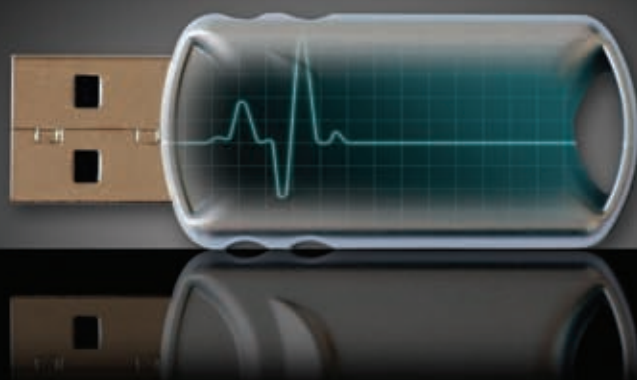


# Report of the Commonwealth Health Ministers Meeting

Geneva, 18 May 2008



# E-Health: Challenges and Opportunities

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Geneva, 18 May 2008



Commonwealth Secretariat

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# Foreword

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Commonwealth Ministers of Health held their annual meeting in Geneva, Switzerland, on 18 May 2008, to discuss 'E-Health: Challenges and Opportunities'. This was a pertinent subject, especially in view of the health challenges and priorities facing Commonwealth countries. E-health has the potential to radically change the way health systems are organised, improve the quality of services offered and increase access to services. New technologies can also be used to expand and reduce the cost of health worker training, as well as contribute to a reduction in the 'brain drain'.

Many Commonwealth countries are already using the cell phone, internet, the digital camera and satellite transmission in a variety of innovative ways to address new and re-emerging national and global health challenges. These technologies have also opened up areas and populations that were previously marginalised, illustrating that such technologies are not just the preserve of high- and upper-middle-income regions and countries. Indeed, e-health can be used to help overcome the barriers of inequitable health access.

The Commonwealth was therefore encouraged to seek more from technology in its health programmes. It was also noted that e-health is a developmental tool with applications beyond health, and with benefits for the education and small-scale trading sectors.

With about 213 delegates, including 32 ministers, representing 45 countries, 8 Commonwealth organisations and 12 UN organisations, this year's meeting deliberated on the challenges of and opportunities for e-health. I would like to convey my gratitude to Hon. Mr John Herbert Maginley, Minister of Health, Antigua and Barbuda for ably chairing the meeting, The Rt Rev. Archbishop Desmond Tutu for his inspiring keynote address, and Dr Margaret Chan, the Director-General of the World Health Organization, for facilitating a frank and fruitful exchange of views.

It is our hope that this record of the meeting will serve as a useful guide for those wishing to learn more about e-health.

*Dr Henry Kaluba,  
Acting Director  
Social Transformation Programmes Division*

## Commonwealth Secretary-General Mr Kamalesh Sharma opened the meeting

In welcoming participants to the 2008 Commonwealth Health Ministers Meeting (CHMM), the Commonwealth Secretary-General Mr Kamalesh Sharma, noted that 40 of the Commonwealth's 53 member countries were in attendance, with about 30 being represented at ministerial level.

As he outlined the context of the meeting, the Secretary-General said the Commonwealth was home to one-third of the world's population, yet has two-thirds of people living with HIV/AIDS, two-thirds of its maternal deaths, two-thirds

of its children under five years old suffering from malnutrition and nearly half of its infant deaths. Mr Sharma challenged the meeting to come up with ways in which the Commonwealth can improve the health of the individual and of society.

He said the meeting was particularly honoured to be addressed by two exceptional people: Archbishop Desmond Tutu, the keynote speaker, and the World Health Organization (WHO) Director-General Dr Margaret Chan. The Secretary-General also thanked other valued members of the Commonwealth health community, especially the six



Commonwealth health professional associations. Acknowledging the Commonwealth Business Council, he noted the significance of business and civil society in partnering with governments in the triangular enterprise of delivering health care. The Secretary-General also thanked the members of the Commonwealth Advisory Committee on Health for their role in overseeing the Secretariat's work.

Mr Sharma noted that it was already a decade since the CHMM first raised its concerns about the loss of health workers from developing countries, and five years since the CHMM adopted the Recruitment Protocol that was the Commonwealth's response to a global challenge. He noted that the Commonwealth Code of Practice for the International Recruitment of Health Workers, a Commonwealth model of best practice, had become a global model, illustrating the Commonwealth's potential to improve not just the Commonwealth, but the world.

The Secretary-General noted the changes in the global response to health. From the concept of the Human Development Index and the World Bank's Development Report on Investing in Health in the 1990s, to the development of the Millennium Development Goals (MDGs) concept and global co-operation reflected in programmes like the Global Fund for AIDS, the Global Alliance for Vaccines and Immunization (GAVI), Roll Back Malaria and the new International Health Partnership. He also recognised the changes in global health funding from bilateral and multilateral arrangements, to the increased involvement of private foundations, pharmaceutical companies, the private sector and civil society.

In this changing global environment, the Secretary-General highlighted new challenges, such as non-communicable diseases, climate change and health, malaria threatening to spread to new areas, water scarcity and crop shortages, and old issues like polio, communicable diseases and malaria still threatening parts of the Commonwealth. He asked what the Commonwealth could bring to such a landscape.

Mr Sharma was of the view that new technological innovations, such as e-health – the theme of the CHMM 2008 – could offer some of the most effective solutions to the health challenges of the early 21st Century, noting that a digital revolution was necessary in order to bridge the development divide. Considering the mobile or cell phone, the Secretary-General said no one could have predicted the rapid rise and widespread use of this technology. He recognised that the mobile phone, the internet, the digital camera and satellite transmission all have the potential to radically change how we organise, manage, finance and strengthen health systems. The potential of these new technologies, which are increasingly accessible in most Commonwealth countries, needs to be harnessed to support the health sector. Mr

Sharma felt confident that the legal, ethical and financial challenges associated with e-health were surmountable.

The Secretary-General acknowledged that the new technologies that have given rise to a new term: 'connectivity' have changed the way the world communicates, sends information and out-sources services. The technologies have also opened up areas and populations that were previously marginalised. Citing various case studies, the Secretary-General said most, if not all, Commonwealth countries are now implementing some form of e-health, showing that these technologies are not just the preserve of high- and upper middle-income countries.

