

The World Health Assembly Resolutions on eHealth: eHealth in Support of Universal Health Coverage

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Summary

The World Health Assembly (WHA) of the World Health Organization (WHO) and three of the six WHO Regional Committees adopted a number of resolutions on eHealth: the use of information and communication technology for health. These resolutions have given legitimacy to eHealth as an area of work for WHO and its member states. The implementation of these resolutions will contribute to the achievement of the Millennium Development Goals (MDGs) and the Universal Health Coverage. eHealth has been perceived as reducing the cost of healthcare, improving quality and equitable access to health services.

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The Commitments and the Actions since the Resolution

In May 2005 the Fifty-eighth World Health Assembly witnessed the birth of eHealth as

an area of work in the World Health Organization (WHO). During that Assembly, Ministers of Health of the 192 Member States of WHO approved a resolution on eHealth (WHA58.28) [1], that laid the foundation for eHealth and defined its scope. Regional Committee resolutions followed the approval of this resolution, thereby laying the pathway for eHealth to be institutionalized at a global level. The adoption of that WHA resolution triggered WHO regional governing bodies to follow the suit and adopt regional resolutions on eHealth. The Regional Committee for the Eastern Mediterranean adopted a regional strategy on knowledge management and eHealth in 2006 [2]. This inspired the late Dr Healy [3] to publish an editorial with a thought-provoking title “The WHO eHealth resolution: eHealth for All by 2015?”. That editorial explicitly shared the view that eHealth can contribute to the achievement of the Millennium Development Goals (MDGs) by 2015. With the MDGs approaching very quickly more regional committees adopted eHealth resolutions. The Regional Committee for Africa adopted resolution AFR/RC60/R3 [4] in 2010 and resolution AFR/RC/63/9 [5] in 2013 on eHealth in the African Region and the Fifty-first Directing Council of the Pan American Health Organization adopted resolution CD51.R5 [6] in 2011 on eHealth and approved the related strategy and plan of action. In May 2013 the Sixty-fourth World Health Assembly approved a resolution on eHealth standardization and interoperability (WHA66.24) [7]. These resolutions by the governing bodies of WHO are essential for the present and the future of the global health community in support of eHealth as part of health systems strengthening leading to universal health coverage.

What impact has this global political commitment made? First of all the eHealth resolutions are a sign of the official recognition of the added value of information and communication technologies (ICTs) for health and socioeconomic development. The Millennium Development Goals (MDGs), which were endorsed by the United Nations General Assembly in 2000 [8], recognized the use of information and communication technologies as tools to achieve the Goals and as a target for development. MDG 8 (Develop a global partnership for development) target “F” stipulates “In cooperation with the private sector, make available the benefits of new technologies, especially information and communications” [9]. Ten years after that and while reviewing the progress in achieving the MDGs, the Commission on Information and Accountability and for Women’s and Children’s Health [10] in support of the Global Strategy for Women’s and Children’s Health fully recognized the role of eHealth in achieving its objectives. The Report of the Commission stated that “The use of eHealth and mHealth should be strategic, integrated and support national health goals”. The United Nations General Assembly resolution 66/288 [11] which endorsed the RIO+ declaration ‘The Future we want’, acknowledged universal health coverage in the post-2015 development agenda as “a key instrument to enhancing health, social cohesion and sustainable human and economic development”. The role of health as “a precondition for, an outcome and an indicator of all three dimensions of sustainable development” is also fully recognized. Member States have pledged to strengthen health systems towards the provision of equitable universal health coverage, through involvement of all actors for coordinated multisectoral actions to address urgently the health needs of the world’s populations. [12]

A prerequisite for achieving universal health coverage is functional health systems. The role of ICTs and innovation in health system strengthening cannot be overemphasised. In order for health systems to function, there must be: adequate numbers and equitable distribution of qualified and committed health workers; effective disease surveillance systems for

timely responses to infectious diseases and national, regional and global health security; health data and information that guide evidence-informed policy decision-making; and availability and affordability of information infrastructure supporting eHealth systems. Parallel to these eHealth related resolutions were WHA resolutions on Universal Health Coverage. WHA64.9 [13] on sustainable health financing structures and universal coverage urges member states to continue, as appropriate, to invest in and strengthen the health-delivery systems in particular primary health care and services, and adequate human resources for health and health information systems, in order to ensure that all citizens have equitable access to health care and services.

During the past 20 years, numerous initiatives on eHealth have been developed from different perspectives, especially building health information systems, including electronic health records. However, never before has there been such clear support for eHealth solutions, although there is still some challenges to implement them. As Healy indicated in his editorial of 2007 [3] for ICT professionals, this new commitment is obvious in the context of the global information society, but we have to take into consideration that many parts of the world’s population have many other competing health priorities, including basic social determinants of health and needs such as water, sanitation, food, education, access to affordable vaccines, etc. In this context and in the absence of strong evidence, sophisticated technologies could be perceived as a luxury. The power of combining health sciences, information sciences and information technology is what is needed to enhance patient-centred care and connected health. eHealth has its own challenges of evidence, sustainability, human resources, funding, interoperability, ICT infrastructure, legal and ethical constraints. The “digital divide” will continue to be a major challenge, despite the very high penetration rate of mobile phones, we still see low penetration rate of broadband access and consequently internet penetration. In line with the MDGs approved by the United Nations General Assembly in 2000 and the resolution on universal health coverage in 2013, we have simultaneously

to fight against diseases and poverty and lack of access to information infrastructure in many low and middle income countries.

