

Analysis of Networks

This document shows how various networks presented in the December 2011 AeHIN Workshop could possibly support the formulation of the Asia eHealth Information Network (AeHIN). Each network is analyzed based on how it can contribute to the following working groups: capacity building, standards and interoperability, enterprise architecture, and compliance. Said working groups (WGs) are modeled after the sub groups of the ICT4H Consultative Group.

ICT4H is a model for collaborative approaches for public and private ownership in the Philippines. These WGs, surfaced from common themes and points of discussion during ICT4H meetings and conventions. The WGs, operate to recommend action steps to the Philippines' Department of Health on achieving eHealth goals for universal health care.

ICT4H Working Groups

A. Capacity building are activities/initiatives which enable health and development workers to use ICT tools in running eHealth applications. This could be in the form of training, collaborative-sharing of experiences, activities, whether face-to-face or on the web.

B. Enterprise architecture are blueprints for standards-based and interoperable health information systems and eHealth solutions. It is set of tools and approaches that will enable information sharing, enhance service delivery, and improve efficiency through ICT.

C. Standards and Interoperability defines the technical specifications and criteria agreed upon by users and developers order for information systems and eHealth applications to run and communicate with each other. It is meant to be used consistently to ensure that ICT products, processes, interventions/services serve their purpose.

D. Compliance is the extent when specific criteria/indicators/standards are observed in eHealth applications and solutions.

Network	Description	Capacity building	Enterprise Architecture	Standards and Interoperability	Compliance
Joint Learning Network	Peer-to-peer learning platform for policymakers and payers in LMICs striving to finance universal coverage (health financing reforms/national health insurance) of their populations' health care needs	Enables stakeholders and partners to work and share learning together through JLN technical tracks	Information Technology, amongst its technical track, facilitates sharing of business requirements for information systems.	Quality, amongst its technical track, deals with ensuring an adaptable framework to organize and measure health insurance progress in each country.	

Pacific Health Information Network	Network created to support health outcomes and health systems through the strengthening of health information.	Provides a capacity building mechanism for networking, support, information sharing and training for people working as health information professionals		Primary focus is on integration of health information systems (HIS), and to ensure that cost-effective, timely, reliable and relevant information is available, and used, to better inform health development policies	
International Open Source Network (IOSN)-UNDP	A community that facilitates and network of FOSS advocates and human resources in the UNDP Region.	Conducts trainings for: <ol style="list-style-type: none"> 1. Trainers on Linux systems 2. Training on Basic Linux Desktop 3. Training on FOS GIS 	Assist in the coordination of FOSS programmes and initiatives through information sharing and networking in the Asia-Pacific region		
OpenMRS	A collaborative open source project to develop software to support the delivery of health care in developing countries	Conduct implementers Open MRS Forum where OpenMRS community share experiences for improving OpenMRS implementation	Improve health care delivery in resource-constrained environments by coordinating a global community that creates a robust, scalable, user-driven, open source medical record system platform.	Conducts trainings and activities that suggest open standards, open content, and open-access principles and practices, and will be guided by established informatics principles.	
Virtual Learning Development Program in Health Information	Learning program that extends leadership development opportunities into the workplace for health managers and their teams through the use of ICTs	Conducts blended learning in small groups using various learning models, materials, and approaches			

Hong Kong eHealth Consortium	Bridging health care and IT industries to advance eHealth in Hong Kong and Mainland China	Carry on training and education among health care workers, including health care professionals to facilitate and promote the use of IT as a key enabler in the healthcare industry.		Has Data Standardization as a technical track	Has ICT project pilot-testing to test eHealth innovations as a technical track
International Medical Informatics Association	An 'association of associations', IMIA acts as a bridging organisation, bringing together the constituent organisations and their members	Nurtures international cooperation and stimulates research and development. It also spearheads leadership in the field of medical, health and bio-informatics.			
Asia Pacific Association for Medical Informatics	A regional group within the IMIA and it represents an extension of IMIA's global interests in promoting IT health.			Has standardization as its technical track that proposes standards for clinical terminology	
International Society for Telemedicine and eHealth	A network that promote international health telematics – particularly telemedicine and associated fields – including research, development, practical applications and initial and supplementary training.	Supports cooperation between non-governmental organizations on the one hand and governmental and non-governmental institutions on the other support national telemedicine and eHealth organizations promote the cause of telemedicine and eHealth within the		Has a scientific personnel that promotes the formulation and publication of rules for good practice. Has guidelines to act support activities relating to the establishment of appropriate legal outline conditions for telemedicine and eHealth applications	

