



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



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Provisional Agenda Item 4.11

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ORIGINAL: SPANISH

STRATEGY AND PLAN OF ACTION ON *eHEALTH*

Introduction

1. In Latin America and the Caribbean considerable inequalities persist in access to health services, owing to a series of factors that limit the possibilities of receiving timely quality medical care. These factors include insufficient human and infrastructure resources, lack of equipment and drugs, the physical and cultural distance between the services and the population that needs them, and low incomes. Hence, income level, geographical location, and ethnic origin are the determinants of the vulnerability and exclusion of millions of households in the Region (1).
2. The objective of the *eHealth* Strategy and Plan of Action is to help ensure the sustainable development of the Member States' health systems. Adoption of the *eHealth* Strategy and Plan of Action is envisaged as a means of improving health services access and quality, based on the use of information and communications technologies (ICTs), the development of digital literacy and ICTs, and the use of various methods. This will facilitate progress toward the goal of societies that are more informed, equitable, competitive, and democratic. In such societies access to health information is considered a basic right of the people.
3. This strategy is based on Resolution WHA58.28 (2005) of the World Health Organization (WHO), adopted at the Fifty-Eighth World Health Assembly, which established the linchpins of the WHO *eHealth* Strategy (2).
4. According to WHO (2), telemedicine or *eHealth* is defined as "the cost-effective and secure use of information and communications technologies in support of health and health-related fields, including health-care services, health surveillance, health literature, and health education, knowledge and research."

5. Some *eHealth*-related terms include (3):
- (a) electronic medical records/electronic health records (EMRs/EHRs): a real-time longitudinal electronic record of an individual patient's health information that can assist health professionals with decision-making and treatment.
 - (b) telemedicine (or *telehealth*): involves the delivery of health services using ICTs, specifically where distance is a barrier to health care.
 - (c) mHealth (or mobile health): a term for medical and public health practice supported by mobile devices, such as mobile phones, patient monitoring devices, and other wireless devices.
 - (d) eLearning (or distance learning): the use of ICTs for learning. It can be used to improve the quality of education, to increase access to education, and to make new and innovative forms of education available to more people.

Background

6. Addressing the use and application of information and communications technologies (ICTs) in the field of public health offers the promise of innovation, as well as sociosanitary and economic benefits to any country that pursues them (4, 5):

- (a) From the standpoint of *innovation*, *eHealth* makes it possible to change work processes and improve communications, interaction, risk management, and patient safety, thereby ensuring evidence-based decision-making and generally enhancing the safety of patients.
- (b) From the *socio-sanitary* standpoint, applying technology to health care processes (e.g., medical care and waiting lists) can improve the quality of life of patients and the general population. Health care services will therefore become more personalized, integrated, and seamless. Moreover, these new services can help to overcome geographical and time barriers in terms of waiting times and access to health professionals.
- (c) From the *economic* standpoint, the benefits of using technology in the field of health can heighten efficiency in time and resource use, improve input for complex decision-making, and set priorities on the basis of scientific evidence.

7. By 1998, the World Health Organization, in the document entitled "*Health-for-all policy for the twenty-first century*" (6), was already advocating the appropriate use of health technology within the general health-for-all policy and strategy.

8. Also in 1998, Resolution WHA51.9 (7) established the lines of action regarding the cross-border advertising, promotion, and sale of medical products through the Internet.

9. During the 2003 World Summit on the Information Society (8), *eHealth*, or the application of ICTs to the field of health care, was considered a discipline that could prove useful in terms of improving the quality of life of the population.

10. In 2004, WHO report EB115/39 on *eHealth* (9) and Resolution EB115.R20 (10) addressed the need of the Member States to formulate *eHealth* strategies reflecting principles of transparency, ethics, and equity, and also encouraged them to develop the necessary infrastructure to that end, and to promote multisectoral participation via public-private partnerships.

11. In 2005, at the Fifty-Eighth World Health Assembly, WHO, adopted resolution WHA58.28, establishing the main lines of its *eHealth* strategy.