Indeed, e-health is for all, particularly the poor. By radically changing the way health systems are organised, and by improving access to health-care services, e-health can help overcome the barriers of inequitable health access. The Secretary-General was happy to learn that e-health was also being used by Commonwealth countries to reduce the cost of health-worker training and to diminish the 'brain drain'. Through the e-governance programme, the Secretariat itself is assisting countries utilise technology to improve the effectiveness and efficiency of the public sector, and through its Connects programme is helping member countries establish national information and communications technology (ICT) strategies and projects.

Re-affirming technology as a tool of development, the Secretary-General encouraged the Commonwealth to seek more from technology in its health programmes. The challenge, he said, was how to upgrade new technologies to suit a new age of big challenges, but equally big possibilities.

The Secretary-General said the Commonwealth Health Ministers Meeting should challenge the Secretariat to make more of the Commonwealth's three strengths:

- ◆ The Commonwealth's convocatory power
- ◆ The Commonwealth's ability to promote the exchange of technical expertise North-South and South-South
- ◆ The Commonwealth's ability to develop and support demonstration projects

Mr Sharma encouraged the meeting to give the Secretariat clear mandates on how it can better serve the member countries of the Commonwealth in the field of e-health, which can be used to strengthen health systems and the Commonwealth's development efforts. He noted that until all Commonwealth citizens have access to the level of health care that is their human right, development efforts will have a limited impact. He emphasised that achieving better health for the peoples of the Commonwealth is a battle that can be won, and the Commonwealth has both the tools and the moral obligation to engage in this struggle.

## Archbishop Desmond Tutu gave the keynote address

Archbishop Desmond Tutu said it was a privilege to be asked to address the Commonwealth Health Ministers Meeting, and commended the Commonwealth's shared values, saying many were thankful that the Commonwealth upholds certain standards. Archbishop Tutu said that he wished the same standards were also applicable to other aspects of public administration, including public health policy.

The Archbishop went on to say that one of the most radical assertions by Jesus Christ was calling his disciples

'brothers', despite the fact that they had denied him and left him in the lurch when he was arrested.. Church members were not just equals, but brothers and sisters; there were no outsiders, all were insiders. Archbishop Tutu noted that in his part of the world the essence of being human, ubuntu, was a reflection of interconnectedness among people. He affirmed the fact that people are created for togetherness, for family, for interdependence, and to live in a delicate network of complementarity. That is, people are created as a family, the human family,



God's family, and things go horribly wrong when that fundamental law is infringed.

The ethic of family is that each person contributes according to their ability, and that each receives according to their need. In view of this, the Archbishop deplored the amount of money the world spends on armaments, which bring death and destruction, when only a tiny fraction of that would ensure that children everywhere would have enough clean water to drink, enough food to eat, would have decent homes, a good education, as well as accessible and affordable health care.

He said in a world where there are so many water-borne diseases due to inadequate sanitation, and where many go to bed hungry, political will should be garnered to ensure that a small portion of armament budgets are used to feed, house and educate people, as well as to offer them access to work and affordable health care. He bemoaned the fact that children die of preventable diseases, despite the availability of inexpensive inoculations and cheap nutritious food.

Recognising the 30th anniversary of the Declaration of Alma-Ata, Archbishop Tutu reminded the meeting that health is a basic inalienable human right, not just in terms of the absence of disease or infirmity, but also in terms of complete physical and mental well-being.

The Archbishop drew the meeting's attention to the huge shortages in health professionals, saying in Southern Africa, for instance, approximately 3,000 health professionals would be needed annually for the next 20 years to make up the deficit. Information technology (IT) can make a significant contribution to these massive training requirements. The Archbishop noted that, through IT, students in different parts of the world could access lectures and material from brilliant and gifted teachers elsewhere in the world. He pointed out that many people in different parts of the world, including himself, have obtained tertiary qualifications through distance learning.

He believed that e-health could make the provision of universal health care a viable possibility. As a result of the wonders of IT, remote, poverty-stricken parts of the world with inadequate health care are able to access the latest medical knowledge. For instance, a nurse in a poor remote village can, through his or her laptop or mobile phone, be in touch with best practices for all kinds of treatments, which previously were the preserve of only the rich and privileged.

E-health now enables doctors in one country to consult online with specialists in other parts of the world. The Archbishop intimated that he himself had benefited from such a consultation, when he had a knee problem in Cape Town. His records and X-rays were sent to London and his case resolved across two continents, without him having to travel. E-health can therefore help narrow current health disparities, and enhance the development of global partnerships.

The Archbishop contended that the war against terrorism would never be won as long as poverty, disease and ignorance were prevalent in many parts of the world, making people desperate. He said fear and insecurity could be overcome however, if poverty, ignorance and disease are eradicated. He stated that e-health is one of the most potent means of achieving that laudable goal.

### Keynote address – main points

- ◆ The principles and standards for which the Commonwealth is so well known should also apply to public health policy.
- ◆ IT can be a formidable tool in making up the enormous deficit in health-worker training.
- ◆ E-health can help even the remotest and poorest parts of the world access the latest medical knowledge and health care.
- ◆ E-health can be a tool for promoting equity and reducing disparities in health outcomes in different parts of the world.
- ◆ E-health is one of the most potent means of eradicating poverty, ignorance and disease.

## Dr Margaret Chan, Director-General of the World Health Organization, addressed the meeting

The Director-General of the World Health Organization (WHO), Dr Margaret Chan informed the meeting that there had been much progress in the area of global health. For instance, record levels of immunisation coverage had been reported and child mortality had been reduced. She said these successes were a good example of collaboration, as well as a testimony to the power of prevention – especially in Africa.

She however noted that progress in public health is rarely linear, being often accompanied by setbacks. For example, the progress made in the fight against microbes has been set back by the emergence of resistant micro-organisms. The Director General said that further success would require a change in approach, the scaling up of global and national efforts and a hard look at the reasons why things had not

worked in the past. Dr Chan noted that although technical interventions are important, there is also the need to invest in systems and delivery on an adequate scale. International partnerships will be important in this effort.

Dr Chan ended by drawing the meeting's attention to three global challenges:

- ◆ Soaring food prices
- ◆ Climate change
- ◆ The influenza epidemic

She said that although many people have no say in the circumstances that have led to these situations, the health of many will be affected by them, especially the vulnerable and poor.



In response to the contributions made by the ministers and other delegates, the Director-General recognised that their concerns and priorities reflected the most pressing challenges of the health sector. She said some also reflected the realities of a highly-globalised, interconnected world where local issues have an impact at the regional and global levels. This demonstrates a global vulnerability, which requires a global defence system to ensure a better world for everyone.

Dr Chan challenged the meeting about the need to move from rhetoric to action, carefully considering what would actually change on the ground after the meeting. On her part, she committed to the meeting, 'I will deliver the mandate you have given me to the best of my ability.'