		World Health Organization and other international institutions			
International Telecommunication Union	A global and intergovernmental ICT organization which banks on public and private partnership.	Development, one of its working area, enables ITU members to expand ICT reach, policy, and implementation amongst members to address digital divide		Has standardization as one of its technical track; underscores need for a precise criteria for systems and technologies to work.	
PAN Asian Collaboration for Evidence-based eHealth Adoption and Application	A network created to generate empirical evidences from eHealth implementation	Besides conducting research, the network do virtual and face-to-face seminars within its members to equipped them towards PANACeA directions			

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Analysis of Existing eHealth Networks

Name of the Network	Joint Learning Network for Universal Coverage	
Who initiated, Who are members	<p>Ghana, India, Indonesia, Kenya, Malaysia, Mali, Nigeria, the Philippines, Thailand and Vietnam</p> <p>Operates in providing assistance to 4 Technical Tracks:</p> <ol style="list-style-type: none"> 1. Quality 2. Provider Payment Mechanisms 3. Information Systems 4. Expanding Coverage 	
About	<p>JLN is a peer-to-peer learning platform for policymakers and payers in LMICs striving to finance universal coverage (health financing reforms/national health insurance) of their populations' health care needs.</p> <p>It aims to accelerate progress and improve the success of demand-side health financing reforms designed to move low and middle-income countries toward universal health coverage (UHC)</p>	
Direction	<ol style="list-style-type: none"> 1. Create community and increase shared learning among countries pursuing universal health coverage 2. Increase knowledge of sound policies and effective implementation in focused technical areas 3. 3. Catalyze country level progress by enabling JLN members to translate the evidence into actionable reforms 	
Governance structure	Secretariat: ACCESS Health, GIZ, IHPP Thailand, the Results for Development Institute and the World Bank.	
Partners	LMICs: Ghana, India, Indonesia, Kenya, Malaysia, Mali, Nigeria, Thailand, Philippines,	
Strategy for expansion	<p>Complete a simple application that describes the state of reform in the country, assesses key technical challenges and learning priorities, and identifies individual participants and focal points. Prospective members of the JLN may petition for membership at any time.</p> <p>The Secretariat will review petitions for membership in the network. Prospective members are encouraged to speak to contacts in the initiating countries for guidance and support in joining the JLN.</p> <p>JLN member countries have access to the Joint Learning Fund and will likely be able to send larger delegations to JLN events as appropriate and relevant to their reform efforts. However, many Joint Learning Network events, activities and</p>	

	resources will be open and available to non-member countries.
Activities	<ul style="list-style-type: none"> • On-demand learning and exchange: Peer-to-peer exchange and targeted technical support helps countries to design, organize, implement, evaluate, and seek funding for reforms. The JLN provides support for member countries for on-demand learning through the Joint Learning Fund (JLF). Member countries can apply to the JLF for support for activities such as site visits, staff secondments, regional events, or technical assistance. • Multilateral learning workshops: Multilateral workshops maximize opportunities for informal networking and discussions on coverage topics of shared interest. Past workshops include Moving Toward Universal Health Coverage, Provider Payment Systems, and Expanding Coverage to the Informal Sector. Information on upcoming workshops can be found in the Events section, you can also sign up for our quarterly newsletter for more information. • Operational research & Analysis Connections between practitioners and researchers help respond to pressing country demand. • Documenting country experiences: In order to deepen the evidence base and cross-learning opportunities available to its members, the JLN Comparative case studies and other analytical products document reforms that are underway. Key pieces of this activity include both the Countries and Programs sections of this web site, as well as the Documents Browser.
Website	http://www.jointlearningnetwork.org/countries

Name of the Network	Pacific Health Information Network	
Who initiated, Who are members	<p>Established in a Health Metrics Network in Noumea in 2006</p> <p>Members: Australia, Cook Islands, Federated States of Micronesia, Hawaii, Independent state of Samoa, New Zealand, Papua New Guinea, Republic of Fiji, Republic of Kiribati, Republic of the Marshall Islands, Republic of Nauru, Republic of Palau, Republic of Vanuatu, Solomon Islands, Tonga, Tuvalu</p>	
About	Created to provide a mechanism for networking, support, information sharing and training for people working as health information professionals in the region	
Direction	<p>PHIN aims to support health outcomes and health systems through the strengthening of health information. To achieve this PHIN has a number of specific target outcomes across the region including</p> <ul style="list-style-type: none"> • To support the integration of health information systems (HIS), and to ensure that cost-effective, timely, reliable and relevant information is available, and used, to better inform health development policies • To provide a capacity building mechanism for networking, support, 	

