



## Telehealth for resource poor locations

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**Objectives:** Analyse happenings in the telehealth domain from India in an effort to guide better utilization of existing infrastructure as well as future investments.

**Methods:** A list was compiled of existing and past projects by the governments and other organizations providing telehealth and related services Reports in journals, conferences, magazines and weblogs and thereafter, interspersed with personal interaction with some of the individuals who were involved.

**Results:** Long touted as the next big advance in healthcare, telehealth – previously called telemedicine with an even more expansive later term eHealth, has been uneven in delivery on its promise.

In locations with fast connectivity and smart mobiles, it is routine, not even worth publicising. However, for remote locations where it was supposed to play a major role to leapfrog health provision it awaits more basic improvements in overall health support.

In the project mode, there is an issue of projects being vendor driven, lack of a needs based approach and even if present, poor implementation largely not following change management principles. Where these aspects have been covered, results are there which could improve if connectivity constraints were not present.

**Conclusion:** Telehealth is better used as a component of protocols directed to management of a particular problem. Such a focussed approach is all the more important for resource poor locations.