



# Commonwealth Secretariat Progress Report

## Commonwealth Secretariat e-Health Initiatives Progress Report to Commonwealth Health Ministers

### 1. Introduction

This is a short report of work done by the Health Section of the Commonwealth Secretariat in response to the e-health mandate given to us by Commonwealth Health Ministers at their annual meeting in May 2008.

The report includes the definition and benefits of e-health, outlines the mandates from Commonwealth Health Ministers, describes the various initiatives developed to date by the Secretariat – highlighting the importance of developing partnerships with the private sector working on e-health, and sets out the next steps for this work.

### 2. What is e-health?

We define e-health as the use of ICTs, locally and at a distance, to strengthen health systems and address public health priorities.

E-health has the potential to increase the efficiency of health systems, and to improve access, especially in remote areas, or for marginalised or excluded populations, or people with disabilities and the elderly. It can be used to improve service quality and can reduce the cost of health-care delivery by reducing redundancy and duplication and introducing economies of scale.

**E-health is being promoted by the Secretariat, not as a standalone programme but as a support to the on-going efforts to strengthen health systems.**

### 3. Mandates: the Commonwealth Health Ministers Meeting 2008

In May 2008, the Commonwealth Health Ministers Meeting (CHMM), which focused on e-health, mandated the Commonwealth Secretariat to assist countries to convene high-level consultations involving Ministers of Health and Ministers with responsibility for ICTs on the policy challenges facing the rapid scale-up of e-health approaches; promote the exchange of e-health expertise between Commonwealth countries and seek funding to support pilot interventions that would serve as regional examples of the potential for e-health to influence overall socio-economic development across communities. This mandate is in line with the MDG target 18. MDG 8 states “Develop a global partnership for development” and stresses the need for ‘co-operation with the private sector to make available the benefits of new technologies, especially information and communications’.

### 4. Initiatives by the Commonwealth Secretariat following CHMM 2008

Immediately after the CHMM in May 2008, the Secretariat set itself three goals.

1. To collaborate with both public and private partners to scale up advocacy for the uptake of ICT and e-health in member states and report progress;
2. To disseminate information to member states on regional and global initiatives on ICTs in the health sector;
3. To work with partners to conduct, by 2010, a situation analysis to identify needs, best practices and guidelines for ICTs in the health sector in member states.

Since May 2008, the Secretariat has set up a number of initiatives. The core theme of all the initiatives is that they identify and meet the specific needs of member states to succeed with e-health strategies and investment.



#### 4.1 Advocacy: Ministerial High-Level Dialogue

The first initiative was the Ministerial High-Level Dialogue for member states in East, Central and Southern Africa (ECSA). The aim of the Dialogue was to:

Enable ministries for health and technology to collaborate effectively;  
Support health ministries in developing realistic, affordable e-health strategies and investment plans;  
Expand e-health capacity and capabilities.

Ministers and delegates identified the gaps in e-health in the region and prioritise the actions to address them. These include the review of:

4.1.1 ICT and health policies and strategies to ensure that they cover e-health and the need for assistance to help countries develop their policies.

4.1.2 e-legislation in the ECSA region.

4.1.3 e-health standards and support countries develop/strengthen/harmonise standards and definitions

4.1.4 e-health infrastructure and develop guidelines on equipment procurement and ICT sourcing strategy.

4.1.5 capacity and the need for capacity-building in ICTs by auditing existing health informatics and telemedicine training, establishing health sector-wide training programmes including leadership training on e-health and ICT.

Following this event the Ministers of Health in the ECSA region established a small technical

4.1.1 Review ICT and health policies and strategies to ensure that they cover e-health and the need for assistance to help countries develop their policies.

- There is a lack of policy and strategic plans in most member states
- Not all countries have an ICT policy integrated into health and e-health policies
- E-health and ICT policy need to be synchronised

4.1.2 Review of e-legislation in the ECSA region.

- There is probably no e-legislation in most countries
- The inter-jurisdictional practice of medicine must be considered
- Legislation on confidentiality of data and ethics, inter-country transfer of data is not available in most countries
- Licensure for practitioners out of the country has not been studied
- There are no guidelines for clinical/ technical practice in an e-context
- Medical record portability, privacy and ownership have not been addressed.

4.1.3 Review e-health standards and support countries develop/strengthen/harmonise standards and definitions

- Lack of standards for medical imaging, interoperability, software, transmission, infrastructure, architecture, medical informatics, bioinformatics
- Aim to achieve global standards over time.

