circumstances may change over time. Finally, it is crucial to celebrate successes and learn from failures, as this will help to build a culture of resilience and continuous improvement.

In conclusion, the paper emphasizes the importance of a holistic and participatory approach to project implementation. By understanding the local context, investing in leadership, and implementing a robust M&E system, project managers can increase the likelihood of achieving their goals and creating a positive impact on the community. The paper also highlights the challenges of project implementation and provides practical advice on how to overcome them. Finally, it stresses the importance of learning and improvement, as this is essential for the long-term success of any project.

CONCLUSION AND NEXT STEPS

The vision, mission, and strategic objectives of the digital health strategy will only be fully realized through adequate investment and prioritized implementation of identified specific activities. The expected benefits for various stakeholders (see chapter 2) will only be achieved through good governance, transparency, and accountability for all of the actions taken to optimize appropriate digital health solutions to achieve the greatest public health good.

In order to operationalize the digital health strategy, a detailed and costed implementation plan will need to be developed as a next step with stakeholder engagement to ensure that each action is prioritized according to need in the short-, medium- and long-term. This task is part of the critical pathway for achieving the success and expected outcomes and benefits. A monitoring and evaluation framework, with key performance indicators (KPI's) will also need to be developed to monitor progress and to maintain accountability and stewardship of implementation of the digital health strategy through change management and risk mitigation techniques.

REFERENCES

1. <https://www.worldbank.org/en/country/bangladesh/overview#1>
2. <https://hdr.undp.org/data-center/country-insights#/ranks>
3. 7th Five Year Plan:FY2016-FY2020. Dhaka: General Economics Division (GED), Bangladesh Planning Commission, Government of the People's Republic of Bangladesh; December 2015
(https://www.unicef.org/bangladesh/sites/unicef.org.bangladesh/files/2018-10/7th_FYP_18_02_2016.pdf, accessed 3 December 2022)
4. <https://bnda.gov.bd/strategy/nda-strategy.jsp>, accessed 3 December 2022
5. <https://datareportal.com/reports/digital-2022-bangladesh>
6. National Health Policy 2011, Dhaka: Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh; 2012
7. National Information and Communication Technology (ICT) Policy, Ministry of Science and Information & Communication Technology, Government of the People's Republic of Bangladesh; October 2002
(http://www.btrc.gov.bd/sites/default/files/files/btrc.portal.gov.bd/policies/40c40dac_975b_48f0_b9a7_ad243520019e/ict_policy_2002_0.pdf, accessed 3 December 2022)
8. World health statistics 2022: monitoring health for the SDGs, sustainable development goals. Geneva: World Health Organization;2022. Licence: CC BY-NC-SA 3.0 IGO. (<https://www.who.int/publications/i/item/9789240051157>, accessed 3 December 2022)
9. Ramirez-Rubio O, Daher C, Fanjul G, Gascon M, Mueller N, Pajin L, Plasencia A, Rojas-Rueda D, Thondoo M, Nieuwenhuijsen MJ. Urban health: an example of a "health in all policies" approach in the context of SDGs implementation. *Global Health*. 2019 Dec 18;15(1):87. doi: 10.1186/s12992-019-0529-z.
10. <https://www.healthdata.org/bangladesh>, accessed 3 December 2022
11. Global strategy on digital health 2020-2025. Geneva: World Health Organization;2021. Licence: CC By-NC-SA 3.0 IGO.
(<https://apps.who.int/iris/bitstream/handle/10665/344249/9789240020924-eng.pdf?sequence=1&isAllowed=y>, accessed 3 December 2022)
12. Bangladesh health system review. *Health systems in transition*, 5 (3), 2015: WHO Regional Office for the Western Pacific. <https://apps.who.int/iris/handle/10665/208214>
13. <http://facilityregistry.dghs.gov.bd/>, accessed 3 December 2022
14. Bangladesh towards Better health care. Dhaka: Center for Research and Information.(http://cri.org.bd/publication/pub_sep_2018/better-health/Bangladesh_Towards_Better_Healthcare_Sep_2018.pdf, accessed 3 December 2022)
15. Operational plan: Hospital services management (January 2017 – June 2022). Dhaka: Directorate General of Health Services, Ministry of Health and Family Welfare; 2017
16. Atique Iqbal Chowdhury , Rafiqul Haider, Abu Yousuf Md Abdullah, Alik Christou, Nabeel Ashraf Ali, Ahmed Ehsanur Rahman, Afrin Iqbal, Sanwarul Bari, D. M. Emdadul Hoque, Shams El Arifeen, Niranjana Kissoon, Charles P. Larson. Using geospatial techniques to develop an emergency referral transport system for suspected sepsis patients in Bangladesh; January 2018 (<https://journals.plos.org/plosone/article/metrics?id=10.1371/journal.pone.0191054#citationHeader>, access 3 December 2022)


