Exploring India's Way Forward for E-VBAB Partnership with ASEAN

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Tele-medicine and tele-education cooperation at the level of development partnership is not new for India. In 2019, e-Vidhya Bharati and e-Arogya Bharati Network (e-VBAB) was initiated by the Government of India as the second phase of the Pan African e-Network Project (PAeNP) to assist the African countries in narrowing the gaps in development and providing timely services in the areas of education and healthcare utilizing Information, Communication & Technology (ICT). This commentary seeks to analyze the scope and potential of expanding telemedicine and tele-education partnership between ASEAN and India.

1. Introduction

Since 2019, the world has experienced several unprecedented developments incurred by the COVID-19 pandemic. The ongoing pandemic has accelerated the process of digitalization and the use of virtual platforms in various fields including education and medical treatment, which primarily call for face-to-face interactions. Both India and Southeast Asia have emerged as key players in the information and communication services and made an effort to manage this unprecedented crisis with their technological know-how. Curran (2006) defined tele-education as "the application of information and communication technologies (ICTs) in the delivery of distance learning, has been used for many years to deliver continuing education programmes to rural healthcare professionals."[1] The WHO defines tele-medicine as "The delivery of health care services, where distance is a critical factor, by all health care professionals using information and

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communication technologies for the exchange of valid information for the diagnosis, treatment and prevention of disease and injuries, research and evaluation, and for the continuing education of health care providers, all in the interests of advancing the health of individuals and their communities"[2]

For India, e-Vidhya Bharati and e-Arogya Bharati Network (e-VBAB) serve as a "digital bridge" between India and Africa through two dedicated web-based portals for tele-education and tele-medicine services. The existing e-VBAB is an important development cooperation project that intends to link Indian universities, institutions and super-speciality hospitals in India with African educational institutions and hospitals digitally and institutionally.

The question is, whether a similar kind of programme can also be replicated with other development partners, especially with countries of the ASEAN. At the 18th ASEAN-India Summit in 2021, Mr Lee Hsien Loong, Prime Minister of Singapore has stated that ASEAN could leverage India's 'vibrant technology and start-up scene' to facilitate ASEAN-India economic cooperation and enhance trade. Taking that cue, the present commentary touches upon the potential of India to extend tele-medicine and tele-education service partnership to ASEAN countries.

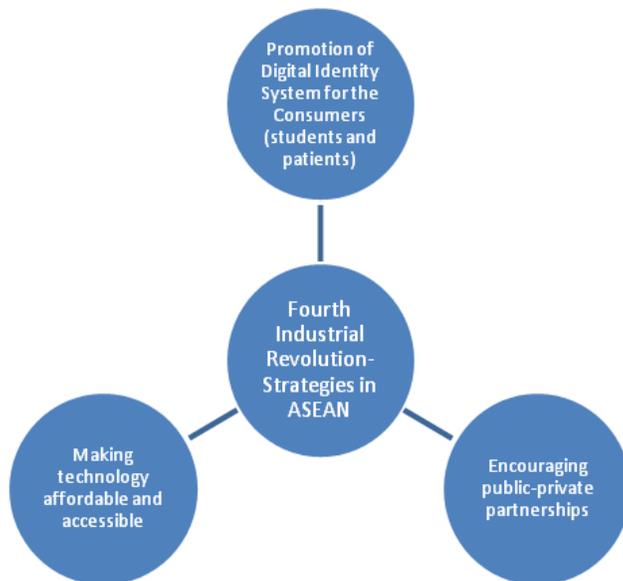## 2. E-VBAB and Its Extension to ASEAN: Scope and Potential

India has already established several mechanisms to assist the ASEAN countries in education. It offers Special Courses for Young ASEAN Diplomats; conducts Exchange Programmes for Young Farmers, Media Exchange Programmes, Programmes for Young Parliamentarians, as well as India has also started implementing PhD Fellowships at different Indian universities including the Indian Institutes of Technology (IITs). Student mobility within the Asia-Pacific shows that Malaysia, India, Japan and Australia are the main destination countries as far as higher education is concerned. Beyond these bilateral and multilateral programmes, India has also gained capabilities in providing tele-education through satellites. Least not to forget about 'EDUSAT', which was India's first satellite-based educational service to provide a wide range of interactive educational sessions through one-way TV broadcast video conferencing, computer conferencing and web-based instructions. India's Ministry of Education has also initiated Pradhan Mantri e-Vidya to resolve educational woes brought upon by the pandemic on rural regions. To further ensure quality education, the Indian Finance Minister emphasized 'One Class, One TV programme' and proposed to expand from 12 TV channels to 200 TV channels by February 2022. These channels will facilitate all the states to provide supplementary education in regional languages. The modest beginning of ISRO's tele-medicine and tele-education services has been strengthening the India-ASEAN partnership.