	<p>information sharing and training for people working as health information professionals</p> <ul style="list-style-type: none"> To promote health information systems in the broader health system strengthening agenda.
Governance structure	President, Vice President, PHIN Secretariat
Partners	University of Queensland Health Information Systems Knowledge Hub (HIS Hub), World Health Organisation (WHO) Western Pacific Regional Office (WPRO), Secretariat of the Pacific Community (SPC), United Nations Population Fund Asia and Pacific Regional Office (APRO), Pacific Island Health Officers Association (PIHOA), Health Metrics Network (HMN)
Strategy for expansion	Membership is free, and members are encouraged to recommend others to join.
Activities	Submission of journal articles for journal publication, participation on conventions for HIS
Website	http://phinnetwork.org/AboutUs.aspx

Name of the Network	International Open Source Network (IOSN)-UNDP	
Who initiated, Who are members	<p>Established by United Nations Development Programme (UNDP) in 2003 through the UNDP Asia-Pacific Development Information Programme.</p> <p>Members are: IOSN ASEAN+3, IOSN PIC (Pacific Island Countries), and IOSN South Asia, based in Manila, Suva and Chennai respectively,</p>	
About	<p>IOSN shapes its activities around FOSS technologies and applications. It is "tasked specifically to facilitate and network FOSS advocates and human resources in the region. Vision is that developing countries in the Asia-Pacific region can achieve rapid and sustained economic and social development by using affordable yet effective FOSS ICT solutions to bridge the digital divide.</p> <p>IOSN is a Center of Excellence for free and open sourcesoftware (FOSS), open content and open standards in the Asia-Pacific region</p>	
Direction	<ul style="list-style-type: none"> Serve as a clearing house for information on FOSS in the Asia-Pacific region. Strengthen current FOSS capacities. Assist with the development of needed toolkits and resource materials, including localisation efforts. Assist in the coordination of FOSS programmes and initiatives through 	

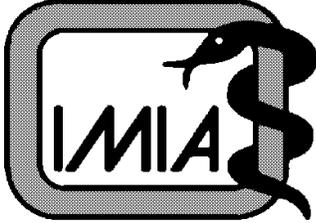
	information sharing and networking in the Asia-Pacific region.
Governance structure	
Partners	InWEnt - Capacity Building International, Tactical Technology Collective, Aspiration, Centre for Internet and Society
Strategy for expansion	Uses mailing lists, FOSS e-discussion
Activities	FOSS projects in Asia Pacific, manage existing contents for IOSN, collaboration within wiki projects, content management systems in the IOSN Portal Conducts training of trainers in Linux Systems Administration, training on FOSS Geographic Information Systems, training on Basic Linux Desktop,
Website	http://www.iosn.net/

Name of the Network	OpenMRS	
Who initiated, Who are members	Led by Regenstrief Institute, a world-renowned leader in medical informatics research, and Partners In Health, a Boston-based philanthropic organization with a focus on improving the lives of underprivileged people worldwide through health care service and advocacy.	
About	A collaborative open source project to develop software to support the delivery of health care in developing countries	
Direction	To improve health care delivery in resource-constrained environments by coordinating a global community that creates a robust, scalable, user-driven, open source medical record system platform.	
Governance structure	Co-Founder and President: Paul Biondich Co-Founder and Chief Software Architect: Burke Mamlin	
Partners	The Canadian International Development Research Centre (IDRC), Center for Disease Control (CDC), The Fogarty International Centre, Google, The Millennium Villages Project of the Earth Institute, Columbia University, National Institutes of Health, Oregon State University Open Source Lab (OSUOSL), Partners in Health, Regenstrief Institute, The Rockefeller Foundation, South African Medical Research Council, ThoughtWorks, Inc., World Health Organization	
Strategy for expansion	Community-building, segmentation of ways on how to collaborate (i.e. software development and testing, documentation, translation, evaluation, information dissemination)	
Activities	Software development, networking and linkaging	

