eHealth activists: the lifeline for remote rural villages in India

Santiago Martinez¹, Martin Gerdes², Santhosh Kumar C.³, Anand Kumar⁴,
Steve Gill⁵ and Gareth Loudon⁶

¹Department of Health and Nursing Science, University of Agder, Grimstad, Norway
²Department of Information and Communication Technology, University of Agder, Grimstad, Norway
³School of Engineering, Amrita Vishwa Vidyapeetham, Coimbatore, India
⁴School of Medicine, Amrita Vishwa Vidyapeetham, Kochi, India
⁵Cardiff School of Art & Design, Cardiff Metropolitan University, Cardiff, Wales

Introduction
• Goals: improve technology-literacy and remoteness through effective ways of healthcare delivery in remote, rural deprived areas in low and middle-income countries
• Needs: basic but effective healthcare in rural areas in India
• Connect patients with trained health professionals is critical for their healthcare
• Doctor people ratio: 1:1000 (WHO) [1] vs. 1: 70 000 in many Indian villages
• Obstacles for effective service delivery: cost, infrastructure and literacy
• Challenges: how to establish universal access to health and social care services in remote areas
• How: fully understand local needs
• Analysis of the applicability of eHealth technologies to the specific problem

Expected Results
• Understanding of local problems that affect the villagers regarding their health, eHealth and other related aspects
• Analysis of stakeholders’ needs
• Selection of critical needs for health and wellbeing
• Analysis of applicability of eHealth technologies regarding the selected needs and their suitability to the specific context of use in remote areas

Method
• Interdisciplinary approach: health and technology sciences as an instrument to understand cultural, educational and societal factors
• In-situ visit to rural villages in India, January 2018
• 4 Stakeholder workshops:
  • 1x project coordination workshop Wales, UK, February 2018, with project partners for shared understanding
  • 2x creative thinking and user-centred design workshops in Coimbatore, India, May 2018, with Amrita University students
  • 1x international workshop «Rural Healthcare in India», May 2018 with key local (villagers, activists, health workers), regional and national stakeholders

Discussion & Conclusion

Lessons learned about eHealth activists:
1. Help to sustain, support and develop communities through their active participation in the development of each village.
2. An entry points for education, instruction and development in these villages
3. Lifeline for the remote rural villages in India

Lessons learned about the method:
4. The use of Design Thinking along with collaborative design methods, such as co-design, involving key stakeholders in the development of appropriate solutions for and with the users
5. The establishment and use of existing networks of formal (e.g., health professionals) and informal (e.g., volunteers, relatives) health and social care workers

Reference