Potential Contributions to the Sixth Session OWG/SDGs

⇒ It provides the opportunity through which technological advancements within the health sector assume the desired feasibility options for universal health coverage enhanced via cost-effectiveness in medical care planning and needs evaluation within LDCs or sub-Saharan African countries;

⇒ It as well provides a dynamic communication network wherein both basic and expertise knowledge is shared in order to strengthen and equate solutions opportunities and avenues;

⇒ It is presented to highlight a developmental need that would foster inter-local, international and intergovernmental communications partnerships within very sensitive SDGs domains;

⇒ It as well presents the opportunity for global partnership investment avenues in view of realising multi-stakeholder engagements including for financing, technology innovation and diffusion, and capacity building for people and institutions within the health domain and more; and

⇒ In the medium for empowering modern educational prerequisites as enablers for progress in some emphasized SDG fields including health and employment, the presented networking system is designed to reproduce the cumulated effects on an increased demand for more qualified youthful employment opportunities within local communities.

How can You Be of Support to this Development Spectrum?

In order to realise this modern zeal for technological growth and dynamic e-governance opportunity for development provisions equality between divided and class regulated societies, as such fostering the SDGs for sub-Saharan African countries, LDCs and LLDCs, you can be of use in many ways:

⇒ As part of the civil society, your organization needs to build on advocacy strategies to influence the rapid engagement of private institutions in e-communications and sharing avenues as the most appropriate means of managing their affairs;

⇒ As a member of a governmental entity, you need to influence policy planning opportunities towards the less tedious, consistent and dynamically efficient means of consolidating and evaluating both local and national statistics data; and

⇒ As a potential investor, you need to encourage the ICT capacity growth of the local community youths and as well support institutional digitalization processes of local community institutions.

Knowing and Partnering with MAHSRA

The Modern Advocacy Humanitarian Social and Rehabilitation Association - MAHSRA is a legally registered NGO entity operating under the missionary dream of:

Realizing an egalitarian society wherein the less privileged, the marginalized and vulnerable persons and populations are empowered and granted equal rights and opportunities in the participation and development of a modern world that is founded on principles of human rights, social justice and meritocratic equity

Through the dynamic and interwoven nature of its orientated activity dimensions, MAHSRA's principal intervention domains are enumerated in Peace, Human Rights, Democracy, Health, Social Development, Gender Equality, Humanitarian Assistance, Youths and Sustainable Development as further elaborated at:

http://www.mahsra.org

For further inquires and development assistance or partnerships pertaining to the community health unit database networking systems and other organizational activity focuses, our contacts below are most reliable.

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Global Aid and Health Associates

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Thematic Focus:
Health and Population Dynamics

Digitalising Poor Community Health Problems

Accessibility, Accountability & e-Governance Evaluation Schemes for LDCs

OWG/SDGs Side-Event
11 Dec 2013 - Room A
6:15 - 7:30PM

9 Dec 2013 - 13 Dec 2013
New York, UNHQ

Introduction

As debated and agreed upon by the co-chairs' meeting with major groups and other stakeholders of the June fourth session 2013, social protection floors and quality cash transfers were raised as an effective way to help the most vulnerable. As well, meanwhile considering the burden of youth unemployment as a key SDG challenge in both developed and developing countries, universal health coverage was raised by many as a possible goal and an important tool to foster healthy populations.

The major points which were to the effect that in order to make the health coverage feasible in all countries, the cost-effectiveness of medical care should be taken into consideration when planning heath care systems, cumulated to the focus that there is actual need to device a fully inclusive and strategic monitoring and evaluation methodology for automated accesses and support at reaching the health currents within remote areas and vulnerable populations.

From a pragmatic position, the implications of such global worries are most felt within the LDCs or poor countries where gathering information on living conditions or health situational realities within distant localities is done in very inconsistent basis and with much flawed statistical data. Reasons why consistent Health AID assistances within certain regions/zones still have not granted permanent solutions to the regional problems. What are the issues at stake?

⇒ *Failures in attaining sustainable practical health solutions in LDCs;*

⇒ *Failures in effective healthcare management/governance priorities at the basic vulnerable community levels;*

⇒ *Waste of AID resources on speculative health issues within LDCs;*

⇒ *Neglect of more avenues for facilitated community support to victims.*

Goal

To Foster Dynamism, Effectiveness and an Automated Distant Evaluation Scheme in Patient Data Keeping, Communication, Technical Healthcare Solution Exchanges and Distant Financial Service Delivery/Control for Community Health Systems in LDCs or Sub-Saharan African Countries.

Entwined Objectives with OWG/SDGs

⇒ Automate an empiricist model on social stratification for evaluated, strategized need, and efficient healthcare delivery/aid for vulnerable communities within LDCs;

⇒ Cumulate the potential healthcare data communication dynamism in technological development, youth employment and direct investment flows in LDCs;

⇒ Increase healthcare accountability frameworks and e-governance management opportunities for multi-stakeholder engagements within unified and consented solutions to zonal health policy issues;

⇒ Foster the need for science and technological knowhow within management/governance mechanisms at local, national and regional levels.