Website	http://openmrs.org/	
Name of the Network	Virtual Learning Development Program in Health Information	
Who initiated, Who are members	United States Agency for International Development (2001)	
About	Learning program that extends leadership development opportunities into the workplace for health managers and their teams, who seldom have the time or the resources to attend offsite leadership development programs. The program is designed for teams rather than individual managers. Each team identifies an important institutional challenge to address and develops and implements an action plan designed to help them achieve results. Teams from Ministries of Health, non-governmental organizations, faith-based organizations, and HIV/AIDS commissions from 30 countries (including countries in Africa, Latin America, the Caribbean, and the Middle East) have participated in the VLDP. The program is offered in Spanish, French, Portuguese, English, and Arabic.	
Direction	<ul style="list-style-type: none"> • Identify and address key leadership challenges within their organizations • Recognize opportunities for themselves, their teams, and their institutions • Focus on achieving challenging institutional priorities • Align and mobilize people, systems, and resource • Inspire personnel 	
Governance structure		
Partners		
Strategy for expansion		
Activities	Conducts training and capacity building activities for leadership and development through blended learning approach that includes an interactive, internet-based program for individual learning and self-assessment, virtually facilitated small group work, support materials on a CDROM, and a printed workbook	
Website	http://www.msh.org/projects/lms/ProgramsAndTools/LeadingAndManaging/VLD_P.cfm	

Name of the Network	Hong Kong eHealth Consortium	
Who initiated, Who are members	Established in 2005	
About	Is a non-profit making organizations in Hong Kong leading eHealth advocacy in the region and we are the prime agency bridging healthcare and IT industries to	

	<p>advance the development of eHealth in Hong Kong and Mainland China. Over the years, our efforts are focused on three key areas, namely data standardization, education and capacity building, and facilitating pilot projects for the advancement of eHealth applications. We work closely with the healthcare and the ICT sectors to offer training programs, conferences, and seminal events for eHealth stakeholders.</p>
Direction	<ul style="list-style-type: none"> • Bring IT and healthcare professionals together to facilitate and promote the use of IT as a key enabler in the healthcare industry. • Position Hong Kong strategically in providing a more accessible and effective healthcare system for the benefit of all through the use of medical informatics and information and Communications Technology ("ICT")
Governance structure	<p>A board and committees comprise the consortium.</p> <p>Board-composed of President, VP, and members of the board (All member organizations that are interested to contribute to the initiatives of the eHC Limited can nominate a representative to join the Board as well as its sub-committees. The Board shall convene 3-4 times a year to take forward the directions and initiatives set out by the Steering Committee and report progress to the eHC Limited)</p> <p>Committees are: Steering committee-composed of Chairperson and Members (Each founding member organization shall appoint one representative to form the Steering Committee. The Steering Committee shall convene biannually to provide steer on key directions and initiatives of the eHC Limited.)</p> <p>Advisory committee-composed of Chairman and Members (Distinguished members from the society who would provide invaluable insights to the eHC Limited would be invited to join the Advisory Committee. The Advisory Committee members would provide guidance and support to the Steering Committee and the Executive Committee. While the Advisory Committee assumed no fixed meeting schedule, the Advisory Committee members would render their advice to members of the Steering and Executive Committee when necessary.)</p>
Partners	
Strategy for expansion	<p>Invite all health care and IT professionals in Hong Kong to take part in this effort. We believe that through public-private-partnership and co-operation between health care and IT professionals, we will be "Building a Healthy Tomorrow" for the people of Hong Kong as envisioned in the Hong Kong SAR government's recent consultation paper on health care reform.</p>
Activities	<p>eHealth Training for Chinese Medicine Practitioners Systematic Training Programme and Certification for Healthcare and IT Practitioners ("STPC") A Validation Platform for eHR Standards Conformity</p>
Website	<p>http://www.ehealth.org.hk/index.php</p>

