Connecting Communities

Notes for a presentation at the Commonwealth Secretariat West African Regional eHealth meeting. Abuja December 10-11th 2009.
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What sorts of Communities?

It is helpful to distinguish between:

1. Geographical communities – which may be urban or rural
2. Virtual communities – which are connected by networks

Within and between these types of communities there are communications that have to do with many things. Whilst our focus is on health, this approach to "Connecting Communities" enables other aspects of community activities, collaboration and communications about different aspects of life and livelihoods to be considered. Of particular relevance is the emerging growth of communities that share, develop and absorb learning once they are connected. These connections may range from the tenuous and intermittent to those where there is full broadband always on anywhere and over any device. But even if what is technically possible can be delivered then connectivity ~~this~~ is pointless unless it is affordable and accessible, and delivers good quality information. Of particular value is that locally relevant information which can support better decision-making and hence support development, and thereby improve health status.

Development and Communities

There is great focus on Urbanisation. For example, the World Bank "Reshaping Economic Geography" (The World Development Report 2009), focuses argues for development based around urbanisation. However the Report explicitly "does not consider the social and environmental effects of a changing economic geography" (p34), and the impact of urbanisation on communities, e.g those in rural areas. Given what is known about the impact of environmental degradation on nutrition, of migration on family stress etc, from the point of view of healthcare this is a culpable omission.

Connected Development and Communities

Whether physical communities are rich or poor, urban or rural, there are great benefits to be gained from having affordable connectivity, together with the necessary skills and content to support development. But to support socio-economic development (on a regional basis) by delivering as the 4th element of a national infrastructure (along with water, electricity and road/rail) and make it ubiquitous requires aggregation of demand so that unit costs are reduced and economically viable coverage is maximised. ICT for health, therefore, is to be just one component of the delivery of an ICT infrastructure to all communities. There are of course certain issues to do with confidentiality which some

would argue make health information systems a network that should be handled separately, but the security built into good quality networks is making this an increasingly weak argument. The delivery of a full range of eGovernment services, of access to financial services, to farming advice, to market opportunities for small business, to vocational training and education are all examples of ways in which the development of connected communities can be supported.

eSkills and Connected Development

imply having connectivity is useless if people do not have the skills to access, use and repurpose the content. Skills will also have to be developed so that people know how to find information, how to communicate and collaborate. Where connectivity is provided via a mobile phone then the level of skills required is low – but for those who have never used a computer before, or been online, the confidence and capability to do this are critical hurdles to cross. Digital literacy for all is the first step, so that the technology can be used to support the individual's own work (whether or not that is information intensive). But of course additional skills are needed for information workers (and much of health care requires information-related work) and more of course are needed by the professional ICT practitioners. Given that health promotion and health prevention can be delivered in digital forms, then there is a need for all citizens to become digitally literate to some degree. And given the proportion of a country's workforce that is involved in the delivery of healthcare there is a huge requirement here too for even more digital literacy skills and ICT training.

Connected Knowledge Communities

The vast capacity gap in the availability of health workers in developing countries reinforces the need for eSkills and connected development quite simply, it brings efficiency and effectiveness gains and improved access to services as a result – but an important dimension of this is delivering good quality, and localised, content and helping people to understand and develop it. I am not suggesting the service needs to reformed, improving access and quality would yield huge benefits. Once individuals can get connected (and in low income settings this may well be via a community-based facility) then they can get access to material and people that can be on local, national or global networks. The variety of media that can be used now to convey learning (pdfs, videos, blogs, wikis, presence etc) offer new ways in which learning can be personalised to individuals' requirements. But the content, teachers, mentors etc can now be anywhere. Equally, once virtual communities of individuals are connected, then expertise can be developed and shared. So, local knowledge of particular health problems where expertise is developed as they are seen frequently (e.g. snake bites), can be disseminated to those for whom they are an unusual occurrence.

Connecting communities to support development requires eSkills and the sharing and development of knowledge. Health has a key role to play as it affects every person, and a fit and healthy population in turn means that economic development is not slowed down by having to carry a large burden of disease and illhealth.