The Design

The Community health Unit Database version 1.0 Networking System is a basic e-health data storage and sharing ICT software enhancement opportunity with operational capacity at two levels:

1. Within a single health unit by visibly and dynamically cutting through the operational relationship between the health personnel administration, patient care monitoring and follow-up and distant health bills financial transactions; and

2. Amongst an unlimited amount of aggregate health institutions and other related sectors such as the banks and mobile companies linked-up in the system.

With regards institutional management perspectives, the system is also structured to accommodate a health personnel performance evaluation plan that appraises the needs, development and recommendation of the community health unit staff by their supervisors as well as granting an end focal point to manage the health units work plans, activity reports and recommendation from the unit heads and other related communications of interest.
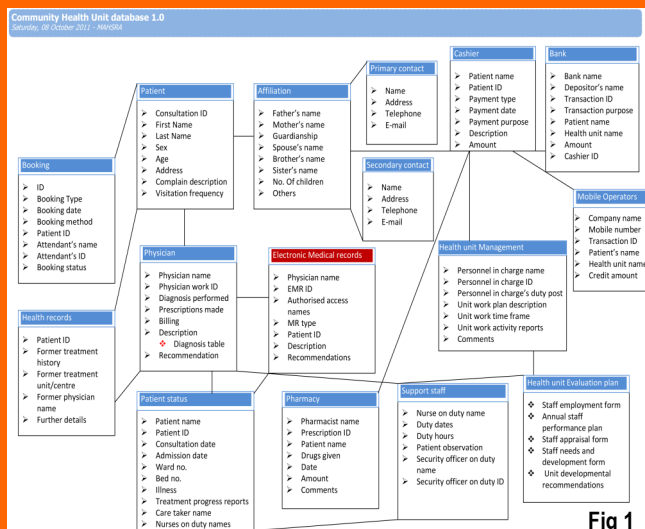
See **fig. 1** besides

Fig 1

The Basic Operations within a Single Health Institution

♦ At the consultation level, the patient's personal health identification profile is created if new or verified if already existent with the proceeding examinations updated on the profile while leaving an audit trail;

♦ The treatment profile is as well updated with the physician's identity, the medical diagnosis results table, and the identities of the personnel in charge of the patient's stay in the health unit including the health unit based/recommended drug dispensaries and pharmacists;

♦ The consented banks and affiliated mobile companies serve as the health credits making mechanisms for distant health bills settlements through unique patient identification numbers; and

♦ The health unit work evaluation plan and staff management options grant the possibility to plan, record, assess and recommend personnel efforts and other developmental and patient care needs within the concerned health unit.

The System's Utility to Sectorial Health Concerns

⇒ The patient health records audit trail stores strategic information for assessing the major health worries within the user community;

⇒ Improper medical diagnosis, diverted or unserious health personnel to patient care delivery become digitally accessible;

⇒ Manual efforts and additional expenses for patient health data collection/accessing with facilitated health-bills regulatory options reduced;

⇒ Technological capacity ICT knowhow for health personnel and other community youths system's developers/maintainers increased.

The Networking Framework:
Care and Obligation From a Distance

The key development premise here is at dynamically and automatically getting the health worries of the marginalised and vulnerable populations to the concern of national and regional government awareness positions. This is achieved through the interwoven health data sharing and policy agenda communications within secured tunnels that make it possible for distant assessments and needs evaluations to be processed and effected momentarily.
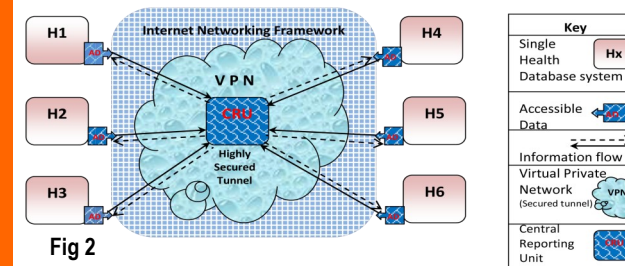
Fig 2

The Operational Premises

♦ At a primary and local level, accessible patient information within a single health unit is made available within the networking framework for a central administrative or reporting unit which transmits such data for the visibility of other aggregate health units;

♦ At a secondary and national level, the aggregated private and public health institutions are as well linked up to the second central or national health control unit; and

♦ At a tertiary and regional level, a secured online health exchange communication flow is established amongst the consented national health control units.

Direct Community and Government Policy Benefits

⇒ It brings the health worries and concerns of the distant vulnerable communities closer to the major health assistance institutions on an egalitarian measure and communication route as every other privileged community;

⇒ It facilitates the engagement of near and distant community support for internalised and abandoned patients, as such abreacting the suffering of the community's most vulnerable persons;

⇒ It provides the opportunity for rapid technological capacity development for health personnel and employment venues for the community youths involved in the system's management processes;

⇒ It drastically reduces the cost of periodic local and national health evaluation procedures and improves health personnel service delivery performances due to distant monitoring options.