Name of the Network	International Medical Informatics Association	
Who initiated, Who are members	<p>The International Medical Informatics Association is an independent organization established under Swiss law in 1989. IMIA was originally established in 1967 as Technical Committee 4 of the International Federation for Information Processing (IFIP - www.ifip.org). In 1979, it evolved from a Special Interest Group of IFIP to its current status as a fully independent organization. IMIA continues to maintain its relationship with IFIP as an affiliate organization. IMIA also has close ties with the World Health Organization (WHO - www.who.int) as a NGO (Non Government Organization), and with the International Federation of Health Information Management (IFHIMA). IMIA is also a Liaison A category organisation in cooperation with ISO (ISO liaison).</p>	
About	<p>As an 'association of associations', IMIA acts as a bridging organisation, bringing together the constituent organisations and their members. IMIA provides leadership and expertise to the multidisciplinary, health focused community and to policy makers, to enable the transformation of healthcare in accord with the world-wide vision of improving the health of the world population.</p>	
Direction	<p>IMIA plays a major global role in the application of information science and technology in the fields of healthcare and research in medical, health and bio-informatics. The basic goals and objectives of the association are to:</p> <ul style="list-style-type: none"> • promote informatics in health care and research in health, bio and medical informatics. • advance and nurture international cooperation. • to stimulate research, development and routine application. • move informatics from theory into practice in a full range of health delivery settings, from physician's office to acute and long term care. • further the dissemination and exchange of knowledge, information and technology. • promote education and responsible behaviour. • represent the medical and health informatics field with the World Health Organization and other international professional and governmental organizations. 	
Governance structure	<p>The General Assembly consists of representatives of the organizations that comprise the structure of IMIA, ie Member Societies, Academic and Corporate Institutional Members, along with representatives of IMIA's Working and Special Interest Groups, Honorary Fellows, and Corresponding Members.</p> <p>The General Assembly is the ultimate authority in the conduct of IMIA's affairs, notwithstanding those aspects that the General Assembly may delegate to IMIA's Board from time to time.</p> <p>IMIA was founded by the representatives of Medical Informatics Societies (Associations). Their representatives were (and continue to be) the only constituents of the General Assembly with full voting privileges and have the</p>	

	<p>sole right to change IMIA's Statutes, elect the IMIA Board and approve IMIA's Budget.</p> <p>IMIA BOARD The IMIA Board is charged by the General Assembly to conduct the affairs of IMIA.</p> <p>Officers & Directors</p> <ul style="list-style-type: none"> • The Officers and Directors of IMIA are elected by the Member Society Representatives of the General Assembly. • Officers and Directors of IMIA are elected at the General Assembly meeting one year prior to their taking office. • The term of office is normally for a three year period. The President's term of office is from Medinfo to Medinfo (currently three years). • Other than the President, who may only serve for one term, officers and directors may serve for two consecutive terms in the same position. • Candidates for election are proposed by the Nominating Committee. • The CEO is an ex-officio officer of the Board with no voting privileges.
Partners	
Strategy for expansion	
Activities	<p>IMIA Working Groups and Special Interest Groups (WG and SIG) are the primary mechanism through which IMIA pursues its scientific activity in specific fields of the wider domain of health and biomedical informatics. A WG or SIG comprises a group of experts with a particular interest, and its activities are reported to, and approved by, the IMIA General Assembly each year.</p> <p>Each WG or SIG has a designated leadership (Chair and Vice Chair, and sometimes other officers). The Chair is the main link to the IMIA General Assembly and to the IMIA Vice President for Working Groups and Special Interest Groups.</p> <p>IMIA WG/SIG: A full list of IMIA's current Working Groups (WG) and Special Interest Groups is available here. Further information on each WG and SIG is provided on a separate page linked from the list.</p> <p>The current IMIA VP for WG/SIG is Dr. Hyeoun-Ae Park (Korea).</p>
Website	http://www.imia-medinfo.org/new2/

Name of the Network	Asia Pacific Association for Medical Informatics	
Who initiated, Who are members	The Asia Pacific Association for Medical Informatics is a new and important regional group within the IMIA and it represents an extension of IMIA's global interests in promoting IT health. To date, the APAMI family comprises of 13	

