55th DIRECTING COUNCIL

68th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

Washington, D.C., USA, 26-30 September 2016

Provisional Agenda Item 7.12-A

CD55/INF/12
4 July 2016
Original: Spanish

A.   STRATEGY AND PLAN OF ACTION ON *eHEALTH*: MIDTERM REVIEW

Background

1.   In May 2005, the 58th World Health Assembly of the World Health Organization (WHO) adopted Resolution WHA58.28 on *eHealth*, the first on this subject *(1).* Inspired by that resolution, in September 2011, the 51st Directing Council of the Pan American Health Organization (PAHO), through Resolution CD51.R5 *(2)*, adopted the Strategy and Plan of Action on *eHealth* to contribute to the sustainable development of health systems in the Member States *(3).* Furthermore, in response to the need to facilitate the processing and transmission of digital information related to health services delivery worldwide, in May 2013 WHO adopted Resolution WHA66.24 on *eHealth* standardization and interoperability *(4),* while in September of that same year PAHO established its Program and Budget (OD346), which included an outcome indicator to promote the implementation of the Regional Strategy and Plan of Action on *eHealth* in the Member States *(5).*

Update on the Progress Achieved[1]

2.   The Strategy and Plan of Action on *eHealth* consists of four strategic areas, 13 specific objectives, and a total of 26 indicators. This progress report follows the same structure in order to facilitate a review of the Region's main achievements and challenges with regard to *eHealth*.

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[1] PAHO will soon be publishing an article in the Pan American Journal of Public Health / Revista Panamericana de Salud Pública that will provide more information on PAHO's actions in this field and that can be consulted as a complement to this progress report. Novillo-Ortiz D, D'Agostino M and Becerra-Posada F. El rol de la Organización Panamericana de la Salud en el desarrollo de capacidad en *eSalud* en las Américas: análisis del periodo 2011-2015. Rev Panam Salud Pública. 2016;40(2) (in press).

Strategic Area 1: Support and promote public policies on eHealth

3.   At present, 21 countries and territories[2] are formulating and adopting a public policy on *eHealth*. In order to support the Member States in this task, WHO and the International Telecommunications Union (ITU) published, in 2012, guidelines known as the *National eHealth Strategy Toolkit (6).* National partnerships forged between sectors of civil society, the civil service, and private entities through the creation of national commissions and committees are proving to be key in mobilizing the necessary resources to adopt and implement strategies.

4.   In order to help the Member States to define policy priorities with respect to *eHealth*, PAHO, in coordination with the Statistical Conference of the Americas (Economic Commission for Latin America and the Caribbean, SCA-ECLAC) has led the development of Methodological recommendations for the measurement of access and use of Information and Communications Technologies (ICT) in the Health Sector to determine the advances made in *eHealth* in the countries of the Region of the Americas toward improving the effectiveness and efficiency of public and private health systems *(7).* Brazil and Uruguay are currently implementing these recommendations. Furthermore, PAHO has a group of experts who have acted as a technical advisory committee on when necessary. The efforts of this network are reflected in *eHealth Conversations: Using Information Management, Dialogue, and Knowledge Exchange to Move Toward Universal Access to Health,* a project that presents the opinions of specialists on this subject *(8).*

5.   In order to consolidate a regional system for the evaluation and analysis of policies, the PAHO Regional *eHealth* Observatory has been in operation since 2012, providing tools that support the implementation of and acting as the regional entity for the WHO Global Observatory for *eHealth*.

Strategic Area 2: Improve public health through the use of eHealth

6.   Improving organizational and technological infrastructure is one of the main challenges in the implementation of *eHealth,* according to a study conducted by WHO with the support of PAHO and ITU *(9).* In order to collaborate in this task, PAHO has worked with the Member States to develop guidelines that serve as a baseline for a strategy to strengthen and determine basic organizational and technological infrastructure in health services *(10).*

7.   The use of information and communications technology (ICT) can be observed in the Region's epidemiological surveillance services. However, additional research is needed regarding the number of countries using mobile technology in these services. The

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[2] Argentina, Barbados, Belize, Bonaire, Brazil, British Virgin Islands, Canada, Chile, Colombia, Costa Rica, Curaçao, Dominican Republic, El Salvador, Guatemala, Jamaica, Mexico, Panama, Peru, Trinidad and Tobago, United States, and Venezuela. Source: PAHO/WHO Observatories.

case of Paraguay is noteworthy, with its community epidemiological telesurveillance system based on free software.

8.   Unique patient identification is one of the main components for promoting the sustainable, scalable, and interoperable development of *eHealth*-focused programs and initiatives. The main trends in the Region indicate that the use of live birth records is the access portal to electronic health systems; countries such as Mexico or Peru are examples in this regard. In order to devise a common framework, PAHO and the Organization of American States (OAS), which coordinates the e-government program at the regional level and develops the [Universal Civil Identity Project of the Americas (PUICA, Spanish acronym)](), will be working on a joint proposal for the Region that integrates all electronic services, not only those related to the health sector.

9.   A significant number of countries in the Region are financing projects with public funds at the local and national levels. The most widespread initiatives involve telemedicine and electronic health records. Specifically, 10 countries[3] already have a national electronic health records system that immediately provides secure information to authorized users, while 12 countries of the Americas[4] have a national policy or strategy on telehealth. Big data and e-prescription projects continue to be a challenge for the Region, due to a lack of necessary infrastructure for development and implementation.