Despite having the potential, India should also evaluate the scope to provide tele-medicine and tele-education services to the ASEAN region. Besides the market-driven demand and supply

factors, laws and regulations, extension of India's tele-medicine and tele-education to the ASEAN countries would also depend on the strategic factors. These strategic factors are guided by the overall situation in healthcare infrastructure, healthcare services and educational services in Southeast Asia. With the COVID-19 induced restrictions on travel and mandatory quarantine and vaccine recognition procedures acting as a hindrance to overseas education, tele-education can cater to the increasing needs of the students in ASEAN countries to pursue undergraduate and postgraduate courses from Indian universities or partner institutions. Apart from the regular courses in arts, science, etc., the imparting of continuing medical education to doctors, nurses and para-medical staff could also boost health systems in ASEAN countries. The use of tele-medicine can help ASEAN in increasing the quality of healthcare services, simplifying healthcare delivery, promoting equal access to the common people, providing health care within the ASEAN region, enhancing efficiency in resource allocation and, finally, mitigating health risks to the population.

ASEAN has also adopted a Comprehensive Strategy on 4IR, 2021 (4th Industrial Revolution) to facilitate the countries in narrowing the gaps in digitalization in Southeast Asia and the strategy accommodates well the tele-education and tele-medicine services in the region (further details are depicted in Figure 1).

Figure 1: Goals of ASEAN in Digital Transformation and 4IR in Synchronization with Tele-medicine and Tele-education

Source: Consolidated Strategy on the 4IR for ASEAN, 2021[3]

3. Challenges

The ancient cultural legacy between ASEAN and India has moved to strategic partnership and development cooperation plays a key role in deepening this relationship. At this present phase of the digital/4IR movement, India and ASEAN can consider the e-VBAB programme to elevate their relation into the digital path. Having said that, implementing the e-VBAB programme in ASEAN may raise some challenges which are as follows:

Time and Cost: The hardware and software needed for seamless use of tele-medicine and tele-education services imply lofty costs to the countries concerned. While the relatively richer nations in ASEAN such as Singapore, Brunei Darussalam, Thailand and Malaysia have ample hardware and software congruence for tele-medicine and tele-education to be a reality, the predicament of CLMV countries stands in stark contrast. The geographical setting of some countries owing to their landlocked position also leads to the delay in reaching the needed apparatus.

Implementation Failures: Users in poor countries such as Cambodia, Lao PDR and Myanmar may need regular technical assistance to rid of continual implementation glitches. Regular and time to time support is needed to overcome the implementation challenges, especially in the hinterlands.

Data Privacy and Security: Phishing scams and data breaches have become a regular activity in the medicine sector. Thus, the greatest challenge in enlarging the scope of tele-medicine services beyond the borders is putting users' information and privacy at risk from unknown phishing thefts and ransomware. Medical records are at the risk of ransomware and theft attempts. Similarly, students record in tele-education is in danger of proper cyber-security mechanisms are not in place to tackle the issues.

Lack of Uniform Tele-medicine and Tele-education Guidelines across the ASEAN Region: Within the ASEAN region, the countries do not follow any identical tele-medicine and tele-education guidelines. In a few countries, tele-medicine is permitted only for known patients who are suffering from mild medical issues. Any patient who requires the first consultation or is suffering from chronic illness or any complicated medical issue has to be under a doctor or hospital's direct supervision. Lack of standardization of tele-education system can be considered as a critical issue to implement region-wide uniform tele-education cooperation between India and ASEAN especially if that requires the provision of degrees and certificates at the end of the programme.

3.1 Findings from the AIC-RIS Study[4]

1. India's current position in medical tourism is noteworthy. However, India needs to generate public awareness about its potential to offer tele-medicine services to the world. The COVID-19 pandemic and on-time vaccine diplomacy have extensively helped India towards

this direction. More bilateral and multilateral networks and institutional mechanisms will further assist India in gaining eminence in this field.

2. India is yet to witness the rise in intake in higher educational institutes from the ASEAN region. This gap can be bridged by using tele-education services and by reaching out to the countries in the ASEAN region. Feasibility studies to see the problems in tele-education in countries like Myanmar, Cambodia and Lao PDR would help India utilize the scenario better. Simultaneously, India needs to think about short-term programmes and projects in education and utilization of EdTech to help these countries recover from the learning losses and digital divides in an immediate basis.

3. The official position of ASEAN including the ASEAN Leaders' Statement on Advancing Digital Transformation in ASEAN and other declarations/statements allow ASEAN to cooperate with external partners in preparing the region as a digitized socio-economic space. ASEAN as a regional grouping and the countries of the region have close cooperation with Australia, the USA, China and a few other countries to facilitate the region's transformation as a cyber-resilient society. India as a strategic partner of ASEAN needs to leverage on this, especially in the aftermath of the COVID-19 pandemic.