17. Institute for health metrics and evaluation (IHME). Financing global health 2018: countries and programs in transition. Seattle, WA: IHME, 2019 (https://www.healthdata.org/sites/default/files/files/policy_report/FGH/2019/FGH_2018_full-report.pdf, accessed 3 December 2022)
18. <https://www.who.int/bangladesh/news/detail/05-10-2017-bangladesh-national-health-accounts-an-overview-on-the-public-and-private-expenditures-in-health-sector>, accessed 3 December 2022
19. Hoque, Md & Mazmum, Fahami & Bao, Yukun. (2014). e-Health in Bangladesh: Current Status, Challenges, and Future Direction. The International Technology Management Review. 4. 87. 10.2991/itmr.2014.4.2.3.
20. http://www.searo.who.int/entity/health_situation_trends/cp_ban.pdf?ua=1, accessed 3 December 2022
21. Ahmed et al.: eHealth and mHealth initiatives in Bangladesh: A scoping study. BMC Health Services Research 2014 14:260
22. https://old.dghs.gov.bd/images/docs/vpr/lhb_2020.pdf
23. A Quiet Revolution: Strengthening the Routine Health Information System in Bangladesh. GIZ. 2014 http://health.bmz.de/ghpc/case-studies/A_Quiet_Revolution/index.html
24. <https://www.digitalhealthindex.org/>, accessed 4 December 2022
25. National eHealth Strategy Toolkit. Geneva: World Health Organization and International Telecommunication Union; 2012 (https://www.itu.int/dms_pub/itu-d/opb/str/D-STR-E_HEALTH.05-2012-PDF-E.pdf, accessed 4 December 2022)
26. Bangladesh - National Digital Health Scorecard; May 2018 (http://index.digitalhealthindex.org/country_profile/BGD, accessed 4 December 2022).
27. Md Humayun Kabir and Mohammad Kibria. HIS mapping: An inventory of digital tools in use by the Ministry of Health and Family Welfare in Bangladesh; August 2021 (https://www.data4impactproject.org/wp-content/uploads/2021/08/HIS-Mapping-in-Bangladesh_fs-21-525_D4I_FINAL.pdf, access 4 December 2022)
28. Real time health information dashboard, Directorate General of Health Services (<http://dashboard.dghs.gov.bd/webportal/pages/index.php>, access on 4 December 2022)
29. Peter Drury, Susann Roth, Tom Jones, Michael Stahl, Donna Medeiros. Guidance for investing in digital health. May 2018 (<https://www.adb.org/sites/default/files/publication/424311/sdwp-052-guidance-investing-digital-health.pdf>, accessed 4 December 2022)
30. Monitoring the building blocks of health systems: a handbook of indicators and their measurement strategies. Geneva: World Health Organization; 2010 (<https://apps.who.int/iris/bitstream/handle/10665/258734/9789241564052-eng.pdf?sequence=1&isAllowed=y> accessed 4 December 2022)
31. Mehl G, Labrique A. Prioritizing integrated mHealth strategies for universal health coverage. Science. 2014;345(6202):1284-1287. <https://science.sciencemag.org/content/345/6202/1284.full>
32. World Health Assembly, 69. (2016). Framework on integrated, people-centred health services: report by secretariat. World Health Organization. (<https://apps.who.int/iris/handle/10665/252698> accessed 4 December 2022)
33. https://www.who.int/health-topics/international-health-regulations#tab=tab_1, accessed 4 December 2022
34. <https://www.oecd-ilibrary.org/sites/f3a6bfe2-en/index.html?itemId=/content/component/f3a6bfe2-en>, accessed 4 December 2022

35. World Health Organization. (2020). Digital implementation investment guide (DIIG): integrating digital interventions into health programmes. World Health Organization. <https://apps.who.int/iris/handle/10665/334306>. License: CC BY-NC-SA 3.0 IGO
36. Digital health: a call for Government leadership and cooperation between ICT and Health. Broadband commission for sustainable development, ITU and UNESCO; February 2017 (https://broadbandcommission.org/wp-content/uploads/2021/09/WGHealth_Report2017-.pdf, accessed 4 December 2022)

APPENDICES

APPENDIX II: OUTCOMES

To deliver the outcomes stakeholders requires projects to deliver outputs. A summary table, developed by the Technical Working Group, that also gives the rationale for such outputs is given below.

