

REGIONAL COMMITTEE FOR AFRICA

ORIGINAL: ENGLISH

<u>Sixty-sixth session</u> <u>Addis Ababa, Federal Democratic Republic of Ethiopia, 19–23 August 2016</u>

Agenda item 21.4

PROGRESS REPORT ON UTILIZING EHEALTH SOLUTIONS TO IMPROVE NATIONAL HEALTH SYSTEMS IN THE AFRICAN REGION

Information Document

CONTENTS

	Paragraphs
BACKGROUND	1–3
PROGRESS MADE	4–9
NEXT STEPS	10–11

BACKGROUND

- 1. WHO defines eHealth as the cost-effective and secure use of information and communication technologies (ICTs) in health and health-related fields. EHealth encompasses a range of services and systems, including health and medical informatics, tele-health, e-learning and m-health. It can contribute to health systems strengthening by making available fast, reliable and updated health information. The use of telemedicine enables off-site improved and prompt diagnosis and treatment of patients in rural areas. The use of eHealth aims to contribute to strengthening health systems.
- 2. In 2013, the WHO Regional Committee for Africa adopted Resolution AFR/RC63/R5, "eHealth solutions to improve national health systems in the African Region". This resolution urged Member States to promote the development and implementation of eHealth policies. It recommended strengthening leadership and coordination for eHealth and making the necessary investments in eHealth infrastructure and services. It also requested WHO to facilitate high-level advocacy and coordination of partners' action, and to provide technical support to Member States.
- 3. This report summarizes the progress made, identifies constraints and proposes next steps to accelerate implementation of this resolution.

PROGRESS MADE

- 4. Data used to measure eHealth progress were derived from the Global Observatory for eHealth (GOe) survey 2015,² Commission on Information and Accountability survey 2013,³ International Telecommunications Union (ITU) statistics 2015⁴ and countries.
- 5. **Policies and strategies**: In 2012, WHO and ITU released a toolkit for the development of eHealth strategies. By the end of 2015, 20 countries⁵ had developed their eHealth strategy and six were in the process of developing one. Forty-three countries⁶ have a Health Information System strategy based largely on the use of ICTs.
- 6. **Legislation, regulation, Standards and interoperability:** At the end of 2015, 21 countries⁷ had developed laws for the protection of personal data. Of these, nine⁸ have special legislation for the protection and security of patient data. Ethiopia and Seychelles have fully developed regulations on use of medical data by health professionals. The remaining countries are in the process of preparation of regulations. Six countries⁹ developed Standards and interoperability guidelines.

Resolution AFR/RC63/R5, eHealth solutions to improve national health systems in the African Region. In: Sixty-third session of the WHO Regional Committee for Africa, Brazzaville, Republic of Congo, 2-6 September 2013(AFR/RC63/9).

http://who.int/goe/publications/atlas_2015/en/ (accessed on: 05/04/2016).

http://who.int/goe/publications/atlas_2013/en/ (accessed on: 05/04/2016).

⁴ http://www.itu.int/en/ITU-D/Statistics/Pages/stat/default.aspx (05/04/2016).

Cameroon, Cabo Verde, Côte d'Ivoire, Ethiopia, Islamic Republic of the Gambia, Ghana, Kenya, Madagascar, Malawi, Mauritius, Mozambique, Nigeria, Rwanda, Senegal, South Africa, Togo, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

⁶ With the exception of the Central African Republic, Equatorial Guinea, Guinea-Bissau and South Sudan.

Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Comoros, Côte d'Ivoire, Ethiopia, Islamic Republic of the Gambia, Ghana, Kenya, Mauritania, Niger, Senegal, Seychelles, Sierra Leone, South Africa, Togo, Uganda, United Republic of Tanzania and Zambia.

Botswana, Burkina Faso, Cabo Verde, Côte d'Ivoire, Ethiopia, Ghana, Niger, Seychelles and Uganda.

⁹ Botswana, Cabo Verde, Ethiopia, Lesotho, Malawi and Zambia.

- 7. **Applications**, **monitoring and evaluation**: According to the GOe survey 2015, all Member States use at least one eHealth service: website, m-Health (medical practice and public health supported by mobile phones, smartphones, tablets and other wireless devices), telemedicine and human and financial resource procurement and management. This survey shows that 50% of eHealth projects are well established, 30% are in pilot phase and 20% are informal projects. The major risk is precarious financing, often by nongovernmental organizations and private initiatives. Five countries ¹⁰ evaluated their telemedicine applications and three ¹¹ their m-Health programmes. EHealth's development in Africa is linked to fast adoption of ICTs. In less than 10 years (2005–2014) the mobile phone penetration rate increased from 12% to 70%; 3G (mobile Internet) penetration went from 0% to 20% and global Internet usage from 2.4% to 25%.
- 8. **Human resources:** The GOe survey 2015 shows that 17 Member States¹² provide ICT courses in health professionals' initial education and 20 in continuing education.¹³
- 9. Despite the progress made, there are still major constraints as indicated in the GOe survey 2015. These challenges include inadequate funding, ICT infrastructure, human resources, legislation and leadership and lack of involvement of health professionals in the development of eHealth applications and services.

NEXT STEPS

- 10. Member States should continue to take action to increase access to eHealth tools and services by:
- (a) promoting national political commitment and awareness of eHealth;
- (b) developing an enabling policy environment;
- (c) improving investment in eHealth; and
- (d) continuing to ensure safer use of medical data by strengthening the legislation on the protection of personal and medical data.
- 11. WHO should continue supporting countries by:
- (a) developing and harmonizing standards and interoperability standards in the Region;
- (b) supporting the assessment of eHealth programmes in terms of impact on the health system and cost/effectiveness; and
- (c) supporting the dissemination and sharing of best practices in scaling up eHealth interventions and utilization of best eHealth applications and services.

Algeria, Cabo Verde, Ethiopia, Islamic Republic of the Gambia, Ghana, Lesotho, Malawi, Mali, Mauritania, Niger, Rwanda, Senegal, Seychelles, South Africa, Uganda, Zambia and Zimbabwe.

¹⁰ Cabo Verde, Côte d'Ivoire, Ethiopia, Ghana and Zimbabwe.

¹¹ South Africa, Uganda and Zimbabwe.

Algeria, Burundi, Cabo Verde, Ethiopia, Islamic Republic of the Gambia, Ghana, Kenya, Lesotho, Madagascar, Malawi, Mali, Mauritania, Niger, Rwanda, Senegal, Seychelles, South Africa, Uganda, Zambia and Zimbabwe.