The Director-General further challenged ministers about the need to work together to ensure effectiveness and confidence in the health sector. She said international partnerships were important at both country and global levels, and should be supported by ministries of health. She therefore called upon recipient countries to be serious about working together, and emphasised the need for mutual accountability.

However, Dr Chan also acknowledged that the basis for all this is a good and robust national health plan, one that includes medium- and long-term indicators to evaluate results. Countries have to take ownership of these plans, which also need to be country-driven.

The Director-General said that while the WHO has good working relationships with ministries of health, the organisation needs to be independent so that it can provide input freely in all aspects of health care and delivery.

### Discussion

Ministers expressed their appreciation, gratitude and support for the Director-General's address and for the WHO's continued input into the CHMM. Dr Chan's efforts to listen to ministers were appreciated and commended as making the WHO more user-friendly and more user-driven.

- In responding to the issues raised by ministers, Dr Chan:
- ◆ Acknowledged that the Commonwealth looks after one-third of the world's population, and so is a powerful body that the WHO is already working with, as evidenced by the Director-General's annual attendance of the CHMM.
  - ◆ Concurred that harmonisation and coherence were very important, and acknowledged that the criticism of the United Nations, especially with regard to procurement, was well founded. Dr Chan informed the meeting that eight health agencies (H8) were coming together on an informal basis to work together to enhance harmonisation and reduce contradictions.

- ◆ Assured the meeting that with regard to a more synchronised and complete data collection and dissemination system, the H8 had requested their technical team to find better ways of collecting and analysing data, so as to reduce the confusions and contradictions cited by ministers. However, she pointed out the need for accurate health information systems at country level as well.
- ◆ Concurred that the health sector alone cannot address the issues and health challenges raised by the ministers, highlighting the need to engage with ministries of finance, as well as the education, agriculture, gender and nutrition sectors.
- ◆ Agreed with the assertion that health is an essential part of development, noting that three of the Millennium Development Goals (MDGs) are health related, and that hunger, gender, water and sanitation are all related to health.
- ◆ Acknowledged increases in global health spending, but noted some gaps which may make it difficult for some countries to achieve their health-related goals. Dr Chan called for more investment in the health sector, while at the same time cautioning against wastefulness in resource utilisation.
- ◆ Noted the requests from small-island states for financial and technical assistance, and acknowledged their vulnerability to climate change. She said the WHO would support their efforts to mobilise resources, and would work with them to intensify disaster preparedness and recovery efforts.
- ◆ Informed the meeting that new vaccines were waiting to be introduced, and that the International Research Agency on Cancer (IARC) was evaluating the cost-effectiveness of some of these vaccines.
- ◆ Noted, in relation to concerns about engendering health-care delivery, that maternal health/mortality is a proxy measure of how well a country's health system is doing. She cited the different health outcomes for a woman giving birth in a developing country compared to one giving birth in a developed country.

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# E-Health: Challenges and Opportunities – Presentations and discussion

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## Commonwealth Secretariat: e-health overview

Dr Ernest Massiah, Head of Health,  
Commonwealth Secretariat

The Commonwealth Secretariat's presentation laid the foundation for the day's deliberations by giving an overview of e-health at the global and Commonwealth levels. It emphasised the significance of e-health to development, and noted Target 18 of the 8th MDG, which points to a definite role in development for new technologies, especially information and communication, as well as the role of the

private sector in that development.

The presentation noted the new phenomena of increasing mobile phone use worldwide. There are about half as many mobile phones in the world (three billion) as there are people (six billion). These are used in most parts of the world, and often in a variety of ways that support development. Interestingly, in the Commonwealth, the rates of growth in mobile phone use and internet access are greater than in the rest of the world. This phenomenon



dispels the notion that new technologies are for high-income countries only.

Indeed, a survey carried out by the Commonwealth Secretariat shows that all Commonwealth countries are already practising e-health at some level. For instance, Zambia has introduced a Smartcard that contains patients' medical records, which patients can carry wherever they go. Medical technology in the Cook Islands gives health workers access to centralised patient-health records, thus improving reporting and analysis of health statistics.

E-health can fundamentally change the provision of health to marginalised groups, improve the quality of services, increase speed of access and positively change interactions between patients and staff. Even at its most basic and when using simple technology like the mobile phone, e-health can allow previously marginalised groups to participate in the development agenda. E-health can make a significant contribution to the MDGs, especially in rural populations.

E-health is obviously a tool that can strengthen health systems, but which will also require organisational change, especially in terms of management and training for ministry staff and service providers. The effectiveness of e-health depends not just on ministries of health, but also on ICT ministries and other ministries and departments, which may have different mandates.

The presentation made a distinction between e-health and e-development where the former, if designed to facilitate wider connectivity in communities would have positive externalities in a wide range of sectors. Access and connectivity would allow communities to play a more active role in their development.

Apart from access, the Commonwealth Secretariat's paper recognised national concerns about funding e-health. The main e-health costs are in the areas of procurement and training, and almost all Commonwealth countries, irrespective of economic status, have concerns about the costs of setting up or expanding e-health. A key concern cited by Commonwealth countries was how to ensure privacy and confidentiality for medical records, as well as intellectual property rights for e-health.

A copy of the presentation can be found at:  
<http://www.thecommonwealth.org/files/179345/FileName/Commonwealth%20Presentation.ppt>

## Discussion

### Training

The need for continuous training was highlighted, especially in view of the well-recognised technophobia that is particularly prevalent among older health personnel.

### Challenges

**Coverage** One of the main challenges identified was coverage of all areas. The meeting acknowledged the central role that could be played by the private sector in improving health-care coverage to all areas.

**Integration** The need for an integrated information system was emphasised.

**Threats and adverse effects** While acknowledging the enormous benefits of e-health and ICT, the meeting was cautioned of the possible threats and adverse effects of these new technologies, especially among young people

### Actions points for the Commonwealth Secretariat

The meeting asked the Secretariat to:

- ◆ Convene discussions on IT policy for e-health with ministries of health and technology
- ◆ Support the provision and exchange of technical expertise between Commonwealth countries
- ◆ Support , where possible, regional pilot projects to explore the potential of e-health to spur wider social and economic development in communities.
- ◆ More actively seek funding to support these activities.