CITIZEN 		
DESIRED OUTCOME	DIGITAL HEALTH OUTPUT	RATIONALE
Better trusted relationships between patients and health service providers.	ICT system provides verification of providers' authenticity.	Empower patients to build trust on health systems.
	A simple patient centered ICT system – or online personalized e-Health profile of all citizens – enables reporting of poor services.	Empower caregivers with digital authentication of their credentials.
Easy access for patients to their own records.	Diagnostic records that are interoperable.	Empowering patients to access their own records easily.
	Central repository for LAB reports.	Protecting patients from loss of lab records (aging, natural disaster i.e., flood, cyclone etc.).
	Auditable accessibility by caregivers.	
	Audit procedure of patient records developed and implemented.	
	Patients' consents while accessing the digital records ensured.	



DESIRED OUTCOME	DIGITAL HEALTH OUTPUT	RATIONALE
Interoperable systems support Shared Health.	Data standards for interoperable health information systems adopted.	Ensuring record interoperability and portability also ensuring accurate reporting of different interventions.
	Use of Shared Health Records across all health systems is standardized to keep health records centrally.	Caregivers empowered with accurate historical data anywhere anytime.
	Bangladesh Health Information Exchange (BHIE) is developed for patient data and aggregate data exchange between providers in different roles.	Ensure data accessibility between divisions, programs, health systems level, and relevant stakeholders; function to improve service delivery.
		Ensure efficient insurance service delivery.
Growth of virtual health services and remote consultation.	Legal framework for remote consultation and e-Prescription developed.	Empowering and protecting virtual service providers.
Service Providers ensure patients feel well cared.	Emotional Intelligence lessons introduced in eLearning platform for caregivers.	Empowering health professionals with essential soft skills.
	eLearning of soft skills for health sector professionals introduced.	Ensure greater patient comfort and satisfaction.

DESIRED OUTCOME	DIGITAL HEALTH OUTPUT	RATIONALE
Simple processes and requirements for identity management.	<p>e-registration process through multiple IDs introduced.</p> <p>Portable Health IDs developed.</p> <p>Linkage of parents NID with children's Health ID is operational.</p>	<p>Ensuring ID authentication and portability between different stakeholders.</p> <p>Enabling customers to access health services through minimum credentials.</p>
Equitable access to services.	<p>Mobile/tablet-based applications built with GEO location tagging.</p> <p>GEO tagged locations of current service points introduced and used for GEO tagged for data analysis.</p>	Analysis of current GEO tagged data can be used to plan for more equitable access to ensuring equity with respect to accessibility of service delivered in the future.
Fair and transparent process for accreditation and license renewal for providers.	All accreditation and licensing digitized with built-in due diligence engine.	Ensuring a transparent process and improving the quality of services delivered.
Equitable distribution of resources based on field level need.	<p>Analytical capability and capacity for data driven decision making.</p> <p>Open data policy adopted.</p>	<p>Ensuring effective allocation of resource.</p> <p>Ensuring use of information for policy decision / planners.</p> <p>Design better interventions.</p> <p>Ensure efficient monitoring of KPIs.</p>



DESIRED OUTCOME	DIGITAL HEALTH OUTPUT	RATIONALE
Innovations in the health sector and co-creation between multiple stakeholders enabled.	<p>Incubator for health technology providers developed.</p> <p>Innovation centre within the incubator developed, with Open data and processing capabilities with shared access.</p> <p>Investments made in emerging technologies in existing healthcare products.</p>	<p>Develop local capability of technology providers with emerging technologies.</p> <p>Ensuring democratization of innovation, promote co-creation.</p> <p>Giving access to open data to technology providers.</p>
Disease patterns and morbidity detected on time.	<p>Advanced analytical tools built to track and predict disease patterns.</p> <p>Interoperability in animal and human health disease tracking.</p>	Ensuring that interventions are timely based on early warnings.
Robust communications for effective awareness building.	<p>ICT based multichannel tools for communications built.</p> <p>Advanced analytical tools built for accurate identification and targeting.</p> <p>Integration enabled with 3rd party systems for data access e.g., BTRC databases.</p>	Ensuring success in communications.
Cost-efficient processes for surveys.	<p>ICT-based survey tool for existing mobile devices built.</p> <p>BYOD policy for data collection adopted.</p>	Enabling platform for conducting cost effective surveys.