12. In 2010, the Third Ministerial Conference on the Information Society in Latin America and the Caribbean addressed the use of ICTs in the health sector with a view to identifying ways to reduce inequalities (1).

Current situation analysis

13. In the Region of the Americas, the three main challenges in the health sector are (1):

- (a) Limited access to health services by broad segments of the population, owing to economic, cultural, geographical, and ethnic differences.
- (b) Overlapping epidemiologic profiles that make it necessary to adopt a number of different health strategies simultaneously to cope with the burden of communicable and noncommunicable diseases (the latter of which have increased due to the aging of the population).
- (c) Insufficient infrastructure, as well as human and budgetary resources.

14. Access to information and communications technologies (ICTs) is not universal. Accordingly, many countries and populations in the Region have unequal access to ICTs. A 2010 study by the [International Telecommunication Union](#) (ITU) (11) found that, in the Region of the Americas, the average percentage of fixed telephone lines per 100 inhabitants was 17.15%, and 83.27% for mobile lines. With regard to households with a personal computer, the average was 24.20%; the figure for households with Internet access was 13.30%; whereas the average of Internet users per 100 inhabitants was 25.2%.

15. The use of ICTs in the health sector continues to grow and is driving significant changes in the way the population interacts with health services aimed at diminishing the aforementioned challenges. The [PAHO eHealth Program](#) (12) has identified some practical applications for the use of these technologies in health systems and services, as well as their advantages for health workers, patients, and citizens in general (e.g., individual health cards, digital EMRs, electronic prescription of medicines, and telemedicine).

16. Information technology management (ITM) also plays a key role in expanding health services coverage to remote areas, where the introduction of mobile technology has proven critical in addressing the health needs of rural populations during health emergencies and disasters.

17. In 2006, WHO published the results of a survey examining the utility of eHealth tools (13) that included responses from nine countries in the Region of the Americas.¹ In all cases, the responding countries indicated that such tools were either useful or very useful.

18. In 2009, the Economic Commission for Latin America and the Caribbean (ECLAC) conducted a study of the Region's health ministries and health services (14), which found that all of them maintained institutional data. In fact, 65% of the countries provide data on health promotion and disease prevention, and are also able to indicate the location of health services in 41% of the Member States surveyed.

19. In 2010 (15), PAHO conducted a study to determine the existence of information technology and health communication policies, strategies, and legislation in the Americas. This research, based on the responses of 19 Member States,² revealed that some 68% of the responding countries considered eHealth a priority on their national agendas, while 47% indicated having policies or strategies for the use of ICTs within the health sector.

20. In this same vein, WHO's second global eHealth survey (3), published in 2010, provides information of interest on 11 Member States of the Americas that responded to the survey:

- (a) With regard to the political framework, 82% of the countries surveyed indicated having an eGovernment policy; 45% an eHealth strategy; and 36% a specific telemedicine policy.

¹ The following countries participated in the survey: Belize, Chile, Dominican Republic, El Salvador, Honduras, Mexico, Paraguay, Peru, and Suriname.

² The Member States participating in the study were: Argentina, Belize, Brazil, Bolivia, Chile, Colombia, Cuba, Dominican Republic, Ecuador, Guyana, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Trinidad and Tobago, and Uruguay.

- (b) With regard to the legal framework, 82% reported having legislation in place to ensure the confidentiality of personal data, while 54% indicated having regulations that specifically protect the patient's identity in electronic medical records.
- (c) With regard to expenditure, 82% of the Member States that participated in this survey stated that they were investing in technology and software; moreover, 73% of the countries invest in pilot projects in eHealth and 63% in digital literacy and the use of these technologies.
- (d) With regard to the use of mobile devices for managing data on public health practices (also known as mobile health), 91% of the countries surveyed reported having undertaken such initiatives, whereas only 18% acknowledged having conducted a formal evaluation of these activities.
- (e) With regard to using ICTs for distance learning (or eLearning) initiatives, 82% of the Member States participating in the survey reported using this teaching tool for the health sciences, while 91% acknowledged using distance learning to train health professionals.