## Country and civil society presentations

### **A view from Canada: lessons learned on the implementation of e-health**

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Luc Bouchard, Executive Director, E-health,  
Canada Health Infoway

Like many countries, Canada faces issues concerning the sustainability and efficiency of its health care system, especially in view of its complexity and size. In 2001, Canada's first ministers therefore identified the development of appropriate electronic health information technologies as one of their top priorities. Based on the First Ministers' Agreement, Canada Health Infoway, an independent and not-for-profit corporation, was created to accelerate the implementation of e-health solutions across Canada.

With more than 250 e-health projects in place across the country to date, the transformation of Canada's health-care system is underway. From improving access and reducing patient waiting times to improving safety and productivity, the implementation of e-health solutions is making a difference to the quality of health care provided to Canadians across the country.

In order to meet the challenge of delivering health care across Canada's vast geographical area, Canada has invested in some targeted programmes, including an interoperable electronic health record system, a mobile health care 'bus' for inner-city communities; a touch-screen hospital emergency room triage tool; patient kiosks that operate in multiple languages; and electronic-based clinical decision support tools for mental health and addiction services. At the same time, financial strategies have included co-investment with public sector partners and the formation of alliances with the private sector.

Although the health-care system is Canada's most information-intensive industry, and in spite of spectacular advances in medicine, Canada's health care system is still paper based. There is a need for improved health information management, and IT has the potential to further enable solutions to address ongoing pressures in the sector. Nonetheless, Canada still invests less in health IT than other information-intensive businesses, and that is a challenge.

The paper emphasised that e-health was not a technical project, but a human programme, and so highlighted the importance of engaging clinicians. Other lessons learned from the Canadian experience include the importance of leverage funding, accountable spending and private-sector engagement, as well as the importance of ICT standardisation and shared governance. The experience also shows that

privacy considerations and patient engagement are very important aspects of e-health.

A copy of the presentation can be found at:  
<http://www.thecommonwealth.org/files/179482/FileName/Canada%20%20presentation%20.ppt>

### **Community-based medical programme: the Gambian experience**

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Hon. Malick Njie, Minister, Department of State for Health and Social Welfare

The Gambia is a small country with a population of 1.4 million, and was therefore finding it difficult to meet health targets. Its training of medical personnel included up to six years spent overseas, and a significant percentage of staff sent abroad stayed there. This led to the e-health training initiative: the Gambia-Cuba initiative to produce quality doctors for The Gambia using a new approach.

The Gambian health system lacks doctors and allied health professionals, with a 90 per cent dependency on foreign professionals. Additionally, the country's only medical school produces 10 to 20 doctors a year. There was therefore a need for increased access to medical education. The new model for training doctors was based on the Cuban experience, but adapted to local specifications. Based in four locations across the country, the teaching facilities have electrical power, a television and video set, a personal computer for each of the 45 students, access to basic medical technology, audiovisual and digital support for lectures, programmes, bibliographical and other didactic aids, as well as internet access. Low internet band speeds were initially a challenge.

The six-year training programme, carried out at the community level, has produced excellent academic results, as well as good practical skills acquisition. It is envisaged that this use of ICT will not only reduce costs, but will also lead to more efficient learning. The e-health training initiative will allow the training of more doctors of the same quality, without the need for big schools or institutions. The fact that the training is carried out locally will increase students' sensitivity to the needs of the community, and allow greater interaction with patients from the onset.

A copy of the presentation can be found at:  
<http://www.thecommonwealth.org/files/179481/FileName/Gambia%20Presentation.ppt>

### **E-health in Malaysia**

Tan Sri Datuk Dr Ismail Merican, Director-General of Health, Malaysia

In 1997, Malaysia embarked on e-health initiatives through its Telehealth Blueprint, which includes Teleconsultation (TC), Teleprimary Care (TPC), health online and online continuing professional development (CPD) initiatives. The main aim of introducing information and communications technology in health care was to set up a platform that would deliver superior health-care services through the use of ICT.

The paper noted that Teleprimary Care (TPC) is Malaysia's first home-grown, enterprise-wide electronic clinic management and clinical information system. It is consumer-centred and aims to improve accessibility, bring specialist care closer to patients, reduce professional isolation for health-care workers working in remote locations, and provide continuous and quality care.

The paper also stated that e-health had made the Malaysian health-care system more integrated, equitable and accessible, without compromising the quality of services. E-health has contributed to the promotion of lifelong wellness, whereby individuals, families and communities are empowered to play a major role in managing their own health.

Individuals have access to appropriate specialist care irrespective of geographical location, care is brought closer to home and referrals for specialist care are reduced. The paper noted that patients and the public generally are now better informed about their health conditions and risk profiles, are empowered to better manage their health and are better equipped to face new health challenges. This situation represents a move from the industrial-age health-care system in which professional health-care providers are primary, to an ICT-age health-care system in which individual self-care is primary.

More people, both rural- and urban-based, have benefited from Telehealth Care, narrowing the digital divide between these populations. The country envisages that by 2010, all health-care providers will be connected to the information super-highway, the interaction between health providers and clients will change, as will the way business is carried out.

A copy of the presentation can be found at:  
<http://www.thecommonwealth.org/files/179483/FileName/e-health%20initiatives%20OWHA%202008.ppt>

An accompanying video presentation can be found at:  
[http://www.thecommonwealth.org/doclist/34046/177031/commonwealth\\_health\\_ministers\\_meeting\\_2008/](http://www.thecommonwealth.org/doclist/34046/177031/commonwealth_health_ministers_meeting_2008/)

### **New Zealand's new vision for e-health: putting the patient first: enabling the carer**

Hon. Damien O'Connor, Associate Minister of Health, Minister of Rural Affairs and Minister of Tourism

The New Zealand presentation laid out the recently-developed vision for e-health and health information in New Zealand. The country plans to move to the collaborative, clinical, patient-centric systems necessary to support self-care and ongoing achievement of personal, population and system health outcomes.

New Zealand's health-care system is highly computerised, but there is still a need to improve co-ordination and integration/connectedness. The country is also changing its ICT systems from an intra-organisational and administrative focus to a system more aligned with the 'patient journey'. This change of focus empowers individuals and patients in terms of their health care, as well as assisting health practitioners and providers.

In this regard, there are several programmes of work under way: the Health Information Strategy New Zealand 2005; the National Systems Development Programme; and the Primary Health Care Strategy: Key Directions for the Information Environment.

One of the financial implications of the move is managing the balance between centralised and local funding in a devolved system. The change also has ethical and legal implications, such as defining ownership in terms of rights, roles and responsibilities, as well as establishing a legal framework for electronic health records, and ensuring safety of 'at risk' patients through appropriate privacy and security measures.