APPENDIX III: EXPLANATORY NOTES FOR SOME OBJECTIVES

NOTE 1

IMPROVING HEALTH SYSTEMS USING DIGITAL TECHNOLOGY TO DELIVER WORLD - CLASS SERVICE THROUGH INNOVATION

Bangladesh is already using mobile apps, tools, and services. The consultation process has reinforced the increasing expectation that Bangladesh wants to use mobile apps and services to support their health and care needs. Health care professionals also can take advantages of innovative tools that are not only safe and secure but integrate with their workflow and improve efficiency.

The Strategy proposes a new initiative to support an expanding set of accredited health apps. It also proposes to deliver an improved developer program to enable industry and entrepreneurs to expand existing services and create new services that meet the changing needs of both patients and providers. Government will be a platform for industry and innovators to foster an agile and self-improving health system that is sustainable.

Globally a lot of innovative digital health services are emerging. AI, IoT and robotics are the underlying technologies of many of those services. To foster innovation in Bangladesh needs investment in research and innovation. It is an accepted fact that IT is all about people. Bangladesh needs to focus on Human capacity development in emerging technologies.

Realization of the benefits of digital health require changes in policy as well as health system operation capability enhancements. The Bangladesh National Digital Health Strategy requires collaboration and cooperation between consumers, health services, governments, and industry in order to succeed.

NOTE 2

A TRUSTED HEALTH ADVISORY SERVICE ACCESSIBLE THROUGH WEB AND MOBILE APP ANYTIME ANYWHERE

Bangladesh government health service call centre 16263 provides 24/7 free health advisory service to citizens. This has created the foundation for a digital health service anytime anywhere. Examples of disruptive digital technologies built on AI and machine-learning delivering dependable and precision level diagnostic/care services are available in global healthcare industry. This strategy proposes to support creation of these services and make them available in digital platforms like web, app etc.

Government will extend health advisory service creating web and mobile- accessible platforms to deliver 16263 like service using emerging technologies. Two examples can guide the development of this service one is 'health direct' Australia and another one is 'Babylon' of NHS UK. This platform can also handle registration and appointment services to eliminate long queue in the hospital counters.

HEALTH INFORMATION EXCHANGE

Bangladesh Health Information Exchange (HIE) will be the potential technology that will connect all health service seekers, health service providers and individual providers/professionals. It will be a safe and secure channel. Every healthcare provider will have the ability to communicate with other professionals and their patients via secure digital channels by 2023. Patients will also be able to communicate with their healthcare providers using these digital channels. This will facilitate gradually an end to dependence on paper-based correspondence. Digital communication will deliver significant benefits relating to the safety, quality and costs of Bangladesh healthcare as well as improving the continuity and coordination of care. Data availability will lead to innovation-led health care delivery supporting the development of new methods of diagnosis and specialist referral.

HIE will substantially improve Health system capability to manage disaster with a disaster alert capability.

NOTE 4

SHARED ELECTRONIC HEALTH RECORD (SeHR) ‘আমার স্বাস্থ্য তথ্য’ MAKING HEALTH INFORMATION AVAILABLE WHENEVER AND WHEREEVER IT IS NEEDED

Shared Electronic Health Records will facilitate sharing of clinical information between health information systems that will enable better patient care thus improving health outcomes. The SeHR will enable different services to share health data stored in a centralized data repository managed by the government. It will contain four subsets of data. The first part contains CCDS compliant demographic data of the patient along with his/her family linking, and mobile or email for communication. Second part contains health details such as allergy, chronic illness of a patient, drug sensitivity etc. potential information that is essential for life saving and holistic treatment. Third part is past medical records, and the fourth part is current medical data from various systems such as Electronic Medical Record (EMR) or Laboratory Information Management System (LIMS). e-Prescriptions will be stored here. This record is queried and updated between the different institutions and systems that are authorized to do so. It will be an operational, real-time transactional data source. This SeHR can be named as ‘আমার স্বাস্থ্য তথ্য’.

Shared Electronic Health record can be a game changer for Bangladesh Health System. Government will gradually enable each Bangladeshi to have আমার স্বাস্থ্য তথ্য (SeHR) starting by the end of 2023, unless they choose not to. From 2024 onward, all healthcare providers will be able to contribute to and use health information in আমার স্বাস্থ্য তথ্য on behalf of and with informed consent of their patients, providing potentially lifesaving access to reports of their medications, allergies, laboratory tests and chronic conditions, and supporting significant improvements in the safety, quality and efficiency of healthcare for the benefit of individuals, the healthcare system and the economy. Patients and consumers will be able to access their health information at any time online and through mobile apps. Most importantly patients will decide whom to allow access to their SeHR and in complete ownership. Bangladesh is striving to become an innovation led economy and the initiative of আমার স্বাস্থ্য তথ্য will open up an unprecedented opportunity for innovation in the health care sector.