21. Studies conducted since 2006 underscore the need to formulate an eHealth Strategy and Plan of Action for the Region of the Americas as a means of coordinating activities and supporting beneficial initiatives through an eHealth agenda.

22. With a view to establishing a forum to promote and discuss the objectives of and strategies for implementing ICTs for public health applications in the Region of the Americas, the Pan American Sanitary Bureau recommends:

- carrying out a technical consultation on eHealth;
- forming a Technical Advisory Group (TAG); and
- establishing a regional eHealth laboratory.

23. Given its cross-cutting nature with respect to the Strategic Objectives contained in the PAHO Strategic Plan 2008-2012 (16), this Strategy and Plan of Action is directly related to:

- Strategic Objective 11 (to strengthen leadership, governance and the evidence base of health systems); and
- Strategic Objective 12 (to ensure improved access, quality and use of medical products and technologies).

24. By facilitating access to technology and information, eHealth has proven to be means for enhancing the quality of life of the population. Consequently, eHealth is

essential for achieving the Millennium Development Goals (17), particularly Target 8.D: “In cooperation with the private sector, make available benefits of new technologies, especially information and communications.”

25. Mindful of the heterogeneity of the Region and the fact that its countries and populations have different needs and adopt different sociocultural methods for improving health, this Strategy and Plan of Action respects and adheres to the following principles and values set forth in the Health Agenda for the Americas (2008-2017) (18): (a) human rights; (b) universality; (c) access and inclusion; (d) Pan American solidarity; (e) equity in health; and (f) social participation.

Proposal

26. The eHealth Strategy and Plan of Action (2012-2017), is based on:

- Strengthening of health systems;
- Integration, decentralization, and the elimination of obstacles hindering access to services;
- Optimal management of infrastructure and human resources;
- Promotion of community participation;
- Support for network mobilization and strengthening;
- Forging of intersectoral and public-private partnerships; and
- Regional experience amassed through veterinary public health programs.

27. In order to meet the targets of the proposed eHealth Strategy and Plan of Action, proposal, it will be necessary to:

- Promote and facilitate horizontal cooperation among the countries of the Region;
- Share experiences, regional resources, and lessons learned;
- Identify the pertinent legal aspects;
- Establish interoperability between technology systems; and
- Formulate technical standards and methods for sharing information and knowledge.

28. The objective of this proposal is to help PAHO Member States continually improve public health in the Region of the Americas through innovative ICT tools and methodologies.

Strategy and Plan of Action

29. The Strategy and Plan of Action includes the following strategic actions and specific objectives³:

Strategic Area 1: Guarantee and promote the formulation, execution, and evaluation of effective, comprehensive, and sustainable public policies on the use and implementation of information and communication technologies in the health sector.

Objective 1.1: Support the formulation and adoption of people-centered eHealth public policies.

Indicator

- Number of Member States that have a policy in place to support the use of information and communication technologies in the health sector. (Baseline: 12 Member States. Source: WHO and ECLAC. Target: 31 Member States by 2016).

Objective 1.2: Help determine and set eHealth-related political priorities at the national and regional levels.

Indicators

- PAHO will have an eHealth technical advisory committee in place. (Baseline: 0. Target: 1 by 2012)
- PAHO and its Member States will have set eHealth policy priorities at the local, national, and regional levels. (Baseline: No. Target: Yes, by 2014).

Objective 1.3: Establish an intersectoral national network (society civil/public network/private network) to participate in eHealth-related policy formulation and decision-making.

Indicator

- Number of Member States that have created institutional mechanisms for forming national partnerships among civil society, government, and private sector entities to promote eHealth. (Baseline: 4 Member States. Source: WHO. Target: 29 Member States by 2015).

³ The technical area in charge of this proposal has a detailed plan that includes the activities for the plan. This document is available in Spanish.

Objective 1.4: Create a regional system to evaluate and analyze the eHealth policies of the Member States.

Indicator

- By 2012, a regional laboratory will be operating in the countries of the Hemisphere with the objective of monitoring and analyzing eHealth policies through methods and tools that support the implementation of such policies. (Baseline: 0. Target: 1 by 2012).

