

The national Coordinator of the University Telemedicine Network – RUTE and Director of the project on Regional Public Policy Protocols for Telehealth in LAC – an IADB Regional Public Assets Programme, Luiz Messina, is one of the most renowned people in the field of telemedicine in Latin America and widely recognised for his innovative initiatives in this field. We talked to him about the initiatives he has undertaken for the benefit of Latin America.



What is the importance of developing regional public policy protocols for telehealth?

At the beginning of 2000, when we started working on Telehealth projects in Brazil involving more municipalities, most health managers still neither knew about the concept nor had the staff and the operational enabling technology for remote assistance, permanent education and collaborative research; the compression hurdles constrained the incorporation of health managers. Today, the advantages are evident and economically guaranteed, and this has facilitated their incorporation.

The importance of developing regional public policy protocols for Telehealth in LAC – Latin America and the Caribbean – countries reflects in the first place the need for Ministries of Health and stakeholders (health universities, hospitals, health research centres, ECLAC, PAHO, WHO) to discuss, describe and disseminate issues and better practices in Telehealth, so that the different experiences are discussed and shared.

What was the fundamental reason that led you to propose the implementation of this project?

The acknowledgement that building on these discussions, on the incorporation of shared objectives and on the organisation of workshops and operational demonstrations, Ministries of Health have the opportunity to identify clearer operational structures and can thus decide on the most important applications and incorporations in each country at a municipal, provincial and national level.

The project started with the support of the ministries of health from seven countries (Brazil, Mexico, Colombia, Ecuador, Uruguay and El Salvador) and Argentina, Costa Rica, Chile, Guatemala, Peru and Venezuela will shortly join. Why didn't these last six countries join from the beginning and what was it that convinced them of participating

after more than one year of activities?

Telehealth depends initially on the infrastructure of digital communications networks. In this sense, RedCLARA's participation since the beginning of the articulation for the project's formulation was and is very important for the incorporation of all the collaborating countries and their Ministries of Health. The participation of National Research and Education Networks (NREN) is also fundamental in order to ensure advanced connections and greater communication speeds in each country. This model which incorporates NRENs for the connection of health universities, apart from enabling broadband connections, it integrates specialists in health with the applications and the definition of Telehealth in distance education, remote assistance and collaborative research.

At the beginning of the project's elaboration the importance of Telehealth was still not clear for some Ministries of Health. Today they are all searching for solutions in their countries to involve specialists: the simplest and most effective model is the one which makes use of NRENs.

How do you establish the relations within the project and between the work groups?

Apart from the six monthly virtual sessions for project management (through videoconference), we hold weekly sessions between coordinators and work groups. We also organise general bimonthly sessions for project coordination with the participation of all the representatives from the Ministries of Health in participating countries. And also, a few LAC institutions are already participating in the Special Interest Groups (SIG).

Apart from videoconferences, as part of the project I understand you have had some online surgery transmissions, what is the complexity of conducting these transmissions and why is it important to conduct them?

Online surgeries are still not regularly transmitted and there is no schedule. The ones that have been conducted are just a few cases and respond to the vision of surgeons who have already understood the efficiency of these transmissions so that resident students and health professionals learn about the applicable methodologies. The sessions have been developed through the use of high definition cameras which transmit video images and surgeons complement them with explanations and slides.

We also feature the development of new software for the capture and transmission of multiple concurring videos, which are already demonstrable prototypes. The participation of students, with full visualisation of all the steps through the videos, can be interactive and therefore problem-solving.

Are such transmissions the first step for the development of telemedicine experiences between the different countries in the region? Will we reach a point in the near future when we, for instance, a specialist in Brazil can interact in real time in a medical appointment or a surgery with a specialist in Ecuador?

Geographical distances are no longer an obstacle when we have a communication infrastructure. This is why the first thing in order of importance is to have that communication infrastructure; in Latin America we have RedCLARA. Here the difficulties take place at an organisational and cultural, level. The legislation is also an obstacle to be understood and applied; this takes time. From the point of view of technology, if there is communication infrastructure and culture, today a specialist can assist a patient in any other remote location.

You and the project leaders have had meetings with the Pan American Health Organisation (PAHO), and part of the discussions you have sustained with this entity have served as the basis for the Strategy and Action Plan on eHealth that they are trying to implement and you have already been invited to participate in the actions to be implemented in the countries as part of such strategy. Could you talk about the relationship with PAHO and the main contributions that you have made building on the experience of the public policy project and on your own experience at RUTE?

PAHO is going to participate in the Public Policy Project on Telehealth for LAC and in the Project's coordination videoconferences. Since there are already 12 countries in LAC actively participating through their Ministries of Health, PAHO is interested in taking advantage of and encourage the developments obtained. Public Policies in Telehealth are already a theme for discussion in all Ministries of Health worldwide. For some countries this has already become a National Telehealth Programme, as in the case of Mexico and Brazil, which have begun their programmes in 2002 and 2005, respectively.

The experiences in RUTE has served to raise awareness about the importance of interfacing the Ministry of Health with the specialists, professors and researchers in the academic and university and teaching hospitals; today, all of them are connected in Brazil through the Advanced Research and Education Network, RNP.

I understand that by the end of the project you will attempt to structure Telehealth University Networks. Will they operate over RedCLARA?

Sure they will! RedCLARA is the regional infrastructure which allows all countries in LAC to think, experiment, plan and structure increasingly more demanding services in terms of communication and integration infrastructure between people, organisations and governments.

How important is RedCLARA for the development of the activities involved in the regional public policy project and in the experiences in RUTE?

The distribution of communication infrastructure in the countries in the northern hemisphere is well ahead of the connections in the southern hemisphere. That is, the experimentation facilities are still not easy to get in LAC. This is still the major initial obstacle.

In the vast majority of health institutions in LAC the modern capacities for data capture and transmission cannot be demonstrated. And having such infrastructure is essential to convince health professionals and country leaders of Telehealth's applicability, even more so for most countries in LAC which have an inappropriate distribution of specialists in isolated regions.

RedCLARA is the basic enabling infrastructure.

This is where the importance of the practices in RUTE, the University Telemedicine Network, lies. Having these capacities thanks to its connection to RNP, the Brazilian NREN is related to the Ministry of Science, Technology and Innovation, the Ministry of Education, and incorporated into the National Programme for Telehealth Networks run by Brazil's Ministry of Health.