The definition of eHealth in resolution WHA58.28 [1] 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*” reinforces the vision and the scope set by the resolutions in support of health systems and universal health coverage.

The Resolution laid down the strategic directions for eHealth in WHO and its member states who have put serious effort to implement the Resolutions. The strategic directions and the related achievements include:

1. Building the evidence for eHealth. Publication of a special theme issue of the World Health Bulletin on building the evidence for eHealth [14].
2. Launch of the National eHealth Strategy Toolkit [15]. This joint work with the International Telecommunication Union is a milestone in terms of bringing the two major sectors in health and technology together. The Toolkit is being translated into a number of languages and training materials. eHealth implementation without national planning is a direct contribution to more pilotitis cases. Over 80 member states have developed a published national eHealth strategies or policies.
3. The launch of the WHO Forum for Health Data Standardization and Interoperability. The Forum brought together stakeholders from the public sector, the private sector, standard development organizations, the academia and the donor community. The Forum has established for a new way of providing support to countries to allow for enforcing interoperability of systems and applications [16].
4. The Global Observatory of eHealth has become the recognized mechanism for monitoring eHealth and measuring its progress at a global level [17]. The second survey was conducted and as a result six key reports were published [18]. They cover mHealth, telemedicine, legal

frameworks for eHealth, safety and security on the Internet, management of patient information and the Global eHealth Atlas.

5. The ePortuguese network [19] which employs eHealth tools to enhance South-South and Triangular Collaboration brings knowledge, experience and invaluable assets from the global south to the global south.
6. Use of innovative approaches and eLearning in support of health education and education of health workforce has been established as a major area of interest for both WHO and its member states within the eHealth domain. The Health Academy [20] eLearning modules and the collaboration with member states and technical departments have taken a new turn through the current effort to conduct systematic reviews of the evidence for eLearning.

Since 2005 eHealth has progressed in all WHO member states. The support provided by WHO and its collaborating centers (<http://www.who.int/ehealth/about/en/>) and the nongovernmental organizations in official relations with WHO such as the International Medical Informatics Association <http://www.imia-medinfo.org/new2/> (IMIA) [21] and the International Society for Telemedicine and eHealth (ISfTeH) [22] are just examples of what WHO and its partners can achieve through working together.

With the above examples and engagement by member states the donor community, the research and academia and the eHealth professional societies, a radical and true change in eHealth has become possible. eHealth has great value for low and middle income countries, for all people and all countries for the simple reason that the health sector is an information-intensive sector. ICT in health or eHealth is about utilization of this technology to make the sector more cost-effective, more efficient, empowering people and improving accountability. Universal health coverage is intended to empower individuals to become informed citizens and assume responsibility for managing their own health. The increasing availability of eHealth sol-

utions, including mobile applications, wearable sensors, monitoring devices, assistive technologies, health information on the Internet, social media, self-learning sites and many other technology-based solutions permit these changes. Of course these transitions will require time, planning, political commitment, financial resources, evidence, collaboration, partnerships and human resources. The full deployment of eHealth solutions is no longer a problem of technology. It is a problem of development of multidisciplinary approaches, involving multiple stakeholders from the health, ICT and financial sectors supported by the academic and research community through public-private partnerships.