Strategic Area 2: Improve public health through the use of tools and methodologies based on innovative information and communication technologies.

Objective 2.1: Improve infrastructure.

Indicators

- Number of Member States that have funded at least five activities (research and/or projects) on the application of ICTs in the field of health at both the local and national levels. (Baseline: 8 Member States. Source: WHO. Target: 26 Member States by 2014).
- PAHO and the Member States will have established a strategy for strengthening the basic health service technology infrastructure (telephones, Internet, and e-mail) (Baseline: 0. Target: 1 by 2014).

Objective 2.2: Step up the use of epidemiologic surveillance services, including the human-animal interface, through the use of Information and communication technologies.

Indicator

- Number of Member States that have made mobile technology part of their epidemiologic surveillance systems. (Baseline: 10 Member States. Source: WHO. Target: 26 Member States by 2015)

Objective 2.3: Promote people-centered eHealth pilot activities.

Indicators

- PAHO and the Member States will have adopted a common framework for patient identification. (Baseline: 0. Target 1 by 2016).
- Number of Member States that provide online services (e.g., individualized citizen identification, digital clinical records, electronic prescription of medicines)

and telemedicine at the different levels of care through health facilities. (Baseline: 13 Member States. Source: WHO and ECLAC. Target: 22 Member States by 2016).

Strategic Area 3: Promote and facilitate horizontal cooperation among countries for development of a digital health agenda for the Region.

Objective 3.1: Promote intersectoral cooperation, both within each country and among several countries, and identify electronic mechanisms for sharing best practices, regional resources, and lessons learned.

Indicators

- PAHO, in collaboration with the Member States participating in the regional eHealth laboratory, will disseminate biennial reports evaluating the policies of the Member States (Baseline: No, Target: Yes by 2014)
- PAHO and the Member States will have adopted a strategy for communicating and disseminating information to stakeholders and the general public. (Baseline: 0. Target: 1 by 2014.)

Objective 3.2: Promote the interoperability of health information systems.

Indicator

- Number of Member States that have a standard protocol for information-sharing on their health information system. (Baseline: 0. Target: 17 Member States by 2017).

Objective 3.3: Provide legal backing for the use of information and communication technologies in the health sector to ensure the validity of telemedicine activities and guarantee the protection of personal data.

Indicator

- Number of Member States that have a legal and regulatory mechanism in place to safeguard personal data in computerized information systems. (Baseline: 6 Member States. Source: WHO. Target: 25 Member States by 2017).

Strategic Area 4: Development of knowledge management, digital literacy, and information and communication technologies as key elements for ensuring the quality of care, health promotion, and disease prevention activities.

Objective 4.1: Promote training in information and communication technologies among health professionals.

Indicator

- Number of Member States that have an information and communication technology training plan for health professionals. (Baseline: 9 Member States. Source: WHO. Target: 28 Member States by 2015).

Objective 4.2: Provide reliable, quality information on health education and disease prevention to the population and health professionals.

Indicators

- Number of countries that have a policy governing open access to certified public health content. (Baseline: 0. Target: 10 Member States by 2017)
- Number of Member States that have an Internet website offering information on health education and disease prevention, accessible to all through a virtual library. (Baseline: 12 Member States. Source: WHO and ECLAC. Target: 23 Member States by 2015).
- PAHO and the Member States will have defined a common framework for the development of Web portals containing certified public health content. (Baseline: 0. Target: 1 by 2014).

Objective 4.3: Facilitate cooperation in and the dissemination of public health information, with emphasis on emergencies, using social networks.

Indicators

- Number of countries that have a strategy for using social networks in emergencies. (Baseline: 0. Target: 15 Member States by 2017).
- Number of Member States that have a strategy to support the use and presence of social networks as a medium for health promotion and disease prevention activities. (Baseline: 12 Member States. Source: ECLAC. Target: 29 Member States by 2016).