	members, nearly all of whom are representing their national health informatics associations. These are Australia, China, Hong Kong, Indonesia, Japan, Korea, Malaysia, New Zealand, Philippine, Singapore, Taiwan, Thailand and Vietnam. Member societies from India, Kazakhstan and Sri Lanka are corresponding members.
About	A regional group within the IMIA and it represents an extension of IMIA's global interests in promoting IT health
Direction	Ditto
Governance structure	<p>President: Prof. Yu-Chuan (Jack) Li (TW)</p> <p>Vice-President: Prof. Michio Kimura (JP)</p> <p>Secretary-General: Dr. Yuen Ho Chow (SG)</p> <p>Treasurer: Dr. CP Wong (HK)</p> <p>Regional Delegates</p> <p>Prof. Hiroshi Takeda (JP)</p> <p>Prof. Yun Sik Kwak(KR)</p> <p>Dr. Kumara Mendis (SI)</p> <p>Prof. KC Lun (SG)</p> <p>Dr. Alvin Marcelo(PH)</p> <p>Dr. Wansa Pao-in (TH)</p> <p>Prof. Nguyen Hoang Phuong (VN)</p>
Partners	IMIA
Strategy for expansion	
Activities	<ul style="list-style-type: none"> - WG1, Standardization (Chair : Yun S Kwak) and IMIA WG 16 Standards (Chair :Michio Kimura) jointly held a workshop on HIT standards during APAMI Conference 2006 in Taipei. A work item on clinical terminology standard has been proposed and its progress will follow. - WG2, Developing countries (Chair : HM Goh) will have an annual conference in Kuala Lumpur in 2007 and plan for training road show will follow. - WG3, Decision support (Chair : Yoon Kim) will be actively developing its action plan during 2007 in conjunction with President Jack Li (previous Chair of this WG). - WG4, Nursing Informatics (Chair : TBA) will have an annual conference in conjunction with MedInfo 2007.
Website	http://www.apami.org/news.html

<p>Name of the Network</p>	<p>International Society for Telemedicine and eHealth</p>	
<p>Who initiated, Who are members</p>	<p>The society shall consist of individual members and legal persons as collective members. The members shall be classified as national members (nationals), affiliated members (affiliates), associated members (associates), institutional members (institutionals), corporate members (corporates), individual members (individuals) and student members (students).</p> <p>National members shall be organizations representing telemedicine / eHealth in their particular countries. The board of directors shall decide whether an organization shall be considered its country's representative.</p> <p>Affiliated members shall be the natural persons belonging to a national member who have requested membership in the IsfTeH. Affiliated members shall be non-voting members represented by the national member registering the affiliate.</p> <p>Associated members shall be organizations not belonging to the national members.</p> <p>Institutional members shall be governmental and non-governmental academic institutions such as universities, clinics, research institutes and their sponsoring organizations.</p> <p>Corporate members shall be commercial organizations such as manufacturers, distributors and service providers in the field of telemedicine / eHealth.</p> <p>Individual members shall be natural persons concerned with telemedicine / eHealth whose country is not represented by a national member.</p> <p>Student members are non-voting members who shall be natural persons undergoing academic training.</p> <p>The board of directors shall accept and classify members in accordance with its own fair judgment.</p> <p>The general assembly shall rule on the exclusion of a member. In case of good cause for an exclusion relating to the behavior or character of a member, the board of directors shall rule on the exclusion.</p>	
<p>About</p>	<p>It promotes international health telematics – particularly telemedicine and associated fields – including research, development, practical applications and initial and supplementary training.</p>	

Direction	Facilitate the international dissemination of knowledge and experience in Telemedicine and eHealth and providing access to recognized experts in the field worldwide
Governance structure	President, Vice President, Secretary and Treasurer, ISfTeH Executive Director. The organs of the association shall be: a. the general assembly b. the board of directors
Partners	To achieve its purpose, ISfTeH may in particular support cooperation between non-governmental organizations on the one hand and governmental and non-governmental institutions on the other support national telemedicine and eHealth organizations promote the cause of telemedicine and eHealth within the World Health Organization and other international institutions or organizations contribute to the dissemination and exchange of knowledge, information and technologies relating to telematic applications promote initial and supplementary theoretical and practical training in the field of telemedicine and eHealth, including its applications throughout the health sector regardless of professional or geographical limits support journalistic activities relating to telemedicine / eHealth research and development and its application bring together telemedicine / eHealth users, scientists and researchers and sponsors, advisers and manufacturers and distributors and their scientific personnel promote the formulation and publication of rules for good practice and also guidelines and information on how to act support activities relating to the establishment of appropriate legal outline conditions for telemedicine and eHealth applications
Strategy for expansion	
Activities	
Website	http://www.isfteh.org/