A copy of the presentation can be found at:  
<http://www.thecommonwealth.org/files/179348/FileName/New%20Zealand%20Presentation.ppt>

### **E-health: Uganda's experience**

Dr Sam Zaramba, Director General of Health Services, Uganda, on behalf of the Minister of Health, Dr Steven Malinga

The Uganda presentation emphasised the government's view of ICT as being part of its approach to poverty reduction. The country has therefore implemented tax waivers for ICT equipment and has facilitated laptop acquisition for all public servants. Hence the paper's focus on experiences of e-health within the national ICT context. Indeed, the national e-Health Steering Committee operates under the umbrella of the Ministry of Information and Communications Technology.

Although the availability of computers in Uganda is good (67 per cent) and mobile phone availability is almost universal, internet availability is still a challenge. There are,

however, concerted efforts to improve on the country's 29-50 per cent internet availability. Other achievements include a health data bank, an automated library and knowledge-management portal, e-governance and internet connectivity available at the Ministry of Health headquarters, with an integrated information system.

The main challenges highlighted were in the areas of human resources, infrastructure, availability of power, information management and finance. As regards human resources, technophobia and low computer literacy are prevalent among civil and public servants, especially the older generation. Furthermore, ICT is not included in the school curriculum, although there are calls to make it mandatory. Other suggestions include improved training and mentoring programmes to improve computer literacy.

In terms of infrastructure, the main challenges highlighted were lack of standardisation and incompatibility, obsolete donated equipment, as well as inadequate provision of power and the need to improve rural electrification. The lack of standard formats for keeping records makes information management very difficult. However, the paper noted that efforts were being made to standardise and deal with this issue.

The main financial challenges for Uganda have been inadequate financing and high set-up costs, high tariffs for communications/networks, and having no budgetary allocations for ICT services at any level of health-care services delivery. The government has, however, been able to negotiate a 1 per cent levy from internet service providers to set up local area networks in 43 of the 80 districts in Uganda, with the hope of total coverage by the end of 2008. The Ministry of Health also receives a waiver from internet providers.

The paper recommended advocacy to negotiate with the Uganda Communications Commission and the government about the benefits of a rural communications fund and rural electrification, as well as having a specific budget line item for ICT.

The legal and ethical challenges included the lack of a security framework for data management, confidentiality, abuse and piracy.

A copy of the presentation can be found at:  
<http://www.thecommonwealth.org/files/179349/FileName/Uganda%20Presentation.ppt>

### **E-health in the Commonwealth: private sector perspectives**

Mr Peter Longworth, on behalf of the Commonwealth Business Council

The paper envisaged the possibility of a future with computerised diagnosis and treatment by e-doctors, but noted that e-health is a current phenomena and not just one for the future. It pointed out that e-health increases the availability of health information, and provides better diagnoses and improved and prompt treatment, as well as improving early warning of diseases and outbreaks.

In terms of costs, e-health reduces health-care costs and leads to cost savings in the provision of services. Nevertheless, the paper acknowledged some challenges in the development and implementation of e-health systems. For instance, the need for an integrated approach to the design, development and implementation of systems and projects. Co-ordination between the Ministry of Health and other ministries, such as those for IT, communications and rural development, was also cited as frequently problematic.

Most member countries face the challenges of connectivity and interoperability. Even in countries where computer availability is good, inadequate connectivity can still be an issue. In addition, the cost of ensuring health-care access to the widest possible population is a major financial hurdle. Small states face particular challenges in terms of resources and economies that can sustain large-scale development.

Security, confidentiality and the protection of sensitive data present ethical and legal challenges. Many countries and organisations have concerns about control, management and unauthorised access to systems and data.

The CBC paper suggested approaches and solutions to delivering e-health, such as, private-public partnerships, long-term financing mechanisms, and stakeholder collaboration, in consultation with the private sector. It was suggested that while government creates an enabling framework, the private sector can deliver systems and solutions, as well as investment.

A copy of the presentation can be found at:  
<http://www.thecommonwealth.org/files/179347/FileName/Commonwealth%20Business%20Council%20Presentation.ppt>

### E-health: the human resource implications

Jill Iliffe on behalf of the Commonwealth Health Professional Organisations

Some of the concerns of health professionals noted by the paper included: access to knowledge sources to ensure evidence-based practice; continuing education and professional development; decision-support systems; communications and information sharing with patients and other members of the health-care team; and remote consultation between professionals and between professionals and patients. The health professionals are also concerned about the transmission and electronic storage of images, electronic patient records, electronic administrative and business systems, secondary analysis of aggregated patient data, and the electronic delivery of health care to individuals within the home or wider community.

Some of the ethical and legal challenges highlighted in this paper included consent, confidentiality and security of patient data, and fear of abuse of data, especially through secondary usage. The paper emphasised the need for education and training of health professionals in these legal and ethical issues, as well as the need for strengthened legislative and regulatory frameworks and protocols in some countries.

The paper requested health ministers to ensure:

- ◆ Greater access to ICT equipment and technical support for health workers;
- ◆ involvement of health professionals in the design, development, implementation and evaluation of applications and systems;
- ◆ provision of education and training for health professionals in underlying concepts, as well as in the use of systems and equipment; and
- ◆ implementation of appropriate change-management processes.

A copy of the presentation can be found at:

<http://www.thecommonwealth.org/files/179346/FileName/Civil%20Society%20Presentation.ppt>

### Discussion

- ◆ The meeting acknowledged the benefits of e-health, especially in increasing access to good-quality health care, negating the effects of human-resource shortages and in terms of improving training and education.
- ◆ There were, however, concerns about confidentiality and the need to build confidence in health-care systems and in e-health in particular.
- ◆ The meeting recognised the need to maximise the impact of e-health by integrating e-health approaches into other government e-programmes.

- ◆ Opportunities for sharing of best practices were welcomed and encouraged. Ministers said identifying common experiences in the technical and legal areas would be useful to their countries.
- ◆ The challenges highlighted by the meeting were:
  - **Connectivity and power supply**  
This was of particular concern in rural and remote areas. Utilisation of renewable energy and the involvement of the private sector were suggested as possible solutions.
  - **Affordability**  
The meeting acknowledged the need for extra funding in view of the financial challenges of setting up, increasing effectiveness, maintenance, and improving access to health care.
  - **Inadequate infrastructure**  
The challenge of broken down or non-existent health system infrastructure was highlighted, including the linkage to other infrastructure such as poor road networks.
  - **Integration, co-ordination and harmonisation**  
In view of threats such as influenza and Avian flu to both human and animal health, the meeting noted the need to expand e-health beyond human health. The meeting also noted the need for harmonisation, inter-linkage and compatibility between Commonwealth countries, especially between small-island states.
  - **Collaboration**  
Ministers noted the importance of collaboration in view of the principle of 'one world, one health!' It was further noted that collective lobbying could be an effective way of addressing some of the highlighted challenges.

