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Agenda item 18.4

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

**Information Document**

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## BACKGROUND

1. The World Health Organization defines eHealth as the use of information and communication technologies (ICT) for health.<sup>1</sup> Examples include electronic health records, telemedicine and electronic learning. The scope of eHealth is rapidly expanding and evolving, while it has continued to demonstrate its capacity to enhance the attainment of international health goals, such as the health-related Sustainable Development Goals (SDGs), and national health aspirations. This is largely due to technology penetration in health institutions and the proliferation of electronic devices among health seekers. Much-needed health results such as fast, reliable and updated health information are made more readily available by eHealth to guide health processes, including service delivery and decision-making.

2. In 2013, the Sixty-third WHO Regional Committee for Africa adopted a resolution on eHealth,<sup>2</sup> urging Member States to promote the development and implementation of eHealth policies. The resolution recommended strengthening leadership and coordination for eHealth and making the necessary investments in eHealth infrastructure and services.

3. This progress report summarizes the progress made, presents a description of constraints, and further proposes new actions to accelerate the implementation of resolution AFR/RC63/R5. The report is based on the goals expressed in the regional resolution on eHealth.

## PROGRESS MADE

4. Ten Member States<sup>3</sup> were supported to develop eHealth strategies based on the WHO and International Telecommunication Union (ITU) National eHealth toolkit, bringing the total number of Member States with eHealth strategies to 33.<sup>4</sup> Following the development of legal frameworks for eHealth by Kenya and Namibia, the total number of Member States with eHealth and/or data protection strategies has increased to 11.<sup>5</sup>

5. As part of the partnership with the ITU on scaling up digital health uptake in the Region,<sup>6</sup> two regional workshops were organized for eHealth national coordinators in ministries of health, ICT and WHO country offices. The first involved 12 English-speaking Member States,<sup>7</sup> and was held in Lesotho in November 2018. The second involved 14 French-speaking Member States<sup>8</sup> and was held in Benin in November 2019. Thanks to these workshops, countries have been equipped with governance skills for digital health at national level and have identified priorities for action. Member States have also documented and shared with WHO/AFRO and ITU specific areas of technical support, to be followed up in 2020. The third planned workshop will involve all the Portuguese-speaking Member States in the African Region.

6. In 2019, the Regional Office developed a comprehensive modular open-source digital health platform software that supports digitization of key health events across the continuum of

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<sup>1</sup> <https://www.who.int/ehealth/en/>

<sup>2</sup> Resolution AFR/RC63/R5

<sup>3</sup> Benin, Botswana, Cameroon, Comoros, Congo, Gabon, Madagascar, Mauritania, Namibia and Niger

<sup>4</sup> Benin, Botswana, Burkina Faso, Cabo Verde, Cameroon, Comoros, Congo, Côte d'Ivoire, Eswatini, Ethiopia, Gabon, Ghana, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Namibia, Niger, Nigeria, Gambia, Rwanda, Senegal, Sierra Leone, South Africa, Togo, Uganda, United Republic of Tanzania, Zambia, and Zimbabwe

<sup>5</sup> Botswana, Burkina Faso, Cabo Verde, Côte d'Ivoire, Ethiopia, Ghana, Kenya, Namibia, Niger, Seychelles and Uganda

<sup>6</sup> <http://www.afro.who.int/news/who-and-itu-use-digital-technology-strengthen-public-health-services-africa>, accessed on 23 January 2018

<sup>7</sup> Eritrea, Ghana, Lesotho, Mozambique, Niger, Nigeria, Rwanda, Sierra Leone, South Africa, United Republic of Tanzania, Zambia and, Zimbabwe

<sup>8</sup> Algeria, Benin, Burkina Faso, Cameroon, Comoros, Congo, Côte d'Ivoire, Gabon, Guinea, Malawi, Mauritania, Nigeria, Senegal and Togo

care. This was in response to the growing need to reduce siloed eHealth solutions and low-quality health data for decision-making. The process began in 2018 with a technical advisory group consisting of experts from five Member States.<sup>9</sup> The Regional Office has commenced the process of supporting the five Member States<sup>10</sup> that requested to use the system.

7. Cabo Verde, Côte d'Ivoire, Kenya, Lesotho and Tanzania are implementing one or more new technologies, generally referred to as disruptive technologies<sup>11</sup> such as artificial intelligence (AI) and drones. These disruptive technologies hold the promise of accelerating UHC and the health-related SDGs by leveraging the power of technology, thereby breaking down barriers caused by distance and lack of an expert health workforce. WHO is working to develop technical guidelines to support the scale-up of these new technologies.

8. WHO/AFRO has continued the implementation of the WHO Digital Health Atlas (DHA)<sup>12</sup> to strengthen the digital health inventory and visibility of eHealth implementation at Member State level. Of the 19 Member States<sup>13</sup> trained to use the DHA, five<sup>14</sup> have launched theirs.

9. Despite the progress made, there are still major constraints. These include the proliferation of siloed eHealth systems, multiple pilots, inadequate funding, limited ICT infrastructure, low digital health skills among the health workforce and the low level of awareness of the importance of legislation for eHealth.

## NEXT STEPS

10. Member States should:

- (a) strengthen eHealth responses to health emergencies, including sustaining eHealth investments post-COVID-19;
- (b) strengthen eHealth systems governance, interministerial collaboration and monitoring tools to reduce siloed eHealth systems as well as manage eHealth pilots and strengthen coordination, connectivity and infrastructure arrangements;
- (c) harness the WHO/ITU Digital health curriculum to build digital health capacity for the health workforce; and
- (d) ensure that national eHealth strategies are in place and regularly updated.

11. WHO and partners should:

- (a) support Member States to sustain eHealth investments post-COVID-19;
- (b) continue to support eHealth strategy development in Member States;
- (c) develop guidelines for data standards and interoperability in the Region; and
- (d) support the introduction and assessment of eHealth programmes.

12. The Regional Committee noted this report and endorsed the proposed next steps.

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<sup>9</sup> Cabo Verde, Côte d'Ivoire, Kenya, Lesotho and United Republic of Tanzania

<sup>10</sup> Botswana, Kenya, Malawi, Namibia and Seychelles

<sup>11</sup> The term disruptive technology refers to new technology, such as artificial intelligence and block chain, that completely changes the way things are done (<https://dictionary.cambridge.org/dictionary/english/disruptive-technology>)

<sup>12</sup> [http://www.who.int/medical\\_devices/global\\_forum/TheDigitalHealthAtlas.pdf](http://www.who.int/medical_devices/global_forum/TheDigitalHealthAtlas.pdf), accessed 23 January 2018

<sup>13</sup> Algeria, Burkina Faso, Cabo Verde, Chad, Comoros, Eritrea, Gabon, Guinea, Kenya, Lesotho, Liberia, Malawi, Nigeria, Sao Tomé, Senegal, Seychelles, Sierra Leone, United Republic of Tanzania and Uganda

<sup>14</sup> Kenya, Lesotho, Nigeria, Malawi and Uganda