Monitoring, analysis, and evaluation

30. This plan of action contributes to the achievement of Strategic Objectives 11⁴ and 12⁵ of the PAHO Strategic Plan. The region-wide expected results to which this Plan

⁴ SO 11: To strengthen leadership, governance, and the evidence base of health systems.

contributes are detailed in Annex C. The monitoring and evaluation of this Plan are in alignment with the Organization's results-based management framework, as well as its performance monitoring and evaluation processes. In this regard, progress reports will be issued based on the information available at the end of each biennium.

31. During the last year of the Plan, an evaluation will be conducted for the purpose of identifying the strengths and weaknesses in its overall execution, as well as the causative factors in its successes and failures, along with future actions.

Action by the Executive Committee

32. The Executive Committee is invited to review the information contained in this document and examine the possibility of approving the draft resolution presented in Annex A.

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⁵ SO 12: To ensure improved access, quality, and use of medical products and technologies.

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PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



148th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 20-24 June 2011

CE148/17 (Eng.)
Annex A
ORIGINAL: SPANISH

PROPOSED RESOLUTION

STRATEGY AND PLAN OF ACTION ON eHEALTH

THE 148th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the report of the Director, *Strategy and Plan of Action on eHealth* (Document CE148/17),

RESOLVES:

To recommend that the Directing Council to adopt a resolution written as follows:

STRATEGY AND PLAN OF ACTION ON eHEALTH

THE 51st DIRECTING COUNCIL,

Having reviewed the report of the Director, *Strategy and Plan of Action on eHealth* (Document CD51/XX),

Recognizing that the review of the current situation indicates that the implementation of eHealth in the countries of the Americas hinges on two basic conditions: the existence of efficient means for formulating and implementing eHealth strategies and policies (technical viability); as well as the existence of practical procedures and simple, affordable, and sustainable instruments (programming and financing viability);

Understanding that the objective is to improve the coordination and delivery of services in the health sector, with a view to increasing efficiency, availability, access, and

affordability, thus making it possible for the sector to make adjustments and anticipate new contexts in the field of health;

Bearing in mind that the document “*Health-for-all policy for the twenty-first century*” (1998), prepared by WHO, recommended the appropriate use of health technology within the general health-for-all policy and strategy; World Health Assembly resolution WHA51.9 (1998) on cross-border advertising, promotion, and sale of medical products through the Internet; the Agenda for Connectivity in the Americas and Plan of Action of Quito (2003); the United Nations World Summits on the Information Society (Geneva, 2003; and Tunis, 2005); WHO Executive Board resolution EB115.R20 (2005) on the need to formulate eHealth strategies; resolution WHA58.28, adopted at the 58th World Health Assembly, which established the linchpins of the WHO eHealth strategy; and the eLAC Strategy 2007-2010 of the Economic Commission for Latin America and the Caribbean;

Considering the ample experience of the Region of the Americas in veterinary public health programs;

Noting that PAHO has collaborated with the countries of the Region to establish the conceptual underpinnings, techniques, and infrastructure necessary for developing national eHealth programs and policies;

Recognizing the cross-cutting nature of this strategy and its complementarity with the objectives of the PAHO Strategic Plan 2008-2012 (Official Document No. 328);

Considering the importance of having an eHealth strategy and plan of action in place to enable the Member States to effectively and efficiently improve public health in the Region, through the use of innovative information and communication technology tools and methodologies,

RESOLVES:

1. To endorse the Strategy, approve the eHealth Plan of Action, and support its consideration in development policies, plans, and programs, as well as in the proposals and discussions on the national budget, thereby creating the conditions to respond to the challenge of improving public health in the Region through the use of innovative information and communication technology tools and methodologies in their respective countries.