# Report of the Commonwealth Advisory Committee on Health (CACH)

Dr Sheila Campbell-Forrester, Acting Chief Medical Officer, Ministry of Health, Jamaica, and Vice-Chair of the Commonwealth Advisory Committee on Health (CACH) informed the meeting that CACH members<sup>1</sup> had met to look at options for strengthening the focus of the Commonwealth Secretariat Health Section's programme of work, based on a recent review of its focus and operational modalities.

Among the challenges noted by the CACH were the diverse needs of Commonwealth member countries, the limited resources of the Health Section's work programme, the rapidly changing global architecture and the need for the Secretariat to operationalise its broad health mandates. Nevertheless, the CACH recognised possible opportunities that could arise from assessing and identifying the comparative strengths of the organisation, new strategic opportunities and key programmes.

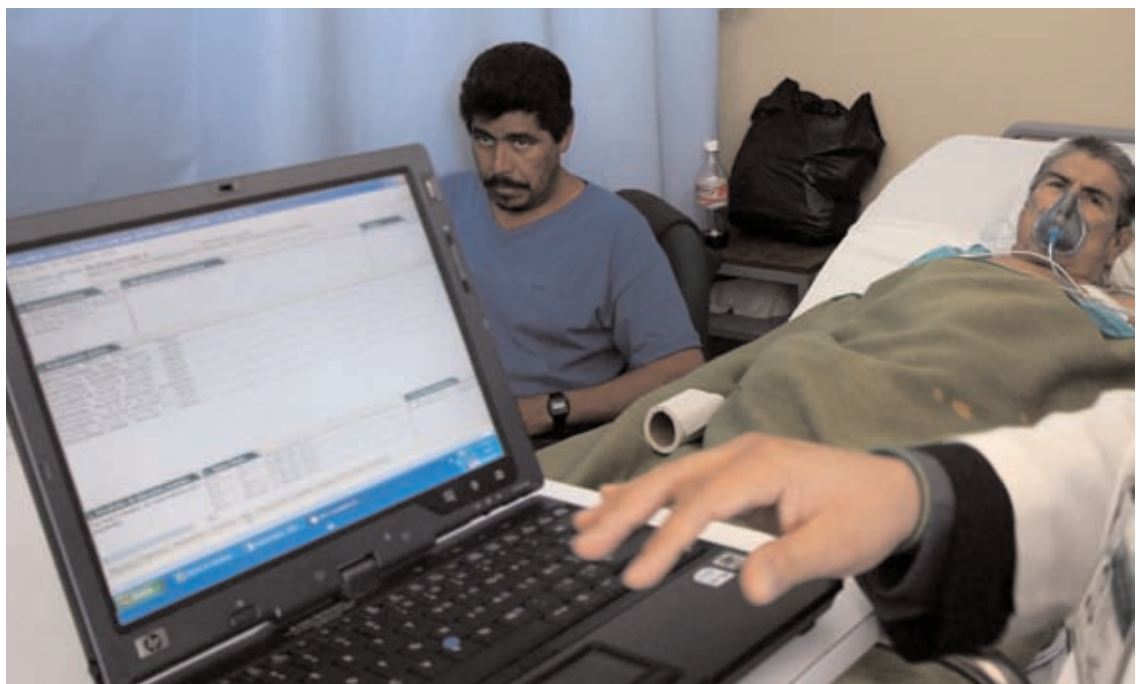
The review focused on four key questions:

- ◆ What should be the Commonwealth Secretariat's health priorities?

The review affirmed the Secretariat's current work areas in health workforce, maternal health and HIV/AIDS, as Commonwealth health priorities, but also suggested expansion of the work programme to include climate change and health, essential drugs and health-systems development.

- ◆ What is the Secretariat's niche in health?

The review suggested that the Secretariat should use its comparative advantage in selected areas: advocacy, knowledge management and technical expertise. The Secretariat has the ability to advocate at high level to promote global health policies, collate evidence-based data and information on issues in the Commonwealth, as



well as facilitate technical assistance and exchanges, promoting South-South co-operation.

- ◆ What are the most appropriate operational modalities that will maximise the Secretariat's effectiveness and efficiency? The CACH suggested that the Secretariat could maximise impact in its niche areas through partnerships and networks, sharing of good practices and development of regional public goods. The Secretariat can do this by working with regional bodies and developing its participation in key regional partnerships. The CACH also requested the Secretariat to develop Operational Guidelines to inform the implementation of its work programme.
- ◆ Is the Secretariat's current work plan 'fit for budget'? The CACH stated that for the Secretariat's Health Section to gain credibility, it has to be results-oriented, visible, efficient, accountable and relevant. However, the CACH noted that for this to happen adequate resources are required to carry out the mandates of the organisation.

The CACH recommended that:

- ◆ the Secretariat consider increasing the health budget to cover an expansion of the programme of work; or
- ◆ in the absence of an increase, re-focus and reduce the scale and scope of its programmes.

CACH also requested the Secretariat to involve the advisory body in the monitoring and evaluation of programmes and project activities.

With regard to the proposed 2009 CHMM theme, 'Climate Change and Health', the CACH recommended that:

- ◆ the Secretariat commission a study to examine the impact of climate change on health, including national plans for mitigation and response; and
- ◆ depending on the study findings, the CACH would propose the focus of climate change and health to be adopted by the Secretariat's Health Section.

### Discussion

- ◆ Apart from the regular sources of funding, the Secretariat was challenged to explore new approaches to resource mobilisation for its programmes.
- ◆ The meeting was also encouraged to continue keeping health workforce issues and health information systems on the agenda.

<sup>1</sup> **Countries:** Australia, Maldives, The Gambia, Jamaica, India and Canada; **regional bodies:** East Central and Southern Africa Health Community and CARICOM Secretariat; **civil society:** Commonwealth Medical Association and Commonwealth Nurses' Association.<sup>†1</sup>

## Theme for Commonwealth Health Ministers Meeting 2009

The Commonwealth Advisory Committee on Health (CACH) recommended 'Climate Change and Health' as the theme for the 2009 CHMM, because it is a cross-cutting theme and also a focus of the Commonwealth Secretariat. Additionally, small-island states, which make up a large number of Commonwealth member countries, are more vulnerable to climate change. The CACH also noted that emerging climate-change concerns not only relate to macro-environmental aspects, but are also linked to health and human security, including nutrition and shelter.