4. India can establish institutional mechanisms with the countries of ASEAN at the bilateral level as well as at the multilateral level and strengthen the existing mechanisms to enhance digital partnership in tele-medicine and tele-education.

5. Expansion of e-VBAB to ASEAN will not be a challenge-free scenario. Challenges include issues pertaining to data privacy and customer security, regulations relating to tele-medicine, digital divide, cost of tele-education and tele-medicine and so on.

4. Recommendations

To effectively address the hurdles of implementing the project requires an actionable programme. The followings are some recommendations to develop e-VBAB network between India and ASEAN.

4.1 Short-term Policy Recommendations

1. Setting up a web portal for dissemination of information on tele-medicine and tele-education.

2. E-networks between IT training centres in the CLMV region with the private sector enterprises in the education and health care sector in India and ASEAN to provide short-term internship and virtual training opportunities to the students. Work-based training programmes in Science & Technology, Engineering, Math, Accounting, Tourism to address skills gaps can be taken up as identified in the ASEAN Work Plan on Education 2016-2020.

3. Creating a mentoring programme at the sub-national level linking states from India and ASEAN region to connect the young entrepreneurs with established start-up ventures to explore opportunities and understand the risks-benefits in entrepreneurship.

4. Assisting the CLMV countries in establishing model schools with the capability to use ICT, much in line with the ASEAN Work Plan on Education, 2016-2020.

5. Helping ASEAN in preparing teaching materials on ICT for the school teachers and educators.

6. Promoting Doctor-to-Doctor consultations through institutionalized cooperation.

7. Establishing an e-network to involve Patient to RMP (Registered Medical Practitioner), Caregiver to RMP, RMP to RMP and Health worker to RMP to encourage direct consultations based on real-time emergency and purpose of the consultations.

4.2 Medium to Long Term Policy Recommendations

1. Establishing a platform for vocational training institutes to offer mutually recognised online certificate and diploma courses on subjects like curriculum development, cyber laws and regulations, mental health, community-level disaster preparedness, safe use of digital media and others based on demand.

2. Undertaking projects to create Health Care Services MIS and mobile application to provide easy access to healthcare-related information to the people in India and ASEAN.

3. Assisting the CLMV region in exploring opportunities to further investments in R&D in the use of ICT in education and health care.

4. Additional researches need to be conducted on market estimation and forecasting in demands, the applicability of top-down and bottom-up approaches in tele-medicine and tele-education and third party perspectives to understand stakeholder interests. This will help India to explore the future of e-VBAB projects in Southeast Asia.

5. Establishing an Information Center on E-VBAB and linking that with the Indian Mission to ASEAN in Jakarta, to create awareness on India's endeavors in E-VBAB.

5. Concluding Remarks

To conclude, the e-Vidhya Bharati and e-Arogya Bharati Network (e-VBAB) initiative has the potential to strengthen education and health cooperation provided India and ASEAN countries agree to undertake subsidiary projects as identified in this commentary and the research undertaken. Nonetheless, implementation of the e-VBAB will scale up the ASEAN-India relations at a time when both of them are looking for a new landscape of collaborations.

Endnotes:

1. Refer, Curran (2006)
2. Refer, WTO (2010)
3. Refer, ASEAN (2021)
4. Refer, Kundu, *et al*. (2022)

References

ASEAN (2021) Consolidated Strategy on the Fourth Industrial Revolution for ASEAN, https://asean.org/wp-content/uploads/2021/10/6.-Consolidated-Strategy-on-the-4IR-for-ASEAN.pdf

Curran, V. R. (2006). Tele-education, Journal of Telemedicine and Telecare, February 2006

Kundu, Sampa, Nida Rahman, Sreya Pan (2022) "Enhancing ASEAN-India partnership in e-VBAB: Challenges, Opportunities and Way Forward", study on e-VBAB, AIC-RIS. *forthcoming*

WTO (2010) Telemedicine: Opportunities and Developments in Member States, Geneva

About AIC

Considering the work of the ASEAN-India Eminent Persons Group (AIEPG), and its Report with recommendations for forging a closer partnership for peace, progress and shared prosperity, the Heads of the State/Government of ASEAN and India at the ASEAN-India Commemorative Summit 2012, held at New Delhi on 19-20 December 2012, recommended the establishment of ASEAN-India Centre (AIC), which was formally inaugurated by the Hon'ble External Affairs Minister of the Government of India on 21 June 2013 at RIS. AIC serves as a resource centre for ASEAN Member States and India to fill the knowledge gaps that currently limit the opportunities for cooperation. AIC works with the Ministry of External Affairs (MEA), Government of India and undertakes evidence-based policy research and provide policy recommendations.

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