2. To urge the Member States to:
 - (a) give priority to the use of innovative information and communication technology tools and methodologies, with a view to improving human and veterinary public health in the Region, including public health administration;
 - (b) prepare and implement interministerial policies, plans, programs, and interventions based on the Strategy and Plan of Action, making the necessary resources and legal framework available and focusing on the needs of at-risk populations in vulnerable situations;
 - (c) execute the Strategy and Plan of Action, as appropriate, within a framework made up of the health system and information and communication technology services, emphasizing interprogrammatic collaboration and intersectoral action, while monitoring and evaluating program effectiveness and the allocation of resources;
 - (d) promote greater competencies among policymakers, program managers, and health care and information and communication technology service providers, with a view to formulating policies and programs that facilitate the development of efficient, quality, and people-centered health services;
 - (e) promote internal dialogue within and coordination between ministries and other public-sector institutions and encourage the forging of partnerships among government, the private sector, and civil society as a means of building national consensus and facilitating the sharing of experience on cost-effective models; moreover, ensure the availability of standards for quality, safety, interoperability, and ethics, while respecting the principles of information confidentiality, equity, and equality;
 - (f) support the capacity to generate information and research for the development of strategies and the implementation of evidence-based models;
 - (g) establish an integrated system to monitor, evaluate, and ensure accountability for policies, plans, programs, and interventions, making it possible to increase the surveillance and rapid response capacity for diseases, as well as human and veterinary public health emergencies;
 - (h) undertake reviews and internal analyses of the relevance and viability of this Strategy and Plan of Action, based on priorities, needs, and national capacity.

3. To request to the Director to:
 - (a) support coordination and implementation of the Strategy and Plan of Action on eHealth at the national, subregional, regional, and inter-institutional levels and facilitate technical cooperation both to and among countries for the preparation and implementation of their national plans of action;
 - (b) collaborate with the Member States on the implementation and coordination of this Strategy and Plan of Action, guaranteeing its cross-cutting nature through the program areas and different regional and subregional contexts of the Organization;
 - (c) facilitate the preparation of studies, reports, and solutions to serve as models for eHealth, so that, with the appropriate modifications, they can be used by the Member States;
 - (d) promote the formation of national, municipal, and local partnerships with other international organizations, scientific and technical institutes, nongovernmental organizations, organized civil society, the private sector, and other entities to facilitate the sharing of capacities and resources and thus increase compatibility between different administrative, technology, and legal solutions in the area of eHealth;
 - (e) promote coordination between the Strategy and Plan of Action and similar initiatives of other international technical cooperation and financing agencies;
 - (f) report periodically to the Governing Bodies on the progress and difficulties encountered in the implementation of this Strategy and Plan of Action, as well as its adaptation to specific contexts and needs.



PAN AMERICAN HEALTH ORGANIZATION
Pan American Sanitary Bureau, Regional Office of the

WORLD HEALTH ORGANIZATION

CE148/17 (Eng.)
 Annex B

**Report on the Financial and Administrative Implications for the
 Secretariat of the Resolutions Proposed for Adoption**

1. Agenda item: 4.11 Strategy and Plan of Action on eHealth	
2. Linkage to program budget:	
a) Work area: Knowledge Management and Communication	
b) Expected result:	
Strategic Objective 11: To strengthen leadership, governance, and the evidence base of health systems.	
RER 11.1	Member States supported through technical cooperation to strengthen the capacity of the national health authority to perform its steering role; improving policy analysis, formulation, regulation, strategic planning, implementation of health system changes; and enhancing intersectoral and inter-institutional coordination at the national and local levels.
RER 11.2	Member States supported through technical cooperation for improving health information systems at regional and national levels.
RER 11.3	Member States supported through technical cooperation to increase equitable access to, and dissemination and utilization of, health-relevant information, knowledge and scientific evidence for decision-making.
Strategic Objective 12: To ensure improved access, quality, and use of medical products and technologies.	
RER 12.1	Member States supported through technical cooperation to promote and guarantee equitable access to medical products, health technologies, and the corresponding technological innovation.

3. Financial implications:

(a) Total estimated cost for implementation over the life cycle of the resolution (estimated to the nearest US\$10,000; including staff and activities):

The Pan American Health Organization will need collaboration from other United Nations agencies as well as other interested institutions in order to implement the Plan.

During the period 2011-2015, the estimated annual cost for implementing the Plan of Action is \$550,000. This figure would increase by \$150,000 during years 3 and 5 of the Plan to account for evaluation tasks. This cost includes the contracting of additional staff and implementation of activities at the regional, subregional, and national levels (e.g., technical cooperation, studies, workshops, meetings, campaigns, and monitoring and evaluation activities).