The meeting supported the proposed theme.

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# Any Other Business

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Three items were considered under Any Other Business.

## **Sri Lanka: Conference on Climate Change and Health**

Hon. Minister Nimal Sripala De Silva, Minister of Healthcare and Nutrition, Sri Lanka, announced a conference that is to take place in Sri Lanka in May 2009 on Climate Change and Health.

## **Report of the Global Health Workforce Alliance Task Force for Scaling up Education and Training for Health Workers**

Lord Nigel Crisp gave a brief overview of the report, noting that in response to the global human resource crisis, the Task Force had been charged with the task of coming up with practical proposals for scaling up the education and training of health workers. Lord Crisp noted that:

- ◆ There is a definite crisis in human resources due to migration and financial constraints. The bottom line is that not enough health workers are trained to meet demand.

Hence there is a need to scale up the education and training of health workers.

- ◆ The Task Force noted that while there is a definite shortage of doctors and nurses, there is also a shortage of community- and mid-level health workers, the proportions varying from country to country.
- ◆ Education and training should be based on the health needs of the country concerned, and also needs to be modular and team-based.
- ◆ Scaling up is only effective when countries themselves make education and training of health workers a priority, especially when there is high-level political support to galvanise different groups around the plan.

## **Malaysia: Asia Pacific Health Ministers' Conference on Climate Change**

The Director-General of Health in Malaysia, Tan Sri Datuk Dr Ismail Merican, extended an invitation to the meeting to the Asia Pacific Health Ministers' Conference on Climate Change in Kuala Lumpur, 18-19 September 2008.



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# Annexes

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# Chair’s statement

Commonwealth ministers of health held their annual meeting in Geneva, Switzerland, on the eve of the 61st World Health Assembly. The theme of the meeting was ‘E-Health: Challenges and Opportunities’. The meeting was chaired by Hon. John Herbert Maginley, Minister of Health, Antigua and Barbuda.

Ministers congratulated Mr Kamallesh Sharma on his assumption of the post of Commonwealth Secretariat Secretary-General. They welcomed his contribution to the meeting and commended his vision for health, including e-health, in the Commonwealth.

The meeting was enriched by addresses from Rt Rev. Archbishop Desmond Tutu and Dr Margaret Chan, Director-General, World Health Organization, for which ministers expressed their sincere gratitude.

Ministers recognised the great opportunity that technological development and expansion present in increasing access to good preventive and curative health care and services. Ministers discussed ways in which e-health could be used to improve health-system delivery in all countries irrespective of income status or developmental stage, noting that members could identify and utilise the technology that was most suitable for their specific circumstances.

Ministers noted the critical roles of the private sector, health workers and civil society in expanding e-health initiatives. Ministers also noted that although the Commonwealth has 30 per cent of the global population, 43 per cent of all internet users are in the Commonwealth. They further recognised that from 2000 to 2007, there had been an increase of 460 per cent in internet usage in the Commonwealth; this compared to a global increase of 376 per cent over the same period. Similarly, the use of mobile phones is higher in the Commonwealth and has increased at a faster pace relative to the rest of the world. They agreed that this demonstrates the tremendous and growing potential for applying technology to providing health solutions in the Commonwealth.

Ministers acknowledged that e-health will require organisational change and the need to ensure that health

professionals are involved at all stages in the development of e-health.

They also recognised the benefits of e-health to public health, and noted the achievements in this area in all member states, despite diverse levels of technological development. While accepting the challenges, the ministers noted e-health’s potential in facilitating wider social and economic development, including through synergies from the use of technology, and urged the media to support these efforts by providing accurate information and helping to raise public awareness.

The ministers welcomed the health-work plan being pursued by the Secretariat, approved the actions taken and commended the results achieved. They acknowledged that if the work plan is to achieve the targets defined by the Millennium Development Goals (MDGs), it should continue to provide a framework for co-ordinated and integrated action.

Bearing in mind its ongoing mandates and the importance of coherence with other international efforts, ministers requested the Commonwealth Secretariat to:

- ◆ Pursue high-level policy dialogues involving the health and information technology sectors, the private sector, health professionals and civil society on the opportunities and challenges of e-health; they also requested the Secretariat to facilitate these dialogues.
- ◆ Explore setting up e-health pilot projects in all regions of the Commonwealth.
- ◆ Pursue public-private partnerships in e-health.
- ◆ Share expertise and technical assistance between Commonwealth countries, both North-South and South-South.
- ◆ Leverage additional resources to support the further development of its work on e-health and development.

Ministers agreed on ‘Health and Climate Change’ as the theme for the CHMM 2009.

A copy of the statement can be found at:

<http://www.thecommonwealth.org/files/179484/FileName/CHMM2008Chairstatement18May220pm.pdf>

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# Commonwealth Health Ministers Meeting documents

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CHMM papers, documents and presentations can be found at: <http://www.thecommonwealth.org/chmm2008>

## Papers

E-Health For Developing Countries: Affordable Strategies	HMM(G)(08) 3
Global E-Health Developments: Fiscal, Legal, Infrastructural and Ethical Challenges	HMM(G)(08) 4
E-Health: The Human Resources Implications	HMM(G)(08) 5
A survey of E-Health initiatives across the Commonwealth	HMM(G)(08) 6
E-Health in the Commonwealth: Private Sector Perspectives	HMM(G)(08) 7
Report of the Commonwealth Steering Committee for Nursing and Midwifery	HMM(G)(08)INF1

## Presentations

Commonwealth Secretariat Presentation
Canada Presentation
Gambia Presentation
Malaysia Presentation
New Zealand Presentation
Uganda Presentation
Commonwealth Business Council Presentation
Commonwealth Civil Society Organisations Presentation

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*Minister of Health and Social Welfare*

Mr Wilson MUKAMA  
*Permanent Secretary*

Dr Deodatus M MTASIWA  
*Chief Medical Officer*

Dr Donan MBANDO  
*Director*

Dr Peter MBUII  
*Assistant Director*

Mr Titus A MKAPA  
*Personal Assistant*

Deusdedit B KAGANDA  
*First Secretariat, Mission Geneva*

#### **ZAMBIA**

The Hon. Dr Brian CHITUWO  
*Minister of Health*

Dr Simon MITI  
*Permanent Secretary*

Dr Victor MUKONKA  
*Director of Public Health & Research*

Mr Nicola CHIKWENYA  
*Department of Planning*

Mr Collins CHANSA

Ms Catherine MULENGA

#### **COMMONWEALTH ORGANISATIONS**

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##### **COMMONWEALTH DENTAL ASSOCIATION**