Name of the Network	International Telecommunication Union	
Who initiated, Who are members		
About	ITU is committed to connecting all the world's people – wherever they live and whatever their means. Through our work, ITU protect and support everyone's fundamental right to communicate.	
Direction	Virtually every facet of modern life – in business, culture or entertainment, at work and at home – depends on information and communication technologies. ITU is at the very heart of the ICT sector, brokering agreement on technologies, services, and allocation of global resources like radio-frequency spectrum and	

	satellite orbital positions, to create a seamless global communications system that's robust, reliable, and constantly evolving.
Governance structure	
Partners	ITU membership reads like a Who's Who of the ICT sector. We're unique among UN agencies in having both public and private sector membership. So in addition to our 193 Member States, ITU membership includes ICT regulators, leading academic institutions and some 700 private companies.
Strategy for expansion	<p>ITU offers a unique, neutral, global platform to come together and:</p> <ul style="list-style-type: none"> • share ideas and knowledge, and exchange best practice; • agree on standards in a consensus-based, transparent and fair environment; • engage directly with governments, regulators and industry leaders; • establish partnerships; • have direct influence in shaping your industry and the future; • ensure that your products are safe, reliable, globally compatible and future-proof; • benefit from the world's most comprehensive ICT statistics; • have access to top-level publications; • profit from the support of highly-educated, international and multilingual staff; • plug into local knowledge through ITU's regional and area offices. • While continuing to address the needs of established players, ITU also recognizes and fulfils the needs of new market entrants. <p>Being a member of the only global, intergovernmental ICT organization helps you have your concerns heard – around the world.</p> <p>Being a member of ITU gives you unique access to top-level representatives from both government and industry.</p> <p>Being a member of ITU lets you take advantage of ITU's unrivalled track record in building consensus – representing a century and a half of experience.</p>
Activities	Three main areas of activity organized in 'Sectors' which work through conferences and meetings: Radiocommunications, Development, Standardization,
Website	http://www.itu.int/en/Pages/default.aspx

Name of the Network	PAN Asian Collaboration for Evidence-based eHealth Adoption and Application	
Who initiated, Who are members	<p>The initiative was named PAN Asian Collaboration for Evidence-based eHealth Adoption and Application (PANACEa) and was started in February 2007 with the goal of generating evidence in the field of eHealth within the Asian context. Partners were identified from countries in Central, South and South East Asia who worked together to identify eight projects to generate evidence for the adoption of technologically, economically and socio-culturally sound eHealth applications in multiple countries. Key benefits sought from PANACEa were;</p> <ul style="list-style-type: none"> • Broaden sharing of knowledge • Increase scope for research activities • Greater capacity building • Administrative Resilience 	
About	<p>PANACEa supports multinational projects to evaluate eHealth solution in the field and generate evidence through methodologically sound research. The evidence acquired through these projects will be scalable and generalisable to other developing countries. The results will be used to advocate policies on eHealth in Asian countries.</p>	
Direction	<ol style="list-style-type: none"> 1. The specific objectives are to identify: 2. To support a set of multi-country research activities to address the four core research questions <ol style="list-style-type: none"> 1. To create a theoretical model for evaluating good practice in eHealth programs in Asia 2. To build research capacity amongst Asian researchers to evaluate and adopt appropriate eHealth technologies and practices and influence policy and decision-makers 3. To disseminate research findings widely in the regional and international research communities 	
Governance structure		
Partners	Advisory and Monitoring Team Aga Khan University (AKU) Molave Development Foundation, Inc. (MDFI) University of Calgary, Canada International Development Research Centre (IDRC) Independent Consultants	
Strategy for expansion	<p>Using the network approach an initial meeting of eHealth researchers from 12 Asian countries was held to arrive at a consensus over the design strategy for the network. All the participants agreed to the concept and approach to developing this eHealth Network.</p>	

Activities	<ol style="list-style-type: none">1. Research Projects: All projects of PANACeA, completed their project activities during this period. All projects are finalizing their reports and have started disseminating their findings.2. Capacity Building: The network organized 44 online weekly seminars to build capacity of its partners and other stakeholders, and also provide opportunity for disseminating activities within the network. The network also arranged two face-to-face workshops, first in Colombo in October 2010 to share the lessons learnt, and the second in Kuala Lumpur in April 2011 to share the results of the projects and plan for the next cycle of PANACeA.3. Formative Evaluation: PANACeA completed formative evaluation of its network using Utilization-focused evaluation (UFE) approach. The report was shared with all PANACeA partners, whi are using the results to improve performance of the network.
Website	http://www.panacea-ehealth.net/