

DECLARATION

First National Telemedicine Workshop (9-10 September 2016, Nepal)

More than one hundred participants representing different parts of Nepal and countries from South Asia gathered in Kathmandu on the 9th and 10th of September 2016 for the First National Telemedicine Workshop, jointly organized by the Nepal Research and Education Network and Telemedicine Society of Nepal. Extensive and elaborate sharing was done and the way ahead for effective, efficient, and meaningful use of Information and Communication Technology for Health (ICT4H) was sought through this “Sharing for Synergy”.

We, the participants appreciate that:

- Information and Communication Technology (ICT) is one of the few things that are getting more and more affordable, accessible, and efficient; ICT must be effectively and efficiently used by less privileged countries and their people to catch up with the rest of the world.
- Despite the possibilities opened by advances in ICT, there are more stories of failure of e-health including telemedicine and e-learning than of success.
- Reluctance or inefficiency of the bureaucracy – both at national and regional levels - and among specialists and rural healthcare workers have been some of the important hindrances in the practice of telemedicine.
- The cost of franchised versions of telemedicine equipment is too costly for poor countries.
- There is an appreciable lack of ways for effective communication between the remote end and the telemedicine center.
- There is no clearly defined law about telemedicine practice.
- And that e-health can only complement but not replace the human touch in healthcare.

We feel the need for:

- A high degree of commitment from the State to support and develop e-health activities in respective countries and at the regional level.

- Creating better non-governmental models of e-health activities including telemedicine and CME e-learning.
- Better cooperation, communication, and coordination among the telemedicine practitioners.
- Exploration and use of more user-friendly technology including highly mobile devices and software.
- Development of communication infrastructure focused on telemedicine.
- Having more engineers and technicians involved in telemedicine.
- Involvement of more health institutions in telemedicine.
- Clearly defined regulations about telemedicine activities.
- More tertiary-level health institutions closer to the periphery provide easy referral and telemedicine services providing prompt responses whenever needed.

To achieve these goals, we the participants jointly are committed to working together as advocates, actors, activists, and facilitators.

We the participants agree to further strengthen the Telemedicine Society of Nepal as our common forum.

We the participants also have the common feeling that this is a gathering guided by our social responsibilities. We therefore have taken this opportunity to discuss things that are important for making healthcare more widely available to the people – reach out to the people who cannot reach us. Our interactions ‘beyond telemedicine’ have further led to our commitment to developing easy and free (or highly subsidized) referrals for needy people from remote villages.

We commit to organizing regular CME through e-learning and try to make it accredited.

We, all the participants from the South Asia region commit to achieve and maintain the highest degree of cooperation, and coordination not only in telemedicine and e-learning but beyond telemedicine to achieve the goal of healthcare for all.