Professor Jacob KAIMENYI  
*President*

Dr Sam THORPE  
*Executive Secretary*

**COMMONWEALTH BUSINESS COUNCIL (CBC)**

Mr Peter LONGWORTH  
*Director, Government & Public Affairs*

Mr Miguel Veiga PESTANA  
*Vice President – Global External Affairs*

**COMMONWEALTH FOUNDATION (CF)**

Mr David KALETE  
*Civil Society Liaison Manager*

**COMMONWEALTH MEDICAL ASSOCIATION (CMA)**

Dr S ARULRAJ  
*President*

Dr Oheneba OLDDANSU  
*Secretary*

**COMMONWEALTH MEDICAL TRUST (COMMAT)**

Ms Marianne HASLEGRAVE  
*Director*

**COMMONWEALTH NURSES FEDERATION (CNF)**

Ms Susie KONG  
*President*

Ms Jill ILIFFE  
*Executive Secretary*

**COMMONWEALTH PHARMACISTS ASSOCIATION (CPA)**

Ivan KOTZE  
*President*

Robert CLAYTON  
*Secretary*

Betty FALCONBRIDGE  
*Administrator*

**COMMONWEALTH TELECOMMUNICATIONS ASSOCIATION (CTA)**

Mr Lasantha DE ALWIS

**ORGANISATIONS****AFRICAN UNION (AU)**

Adv. Bience GAWANES  
*AU Commissioner for Social Affairs*

Dr Grace KILIMUGOGO  
*Head of HIV/AIDS, TB and Malaria*

Dr LO MASIMBA  
*Consultant, HIV/AIDS, TB and Malaria*

Ms Bhavanesha NAIDOO  
*First Secretary*

**CARIBBEAN COMMUNITY SECRETARIAT (CARICOM)**

Dr Rudolph CUMMINGS  
*Programme Manager, Health Sector Development*

**EAST, CENTRAL AND SOUTHERN AFRICA – HEALTH COMMUNITY (ECSA-HC)**

Dr Steven V SHONGWE  
*Executive Secretary*

Dr Helen LUGINA  
*Co-ordinator, Human Resources Development and Capacity Building*

Dr Egbert HOUSTACME  
*Financial Adviser*

**GLOBAL ALLIANCE FOR THE PREVENTION OF OBESITY AND RELATED CHRONIC DISEASES**

Professor Philip JAMES  
*Chairman of the International Obesity Taskforce*

Mr Neville RIGBY  
*Director of Policy and Public Affairs*

**ROCKEFELLER FOUNDATION**

Mr Karl BROWN  
*Associate Director*

**WORLD HEALTH ORGANIZATION (WHO)**

Dr Margaret CHAN  
*Director-General, WHO*

Dr Winnie MPANJU-SHUMBUSHO

Dr S Yunkap KWANKAM

Mr Alex ROSS  
*Director-General, Programme Partnerships*

**SOUTHERN AFRICAN DEVELOPMENT COMMUNITY (SADC)**

Ms Lebogang LEBESE  
*SADC Secretariat  
Botswana*

Dr Antonica HEMBE

Mr Steven SIANGA

**PAN AMERICAN HEALTH ORGANIZATION  
(PAHO)/WHO**

Mira ROSES PERIAGO  
*Regional Director for the Americas, Pan American Health  
Organization*

Bernadette THEODORE-GANDI  
*PAHO/WHO Caribbean Programme Co-ordinator*

Gina WATSON  
*PAHO/WHO Representative for Eastern Caribbean Countries*

Ernest PATE  
*PAHO/WHO Representative for Jamaica and Turks and  
Caicos Islands*

Mariele LICHA SALOMON  
*Co-ordinator, PAHO/WHO Office of Country Focus Support*

**UNITED NATIONS CHILDREN FUND (UNICEF)**

Dr Pascal VILLENEUVE  
*Associate Director, Programme Division*

Dr Kopano MUKELABAI  
*Senior Liaison Officer (Africa)*

**UNITED NATIONS POPULATION FUND (UNFPA)**

Ms Siri TEILLER  
*Director, Geneva Office*

**WHO REGIONAL OFFICE FOR SOUTH-EAST ASIA**

Dr Yonas TEGEGN  
*Strategic Alliance and Partnerships Officer*

**WHO REGIONAL OFFICE FOR THE WESTERN PACIFIC**

Dr Richard NESBIT  
*Director, Programme Management*

**WHO REGIONAL OFFICE FOR AFRICA**

Dr Luis G SAMBO  
*Regional Director*

Dr Tigest KETSELA  
*Director, Family and Reproductive Health*

**KEYNOTE SPEAKER**

Archbishop Desmond TUTU

Mr Mthunzi GXASHE  
*Aide to the Archbishop*

**COMMONWEALTH SECRETARIAT**

Mr Kamalesh SHARMA  
*Commonwealth Secretary-General*

Mr Ransford SMITH  
*Deputy Secretary-General*

Mr Simon GIMSON  
*Deputy Head  
Office of the Secretary-General*

Dr Ernest MASSIAH  
*Conference Secretary, Head of Health*

Ms Peggy VIDOT  
*Health Adviser*

Ms Lorna McLAREN  
*Conference Officer*

Dr Joseph AMUZU  
*Health Adviser*

Mr Gregory PATON  
*Research Assistant*

Ms Victoria HOLDSWORTH  
*Media Officer*

Ms Pindra KAUR  
*Programme Assistant*

Ms Hamida GULAMABBAS  
*Programme Assistant*

Mr Pradeep MOORTHY  
*Budget Officer*

Mr Guy BENTHAM  
*Publications Manager*

Dr Mbololwa MBIKUSITA-LEWANIKA  
*Consultant*



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# Commonwealth Health Ministers Meeting 2008: Agenda

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## **Provisional Agenda**

- I. **Opening**
  - Election of Chair
  - Adoption of Agenda
  - Opening Remarks by the Commonwealth Secretariat Secretary-General Mr Kamalesh Sharma
- II. **Keynote Address by Archbishop Desmond Tutu**
- III. **E-Health Challenges and Opportunities**
- IV. **Address by Dr Margaret Chan, Director General, WHO**
- V. **E-Health Challenges and Opportunities (cont'd)**
- VI. **Report of the Commonwealth Advisory Committee on Health (CACH)**
- VII. **Any Other Business**