E- PRESCRIPTION TO BE USED WHEREEVER FEASIBLE BY PRIVATE PRACTITIONERS, CLINICS AND HOSPITALS NOT HAVING OPERATIONAL INTEGRATED HMIS SYSTEM ENSURING BETTER AVAILABILITY AND ACCESS TO PRESCRIPTIONS AND MEDICINES INFORMATION BETWEEN SeHR

Considering country context, It is important to connect private sector to HIE and SeHR **আমার স্বাস্থ্য তথ্য** to achieve the vision of digital health. ePrescription system is the potential technology that enables sharing of information to this end. By the end of 2023, all patients and their providers will have access to comprehensive views of their prescribed and dispensed medications through the **আমার স্বাস্থ্য তথ্য** Record system. This together with ePrescription system will reduce the incidence of medication errors and adverse drug events – minimizing harm to patients and creating significant cost savings. This is supposed to make positive impact on people's health outcome making available of relevant data for the practitioners to take treatment decision.

All prescribers and pharmacists will have access to electronic prescribing and dispensing, improving the safety of our systems cutting the menace of antibiotic misuse.

NOTE 6

DIGITALLY ENABLED MODELS OF CARE THAT DRIVE IMPROVED ACCESSIBILITY, QUALITY, SAFETY AND EFFICIENCY

Digital technology can transform outcomes and experiences of different group of professionals and user groups in different ways. The Strategy proposes a number of pioneering initiatives – co-produced between consumers, governments, researchers, providers and industry – to test evidence-based digital empowerment of key health priorities and to investigate and collectively solve any technical obstacles and then, where appropriate, to promote them nationally. These will adhere to the digital health architecture framework and BDHA and BNDA, optimized using shared services and platform where feasible, to include:

- Support for the Health Care Home delivery trial and more integrated management of chronic illness.
- Development of new digital services to support the health of mother and babies and young children through disruption.
- Improvement of digital services for advance care planning.
- Improvement of information sharing in urgent and emergency care widening access to telehealth services, especially in rural and remote Bangladesh.
- Home delivery of Primary Healthcare and Family Welfare Services.
- Home management of elderly care using IoT and innovative services.

NOTE 7

BANGLADESH DIGITAL HEALTH ARCHITECTURE (BDHA) WILL SET THE STANDARDS IN CONFORMITY WITH BANGLADESH NATIONAL DIGITAL ARCHITECTURE (BNDA) TO ENSURE HIGH-QUALITY DATA WITH A COMMONLY UNDERSTOOD MEANING.

The interoperability of clinical data is essential to high-quality, sustainable healthcare – this means that patient data is collected in standard ways and that it can be shared in real time with them and their providers. Standardization of health data is needed to facilitate use of common meanings that are used in health information supporting effective recording of clinical data. This will provide the core general terminology for electronic health records. As the HIE, BDHA and BNDA are established as part of the Whole of Government (WoG) strategy, framework, and approach so the foundations are laid for the managed introduction of Shared Electronic Health Records.

NOTE 8

BIG DATA AND ANALYTICS PLATFORM FOR USE OF DATA AND OPEN DATA PLATFORM FOR PROACTIVE DISCLOSURE

Bangladesh government will build a Big Data and Analytics platform to enable use of data for decision making and to proactively disclose depersonalized data through open data platform for peoples' participation in monitoring of health system and fostering innovation. The health system dashboard available now will be further enhanced with using data collected through HIE and using visualization tools to enable citizens to view real time performance.

NOTE 9

A WORKFORCE CONFIDENTLY USING DIGITAL HEALTH TECHNOLOGIES TO DELIVER HEALTH AND CARE

Digital tools and technology are the core of digital health. Workforce readiness of using these tools and technology is crucial to success. Enabling curriculum in academic life and opportunity for learning by doing at workplaces can create a critical mass of workforce ready to operate digital service delivery. Healthcare professionals need more support in learning how to maximize the benefits of digital health tools and services. The MIS unit of Director General Health Service's office and Director General Family planning will collaborate with governments, care providers and partners in workforce education to develop comprehensive proposals so that by 2024 all healthcare professionals have access to resources that will support them in the confident and efficient use of digital services. In addition, the strategy proposes rapid promotion of a SeHR network of clinician digital health leaders and champions across Bangladesh.

Published by

Management Information System
Directorate General of Health Services
Health Services Division
Ministry of Health & Family Welfare and
World Health Organization Bangladesh

