

e-Health Evaluation – A Flaw in the Ointment?

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Introduction

Evidence to support the value of e-health (telehealth + health informatics) initiatives is consistently challenged in the literature, with the general assessment being that it remains poor. Several reports indicate a variety of reasons for this, including too little time and resources, unclear rationale, poor research design, and insufficient data. In Canada those charged with evaluating local e-health applications may have little or no formal research expertise or evaluation training, suggesting an additional reason may be a lack of health research or evaluation capacity. A recent review of IDRC funded e-health projects in Asia suggest the same may be so for developing countries.

Methods

Site visits were made to eleven IDRC funded 'ICT in health' initiatives in six Asian countries, and project team leaders and team members interviewed. One goal of the visits was to understand the 'value' of each project to the funder, which required review of the evaluation process for each project.

Results

Through interviews, review of available documents, and completion of a project evaluation exercise, capacity building in evaluation was identified as one need. To identify a tool that could be used to assess local evaluation capacity in the future, a literature search was then performed (e.g. 'capacity building' / 'capacity development linked with 'developing countries' / 'e-health' or 'telehealth'). The literature review revealed one tool, developed for and by a developing country institution, which focussed on assessing 'health research capacity'.

Discussion

IDRC recognises that evaluation makes an essential contribution to learning and acquiring knowledge about effective approaches to research for development. To support future initiatives the 'health research capacity building' assessment tool could be adapted by a group of pan-Asian e-health stakeholders to develop an operational tool that meets their specific needs within the area of e-health evaluation capacity. Application of such a modified tool would identify evaluation strengths (to be leveraged) and weaknesses (to be addressed) of local teams. Plans are underway to identify and gather a group of pan-Asian e-health stakeholders.

Conclusion

Application of the tool will permit focussed support to be provided for evaluation of future IDRC funded e-health initiatives. This will both build local e-health evaluation capacity as well as improve the quality of evidence gathered.