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References

1. Resolution WHA58.28. eHealth. In: Fifty-eighth World Health Assembly, Geneva, May 16–25, 2005. Resolutions and decisions, annex. Geneva: World Health Organization; 2005: 108–110 (WHA58/2005/REC/1; (http://apps.who.int/gb/ebwha/pdf_files/WHA58-REC1/english/A58_2005_REC1-en.pdf, accessed October 4, 2013).
2. Resolution EM/RC53/R.10. Regional strategy for knowledge management to support public health. In: Regional Committee for the Eastern Mediterranean, Fifty-third session, Isfahan, Islamic Republic of Iran, 2006. Cairo: WHO Regional Office for Eastern Mediterranean; 2006 (http://applications.emro.who.int/docs/em_rc53_r9_en.pdf, accessed October 7, 2013).
3. Healy JC. The WHO eHealth Resolution – eHealth for all by 2015? *Methods Inf Med* 2007; 46: (<http://www.schattauer.de/en/magazine/subject-areas/journals-a-z/methods/contents/archive/issue/670/manuscript/7685/show.html>, accessed October 7, 2013).
4. Resolution AFR/RC60/R3. eHealth solutions in the African Region: current context and perspectives. In: WHO Regional Committee for Africa Sixtieth session, Malabo, Equatorial Guinea, August 30–September 3, 2010. Brazzaville: Regional Office for Africa; 2010 (<http://apps.who.int/iris/handle/10665/19931>, accessed October 7, 2013).
5. Resolution AFR/RC63/9. Utilizing eHealth solutions to improve national health systems in the African Region. In: WHO Regional Committee for Africa, Sixty-third session, Brazzaville, Republic of Congo, September 2–6, 2013. Brazzaville: WHO Regional Office for Africa; 2013 (http://www.afro.who.int/index.php?option=com_docman&task=doc_download&gid=5728, accessed October 7, 2013).
6. Resolution CD51.R5. Strategy and plan of action on eHealth. In: 51st Directing Council of the Pan American Health Organization /63rd session of the WHO Regional Committee for the Americas, Washington, DC, USA, September 26–30, 2011. Washington, DC: Pan American Health Organization/WHO Regional Office for the Americas; 2011, (http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=15041&Itemid, accessed October 7, 2013).
7. Resolution WHA66.24. eHealth standardization and interoperability. In: Sixty-sixth World Health Assembly, Geneva, May 20–27, 2013. Resolutions and decisions, annexes. Geneva: World Health Organization; 2005: 54–46 (http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_26-en.pdf (accessed October 7, 2013).
8. Millennium Summit, New York: United Nations September 6–8, 2000. (http://www.un.org/en/events/pastevents/millennium_summit.shtml. Accessed October 12, 2013).
9. We can end poverty: Millennium Development Goals and beyond 2015. Goal 8: Develop a global partnership for development. New York: United Nations; 2013 (<http://www.un.org/millenniumgoals/global.shtml>, accessed October 7, 2013).
10. Keeping the promise, measuring the results: Commission on Information and Accountability for Women's and Children's Health. Geneva: WHO, 2011. (http://www.everywomaneverychild.org/images/content/files/accountability_commission/final_report/Final_EN_Web.pdf, accessed October 14, 2013).
11. United Nations General Assembly resolution 66/288 http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/66/288 (accessed October 14, 2013).
12. The Future we want. adopted at RIO + United Nations Conference on Sustainable Development, June 20–22, 2012, Reo De Janeiro, Brazil (<http://www.un.org/en/sustainablefuture/> accessed October 14, 2013).
13. Resolution WHA64.9. Sustainable health financing structures and universal coverage. In: Sixty-fourth World Health Assembly, Geneva, May 16–24, 2011. Resolutions and decisions, annexes. Geneva: World Health Organization; 2011: 19–21 (http://apps.who.int/gb/ebwha/pdf_files/WHA64-REC1/A64_REC1-en.pdf accessed October 17, 2013).
14. Najeeb Al-Shorbaji and Antoine Geissbuhler. Establishing an evidence base for e-health: the proof is in the pudding. *Bulletin of the World Health Organization* 2012; 90: 322–322A. (<http://www.who.int/bulletin/volumes/90/5/12-106146/en/>, accessed October 16, 2013).
15. World Health Organization and International Telecommunication Union. National eHealth strategy toolkit. Geneva: WHO and ITU, 2011. (http://apps.who.int/iris/bitstream/10665/75211/1/9789241548465_eng.pdf, accessed October 16, 2013).
16. World Health Organization. Forum on Health Data Standardization and Interoperability.

- (http://www.who.int/ehealth/WHO_Forum_on_HDSI_Report.pdf, accessed October 16, 2013).
17. M. Kay, J. Santos. Report on the World Health Organization Global Observatory for eHealth Strategic Planning Workshop, April 2008. *Methods Inf Med* 2008; 47 (4): 381–387. (<http://www.schattauer.de/en/magazine/subject-areas/journals-a-z/methods/contents/archive/issue/667/manuscript/10173/show.html>, accessed October 16, 2013).
 18. World Health Organization. Global Observatory for eHealth. List of publications. (<http://www.who.int/goe/publications/en/>, accessed October 16, 2013).
 19. World Health Organization. ePortuguese rises as an example of South-South collaboration. (<http://www.who.int/eportuguese/en/>, accessed October 16, 2013).
 20. World Health Organization. Health Academy country participation. (<http://www.who.int/healthacademy/countries/en/>, accessed October 16, 2013).
 21. Geissbuhler A, Haux R, Kwankam SY. Towards health for all: WHO and IMIA intensify collaboration. Joint Communiqué during Medinfo 2007 in Brisbane. *Methods Inf Med* 2007; 46 (5): 503–505. (<http://www.ncbi.nlm.nih.gov/pubmed/17938770>, accessed October 16, 2013).
 22. Yunkap Kwankam. Successful partnerships for international collaboration in e-health: the need for organized national infrastructures. *Bulletin of the World Health Organization* 2012; 90: 395–397. (<http://www.who.int/bulletin/volumes/90/5/12-103770/en/>, accessed October 16, 2013).