4.1.4 Review e-health infrastructure and develop guidelines on equipment procurement and ICT sourcing strategy.

- Getting connectivity to the 'last mile' should be the goal
- Minimal infrastructure is in place in countries but there is a lack of knowledge or awareness of what is available to countries
- Public private partnerships (PPP) are needed in this venture
- Relevant content is essential to ensure community needs are met
- Identify and build on existing infrastructure at country level

- Models such as millennium and digital villages in several countries should be noted

4.1.5 Review capacity building in ICTs by auditing existing health informatics and telemedicine training, establishing health sector-wide training programmes including leadership training on e-health and ICT.

- Inadequate ICT skills in health sector, such as ICT maintenance staff
- Shortage of skills in health informatics
- Lack of ICT in health professionals' curricula
- Re-tooling of ICT skills for health workers
- ICT as tool for expanding health sector training programmes
- There is a need to raise awareness of ICTs in the health sector.
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working group to refine and develop an implementation plan for the five identified e-health priorities.

#### **4.2 Follow-up: working group on e-health policies and strategies**

The small technical working group (TWG) set up following the September meeting, consists of representatives from the ECSA Health Community, Commonwealth Secretariat, African Union, Mozambique, Kenya, Uganda, Malawi and the Seychelles.

The working group on e-health policies and strategies met in Nairobi in November 2008 to review the main approaches to e-health policies and strategies and to draft a framework for the assessment of the status of e-health in the region.

The aim of the draft framework is to provide methodologies, models and templates to help countries to develop their e-health strategies.

#### **4.3 Knowledge Management: Collaboration with Kenya**

Following the Ministerial High-Level Dialogue and the TWG meeting held in Nairobi, the Kenyan Ministry of Health held an e-health strategic planning workshop in Kenya, taking forward two key issues that arose from the Ministerial High-Level Dialogue in Seychelles. These are:

- How to frame an e-health strategy and develop the necessary policy framework for Kenya
- Scoping and delivering an e-health readiness review in Kenya.

Subsequently, the e-health policy and strategy methodologies, models and templates have been pre-tested in Kenya with Officials from the Kenyan Ministry of Health, other relevant government agencies, civil society, development partners and representatives from the Ministries of Health of Tanzania, Uganda and Swaziland.

#### **4.4 Partnerships: Collaboration with ICT suppliers**

Two separate initiatives are under way. One is with Cisco Systems and the other with Microsoft.

Cisco Systems is supporting the Commonwealth Secretariat with the Ministerial High-Level Dialogues and in developing its methodology and model for e-health strategies and investment plans. This collaboration began in June 2008 and continues.

The Health Section is also in discussion with Microsoft to specify and refine collaborative work and funding support for the Secretariat e-health programme. The mutual goal is to do an assessment of the status of e-health in all Commonwealth member states for the purpose of advocacy and to catalyse action in piloting e-health solutions in member countries.



## 5. The next steps: finalising the e-health framework

As these initiatives continue to come to fruition, they will contribute to the Commonwealth's e-health assessment framework. This will combine tools, methodologies, experiences and data into a framework that will help Member States to develop their capacity and capabilities in e-health and step up successful, affordable investment.

## 6. Planning ahead: expanding the process across the Commonwealth

Building on the previous initiatives, the Secretariat will support other regions in developing their e-health strategies. Plans in 2009 are to:

Continue to support ECSA countries to initiate e-health investment plans;  
Work with other Regional Health Organisations to convene Ministerial Dialogues on e-health;  
Continue to advocate for e-health at international e-health conferences.

## 7. Conclusion

**Within the health system strengthening approach, e-health could be used to improve service delivery, improve the quality and quantity of the health workforce, expand health information systems, improve logistics management for and access to medical products and commodities, and increase the efficiency with which health sector resources are used.**

The starting point in adopting e-health is the development of coherent national e-health policies and strategies which are in tune with national development plans, national ICT policies and with buy-in from healthcare workers – the users.

National e-health strategies and plans have many features and variables, complicating their development and improvement. Many countries do not have the resources or expertise to deal with this consistently on their own, so the Secretariat is supporting countries in breaking e-health strategies down into their component parts, then enabling decision makers to deal with each part in a way that is successful and that builds into the bigger e-health picture. Enlisting the support of ICT suppliers has been crucial in this endeavour. The Secretariat is grateful for this support and recognises that building on these partnerships is essential to success with e-health in Member States in the future.

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