Strategic Area 3: Promote and facilitate horizontal collaboration between countries

10.   During the first half of the period, intersectoral cooperation has been promoted, as well as the establishment of resource- and experience-sharing mechanisms. Specifically, biennial progress reports have been disseminated on policies in the Member States that participate in the WHO [Global Survey on *eHealth*](), and mechanisms have been established for the communication and dissemination of information at the [PAHO Regional *eHealth* Observatory]().

11.   Unique interoperability in health systems continues to be a challenge for the Region, due to a lack of integration among the existing information systems. Using the experience of the European Union as a reference point for guidelines on unique interoperability with regard to patient data *(11)* and electronic prescriptions *(12)*, PAHO and the Member States plan to work on devising a common framework for a standard or minimum dataset to facilitate the exchange of information between systems. Furthermore, despite the existence of health institutions that integrate organizational and administrative entities interacting in the provision of medical and health services with a technological component, there has been no observed progress in the Region in terms of developing methodologies to establish such steps and procedures at the national level.

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[3] Canada, Chile, Costa Rica, El Salvador, Jamaica, Mexico, Panama, Paraguay, Peru, and Uruguay. Source: WHO Global Observatory for *eHealth*.

[4] Argentina, Canada, Colombia, Costa Rica, Cuba, Dominican Republic, Jamaica, Mexico, Paraguay, Peru, United States, and Uruguay. Source: WHO Global Observatory for *eHealth*.

12.   The number of legal frameworks supporting the use of ICT in health care and facilitating the exchange of clinical information has increased in the last three years. Specifically, at least 18 countries in the Region[5] have legislation to protect the privacy of people's personal information; and nine additional countries[6] report having a legal framework that facilitates the electronic exchange of clinical information at the national level. Taking as an example the projects already initiated in Europe, work will soon be undertaken with the Member States to determine a legal framework that will promote the exchange of clinical information at the regional level.

Strategic Area 4: Knowledge management and digital literacy for quality care, promotion of training and health, and disease prevention

13.   There has been a considerable increase in the number of countries that have a university-level *eHealth* training plan. Specifically, 16 countries[7] have training of this kind in some of their universities.

14.   During this period, reliable, high-quality information on education for health and disease prevention has been provided to the general public and health professionals. For example, there are now 10 virtual health libraries with information sources and services that address health priorities. Furthermore, there has been an increase in the number of Member States with access and local capacity to produce and use content from the virtual health libraries, while the number of countries with national virtual health libraries has risen from 26 to 30, in addition to the CARPHA EvIDeNCe initiative in the countries of the English-speaking Caribbean.

15.   With regard to certified public health content, PAHO's Latin American and Caribbean Center on Health Sciences Information (BIREME) signed a memorandum of understanding with the University Hospital of Rouen (France), a center specialized in this discipline. This initiative will help achieve significant progress in devising a common framework for the development of portals with certified public health content. It will also increase the number of Member States (currently nine countries[8]) that have policies on access to certified public health content and that are members of the Federated Network of Institutional Repositories of Scientific Publications (LA Referencia).

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[5] Argentina, Canada, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Panama, Paraguay, Peru, Trinidad and Tobago, United States, and Uruguay. Source: WHO Global Observatory for *eHealth*.

[6] Argentina, Canada, Chile, Colombia, Dominican Republic, Mexico, Paraguay, United States, and Uruguay. Source: WHO Global Observatory for *eHealth*.

[7] Argentina, Canada, Chile, Costa Rica, Cuba, Dominican Republic, Ecuador, Guatemala, Honduras, Jamaica, Mexico, Paraguay, Peru, Trinidad and Tobago, United States, and Uruguay. Source: WHO Global Observatory for *eHealth*.

[8] Argentina, Brazil, Chile, Colombia, Ecuador, El Salvador, Mexico, Peru, and Venezuela. Source: WHO Global Observatory for *eHealth*.

16.	With regard to the use of social networks to facilitate the dissemination, communication, and sharing of public health information, 18 countries [9] use social networks, mainly Twitter and Facebook, both in emergencies and as a way to promote health and disease prevention. Nevertheless, additional research is needed to determine whether the Member States have specific strategies in this regard.

Action Necessary to Improve the Situation

17.	In light of the advances and challenges described above, the following measures should be considered for the 2016-2017 period:

a)	continue implementing the Strategy and Plan of Action and promote the formulation of national strategies in the countries that do not have them;

b)	work to include areas where progress has been made in the framework of public health since the approval of the Strategy and Plan of Action, such as the Internet of things, open data, and big data, among others;

c)	strengthen communication and institutional coordination between agencies, donors, and Member States, including key sectors other than the health sector, in order to ensure that strategic, technical, and budgetary components are coordinated and aligned with a single objective, focused on improving the quality of life of the population, and implemented so as to avoid duplication of effort;

d)	promote the generation of evidence and development of guidelines on *eHealth* that favor decision-making and project development in a strategic and sustained manner;

e)	establish a road map for the role of *eHealth* within the framework of the Sustainable Development Goals, specifically objective 3 ("Ensure healthy lives and promote well-being for all at all ages").

Action by the Directing Council

18.	The Directing Council is invited to take note of this report and offer any recommendations it deems relevant.

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[9]	Argentina, Bolivia, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay, and Venezuela. Source: WHO Global Observatory for *eHealth*.

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