It is important to bear in mind that implementation of the Plan of Action on eHealth will result in substantial cost savings with respect to health services delivery, organization, and evaluation, as well as procedures associated with epidemiological surveillance and the analysis of public health data.

With respect to the planning stage, the Member States should prepare cost estimates for implementing the Plan of Action in their countries and make the necessary budgetary adjustments to that end.

(b) Estimated cost for the biennium 2011-2012 (estimated to the nearest US\$10,000; including staff and activities):

\$550,000 per year, increasing by \$150,000 in years 3 and 5.

- Staff: \$250,000.
- Activities: \$300,000.
- Evaluation: \$150,000 (years 3 and 5).

(c) Of the estimated costs noted in (b), what can be subsumed under existing programmed activities? Approximately 25% could be included.

4. Administrative implications:

(a) Indicate the levels of the Organization at which the work will be undertaken:

Regional, subregional, and national.

(b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile):

In order to meet the stipulated objectives, a full-time eHealth expert would be needed to

coordinate a regional eHealth laboratory, as well as another full-time expert on information management and eHealth, to provide cross-cutting support to the laboratory and countries of the Region.

(c) Time frames (indicate broad time frames for implementation and evaluation):

- 2011: Approval and implementation of the Strategy and Plan of Action on eHealth.
- 2013: Evaluation of the first measures adopted.
- 2017: Final evaluation of the implementation of the Strategy and Plan of Action on eHealth.



PAN AMERICAN HEALTH ORGANIZATION
Pan American Sanitary Bureau, Regional Office of the

WORLD HEALTH ORGANIZATION

CE148/17 (Eng.)
 Annex C

**ANALYTICAL FORM TO LINK AGENDA ITEM
 WITH ORGANIZATIONAL MANDATES**

1. Agenda item: 4.11: Strategy and Plan of Action on eHealth

2. Responsible unit: Knowledge Management and Communication.

3. Responsible staff member(s): Marcelo D'Agostino, Albino Belotto, Ana Lucia Ruggiero, and David Novillo (document is a collaborative study of the PAHO Working Group, United Nations agencies, international experts, and other partners).

4. List of collaborating centers and national institutions linked to this agenda item:

- National institutions charged with governance and implementation of health programs, innovation, information and communication technology, etc.
- Civil society organizations;
- International Development Research Centre (IDRC);
- Rockefeller Foundation;
- mHealth Alliance;
- Professional medical informatics associations, such as the International Medical Informatics Association (IMIA);
- All WHO Collaborating Centers working on the use of information and communication technologies in the field of health;
- Ministries and secretariats of health;
- Ministries and secretariats of industry, innovation, or technology;
- Ministries and secretariats of education;
- Universities (University of Calgary, University of Toronto, *Universidad de Salamanca*, *Universidad Carlos III de Madrid*).

5. Link between this agenda item and *Health Agenda for the Americas 2008-2017*:

The agenda item is linked to the principles/values and areas of action described in the Health Agenda for the Americas.

Principles and values :

Acknowledging that the Region is heterogeneous, and that our nations and their populations have different needs and sociocultural approaches to improving health, this Agenda respects and adheres to the following principles and values:

- (a) *Human rights, universality, access, and inclusion.* The Constitution of the World Health Organization states that “enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without the distinction of race, religion, political belief, economic or social condition.” In order to make this right a reality, the countries of the Region should work toward achieving universality, access, integrity, quality, and inclusion in health systems, which in turn should be accountable to citizens for the degree to which they achieve these ends.
- (b) *Pan American solidarity.* Solidarity, defined as collaboration among the countries of the Americas to advance shared interests and responsibilities in order to attain common targets, is an essential condition to overcome the inequities with regard to health and to enhance Pan American health security during crises, emergencies, and disasters.
- (c) *Equity in health.* The search for equity in health is manifested in the effort to eliminate all health inequalities that are avoidable, unjust, and remediable among populations or groups. This search should emphasize the essential need for promoting gender equity in health.
- (d) *Social participation.* The opportunity for all of society to participate in defining and carrying out public health policies and assessing their outcomes is an essential factor in the implementation and success of the Health Agenda.

