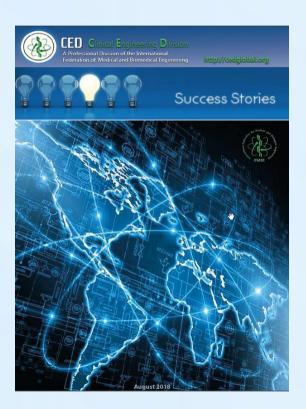
# **CE Success Stories & MOHs**

Making a Difference – Global Health Technology Success Stories: Overview of over 400 submissions from 125 Countries https://globalce.org/index.php/Glo balCE/article/view/43





#### 2018-2019 Health Technology Success Stories

Prepared for Minister of Health of World Health Organization (WHO) Member States by IFMRE-CED: 2019

#### Dear Health Leaders:

#### Health technologies must be managed to ensure full clinical benefit and expected financial return on investment.

It is critical, therefore, that with limited resources, HT must be professionally guided. A new 2018 resource document - with links below — demonstrates this benefit from 400 case studies from 125 countries where management of medical devices (main component of health technologies) made a positive difference over the past twekey expansion.

The 2007 WHO WHA Resolution 60.29 urges Member States to create national health technology management plans in collaboration with biomedical engineers. WHO further clarified the definition of these personnel in 2017-2018 as part of a global survey" [bttp://www.who.in/medical devices/support/eng/) in coordination with IFMBE CEO.

"Trained and qualified biomedical engineering professionals are required to design, evaluate, regulate, maintain and manage medical devices, and train on their side use in health systems around the world." These cocapations have various names in different countries like clinical engineers, medical engineers, and related professionals and technicians. [WHO and IFMBE CCD surveys have identified over 80,000 of these global professionals in 2018.]

#### \*IFMBE-CED is the International Federation for Medical and Biological Engineering (IFMBE)-Clinical Engineering Division (CED), currently representing clinical engineers (hospital-based biomedical engineers) in these roles in 180 countries. See more about CED at those (rived limbe are riphout-us bitm.)

The case studies—in six categories—aim to formulate national strategies and glans to improve use of health technologies and the termange costs in several countries, this has bet between achieved by developing at leath Technology (FIT) that satisfies the studies provide clear evidence that health technology is beneficial; at time, presenting complex systems that must be effectively quietd and managed for optimal impact to be realized.

### Innovation Access Management Health Systems| e-Technology Quality & Safety The full paper with active links for each story was published in the Global CE Journal Volume 1 in October 2018.

The case studies are actually <u>Month Technology</u> Success Stories that demonstrate, in a limited resource environment, that it is desirable to include professional HT expertise, such as clinical engineers, in national decision-making in order to maximize health system's services. Case studies from the above Active links demonstrate these benefits.

- Access: The Ministry of Health HT Unit-led project in Albania that doubled access to critical diagnostic services, e.g., CT Scanners, MRI, and angiography imaging, while reducing equipment downtime to zero, and significantly reducing cost.
- Health Systems: Improved coordination between multiple stakeholders in the National Laboratory and its satellites in Colombia, led by Ministry of Health clinical engineers who partner with experts from academia and industry.
- Quality 8. Safety: A clinical engineer-led 122-hospital program in the Shanghai region that cooperates with official, industry
  and academic entitles, resulting in improved device user satisfaction, tracking of emerging technologies, and closer
  partnerships with industry.

Recommendation: To encourage the availability, recognition, and increased participation of clinical engineers as part of the health workforce in your national healthcare delivery programs<sup>2</sup>.

Disclaimer: We respect the copyright of authors, for their content is used here for illustrative purposes only.

Respectfully,

Homes M. Judd

IFMBE-CED Board Chair, http://cedglobal.org/organization-and-teams/





# Health Leader Communications: CED Learnings

# What issues is the LMIC Ministry of Health (MOH) typically facing?

- How CEs can help ...
  - o Global (WHO SDG) & National Health Technology-Related Priorities
    - Maternal, Child, Neonatal Health
    - Infectious Disease (Communicable Diseases)
    - Chronic Disease (Non-Communicable Diseases)
    - Health System Funding
    - Health Systems Development
  - Frequently seen in CE Success Stories, published in 2018
    - Addressing Innovation, Access, Management, Health Systems ...
    - ... Digital Health, Quality & Safety (400 stories, 125 countries)
- How CEs have helped MOHs in 2020 ...
  - Helped them WHO-recommended COVID19 Critical HT Topic Best Practices
    - Eg, Oxygen systems, PPE, various respiratory care devices, decontamination
  - o Helped them conduct WHO-recommended country-wide, etc. COVID19 inventories
    - Eg, through The Every Breath Counts (EBC) Global NGO Coalition in 48 countries

### **WHO SDG 3 Measures**

#### Maternal, Child, Neonatal Health

- Maternal Mortality Rate
  - need for skilled health personnel
- Under 5 Mortality Rate
- Neonatal Mortality Rate
- Adolescent Birth Rate

#### Infectious Diseases

- HIV, Malaria, Tropical
- Unsafe Water, Sanitation, Hygiene

#### NCDs - Chronic Diseases

- Cardiovascular Disease, Cancer
- Diabetes, Respiratory Chronic
- Pollution

## Health Systems/Funding (CE-Focused)

- Investment: 800M (12%) spent <10% for health
- Donors: Official donor health assistance >\$9B
- Staffing: <1 MD/1K & <3 RN/1000 people
- Overall Health Workforce Planning
- HT-related Capacity Planning
- HT-related Program Delivery





# Health Leader Communications: Personal Experience

## **MOH Level**

- Win the right through excellent performance in addressing MOH Health Technology (HT) related agenda to help them implement other HT-related solutions
  - As a WHO HT Consultant in Central Asia, I helped implement a funded, country-wide integrated Health Technology package of services, giving me the opportunity to strengthen CE-HTM needs through MOH

## **Health System Level**

- Win the right through excellent performance in addressing health system leader Health HT related agenda to help them implement other HT-related solutions
  - As a US Navy HT Reservist, I helped USA Dept of Defense implement a funded & updated national military healthcare (MH) logistics system, giving me the opportunity to advise how to strengthen MH CE-HTM programs

## **Hospital Level**

- As a USA Community Hospital CE Director, implemented successful a 4-year CE-HTM inhouse program for General Biomedical, Imaging, Laboratory, & Computer equipment
  - With the robust business & clinical success of the in-house CE program, was given the opportunity by hospital leaders to develop a regional CE-HTM for-profit company; still operating successfully (by others) 36 years later