Areas of action:

- Strengthening the national health authority;
- Tackling health determinants;
- Increasing social protection and access to quality health services;
- Diminishing health inequalities among countries and inequities within them;
- Reducing the risk and burden of disease;
- Strengthening the management and development of health workers;
- Harnessing knowledge, science, and technology; and
- Strengthening health security.

6. Link between agenda item and Strategic Plan 2008-2012:

The Strategy and Plan of Action on eHealth are directly linked with **Strategic Objective 11**: To strengthen leadership, governance, and the evidence base of health systems.

RER 11.1 Member States supported through technical cooperation to strengthen the capacity of the national health authority to perform its steering role; improving policy analysis, formulation, regulation, strategic planning, implementation of health system changes; and enhancing intersectoral and inter-institutional coordination at the national and local levels.

Specifically, it will contribute to Region-wide **Expected Results (RER) indicator 11.1.2**: Number of countries that have formulated policies, mid-term and long-term plans or defined national health objectives.

RER 11.2 Member States supported through technical cooperation for improving health information systems at regional and national levels.

Specifically, it will contribute to **RER indicator 11.2.1** “Number of countries that have implemented processes to strengthen the quality and coverage of their health information systems.”

RER 11.3 Member States supported through technical cooperation to increase equitable access to, and dissemination and utilization of, health-relevant information, knowledge, and scientific evidence for decision-making.

Specifically, it will contribute to **RER indicator 11.3.3**: Number of countries that have access to essential scientific information and knowledge, as measured by access to Virtual Health Libraries (VHL) at national and regional levels.

The Strategy and Plan of Action on eHealth are also linked with **Strategic Objective 12**: To ensure improved access, quality, and use of medical products and technologies.

RER 12.1 Member States supported through technical cooperation to promote and guarantee equitable access to medical products, health technologies, and the corresponding technological innovation.

Specifically, it will contribute to **RER indicator 12.1.1**: Number of countries that have implemented policies promoting the access to, or technological innovation for, medical products and health technologies.

7. Best practices in this area and examples from countries within the Region of the Americas:

- According to estimates, in 2010, 47% of the countries in the Region had eHealth policies in place.
- Some countries, Canada, Mexico, Peru, and the United States among them, have made significant progress in eHealth and have future eHealth projects on their agendas.
- Based on the Third Ministerial Conference on the Information Society in Latin America and the Caribbean (Lima, 21-23 November 2010), some examples of eHealth best practices include:
 - Argentina's Ministry of Health administers a network connecting 43 hospitals and is also working on telemedicine projects.
 - Brazil has a national network connecting 57 hospitals and providing infrastructure, education, research, and integration support.
 - Costa Rica has developed initiatives linked to consultations with specialists and emergencies.
 - Jamaica has carried out telemedicine projects in medical specialty areas such as dermatology, oncology, psychiatry, and home medical services.
 - Mexico is working to implement a electronic medical records program between 2007 and 2012, and has regulations in place governing the use of auxiliary electronic media for the storage of health data.
 - Panama has been working with telemedicine in rural areas.
 - Trinidad and Tobago has a program for access to free medication, in which some 40,000 chronic disease patients participate.
 - The Bolivarian Republic of Venezuela has a system of standardized medical records that use free software platforms.

8. Financial implications of agenda item:

The Pan American Health Organization will require collaboration from other United Nations agencies as well as other interested institutions to implement the Plan.

During the period 2011-2017, the estimated annual cost for implementing the Plan of Action is \$550,000. This figure would increase by \$150,000 during years 3 and 5 of the Plan, to account for evaluation tasks. This cost includes the contracting of additional staff and the implementation of activities at the regional, subregional, and national levels (e.g., technical cooperation, studies, workshops, meetings, campaigns, and monitoring and evaluation activities).

It is important to bear in mind that the implementation of the Plan of Action on eHealth will result in substantial cost savings in health services delivery, organization, and evaluation, and also procedures associated with epidemiological surveillance and the analysis of public health data.