

Commonwealth Secretariat
West Africa Regional Dialogue on eHealth

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Abbreviations and Acronyms

AU	African Union
CHMM	Commonwealth Health Ministers Meeting
EU	European Union
FMOH	Federal Ministry of Health
ICT	Information and Communication Technologies
KZN	Kwa-Zulu Natal
MDG	Millennium Development Goals
NHMIS	National Health Management Information System
PPP	Public Private Partnerships
UN	United Nations
WAHO	West African Health Organisation
WHO	World Health Organisation

1 Executive Summary

The Commonwealth Secretariat in collaboration with the Federal Ministry of Health, Nigeria, arranged for the West Africa eHealth Dialogue on 11 and 12 December 2009 at the Transcorp Hotel, Abuja, Nigeria. There were about 120 representatives as key stakeholders from 11 countries.

The objectives of the **dialogue were to share countries'** experiences in:

- eHealth policies, strategies, programmes, projects and plans
- ICT infrastructure and services
- Current and needed capacity and capability
- Good practices
- New eHealth initiatives.

The dialogue identified the need to develop eHealth policies and strategies as the most important next step, and to set up the arrangements to support countries in developing these. The Secretariat is taking responsibility for completing these arrangements.

eHealth challenges identified by each country

The countries identified five challenges in their eHealth endeavours. :

- Developing policies, strategies and plans
- Enhancing the capacity and capability of ICT Infrastructure and services
- Seeking integrated and interoperable eHealth solutions
- Developing and approving appropriate legislation and regulatory frameworks
- Developing the national eHealth capacity and capability.

These are currently inhibitors to progress on eHealth. Solutions must deal with the precise settings in each country. These include their relative priorities for different types of eHealth and the level and type of previous eHealth projects.

Recommendations for the Commonwealth Secretariat

For the countries who wish to go on to the next stage of support, the Secretariat will set up multi-disciplinary workshops to help them to start developing their solutions to the five eHealth challenges above. The workshops can include a wide range of participants, including doctors, nurses, civil servants, eHealth specialists, NGOs and ICT suppliers.

The Secretariat has developed methodologies and templates for eHealth policies, strategies, financing and situation analyses. These are available to those countries that want to use them. The methodologies are adaptive to specific settings, so countries can also contribute to developing the tools. Examples of topics are:

- Country situational analysis
- Policy and strategy development
- Policy and strategy implementation
- Norm and standards
- Project management
- Impact assessment.

The Secretariat will support further country level meetings and workshops to enable countries to meet their eHealth challenges.

Recommendations for national bodies

Governments can begin initiatives to respond to the eHealth challenges. Many of these can build from existing eHealth initiatives.

An example is building capacity and capability in four stakeholder groups of:

- Health workers as good eHealth users
- eHealth experts
- Policy makers
- Citizens.

Initiatives to develop this wide range of people with eHealth skills rely on bringing together several agencies. These include governments, healthcare providers, public health bodies, educational institutions, ICT vendors and civil society.

ICT capacity and capability, including enabling infrastructure needs developing in most countries. Examples are limited power supplies and access to information networks. Investment in developing this capacity and capability is part of eHealth to provide the appropriate infrastructure at all levels of the health systems.

Recognising that eHealth is a broad, shared endeavour, governments and healthcare organisations begin to build and develop public private partnerships (PPP) for ehealth with, academia, the private sector and civil society. This can fit alongside collaboration on eHealth initiatives between countries and different types of healthcare providers

In parallel to these initiatives, policy makers can take the decisions needed to set up programmes of investment in the high priority eHealth solutions that each country needs. This includes the arrangements for mobilising the required resources within specific, affordable budgets and financing arrangements for eHealth. Affordable budgets need to extend over several years to ensure sustainable eHealth projects.

Recommendations for international bodies

Several initiatives extending across national borders can support the expansion of eHealth.

Various stakeholder groups, including healthcare workers, policy makers and development partners, meet in international conferences. These provide an opportunity for advocacy for proven eHealth solutions. Links with these international bodies and development partners can also ensure that they include appropriate eHealth components in their programmes and projects, and with adequate, affordable budgeting provisions.

There is widely available curricula and courseware in various areas of eHealth, including telehealth, telemedicine and eLearning. This can be included in initiatives **to expand people's eHealth** capacity and capability.

Closer collaboration among the key players could improve coordination of eHealth activities. These include WHO and other UN system Organisations, the AU, the WAHO and the Commonwealth Secretariat. The international organisations and agencies should begin to set up better collaborative arrangements.

Recommendations for participants

Participants can take the recommendations and findings, and prepare themselves and their organisations to take their next steps in eHealth as identified at the dialogue.

2 Context

In May 2008, the Commonwealth Health Ministers Meeting (CHMM) mandated the Commonwealth Secretariat to assist countries to:

- Convene high-Level consultations involving Ministers of Health and Ministers with responsibility for Information and Communication Technologies (ICT) on the policy challenges facing the rapid scale-up of eHealth approaches;
- Promote the exchange of eHealth expertise between Commonwealth countries;
- Seek funding to support pilot interventions that would serve as regional examples of the potential for eHealth to influence overall socio-economic development across communities.

This recognises the role and value of eHealth and the potential from increased, successful investment. The first initiative was in the East Africa Region in 2008 and 2009. It comprised an eHealth dialogue hosted by the Seychelles, then four workshops in Kenya to address specific needs **and support the completion of Kenya's** national eHealth strategy. Three of the methodologies and templates developed by the Secretariat were developed and used in this process:

- An assessment template to assess the eHealth status in Commonwealth countries
- A methodology and templates for eHealth policy and strategy development
- A methodology and template for seeking budgets and finance for eHealth projects.

This eHealth dialogue for West Africa, on 10 and 11 December 2009, is the first step for this region. The Federal Ministry of Health Nigeria hosted the event. eHealth stakeholders from Cameroon, Gambia, Ghana, Sierra Leone, Nigeria and Rwanda and WAHO were invited. Representatives from Kenya, who were part of the dialogue in East Africa, shared their experiences. Representatives from WHO, the UN, South Africa, the International Society for Telemedicine and eHealth and ICT vendors from several countries.

3 Objectives of the dialogue

The two over-arching objectives are to:

- Provide information for participants to take back for advocacy
- Be proactive and initiate actions where the Secretariat can be there to help.

The objectives of the dialogue focused on identifying the challenges facing each country, then designing specific initiatives to help them to develop successful responses:

- Share country experiences in eHealth policies, strategies, programmes and plans, ICT infrastructure and services
- Share good practices and new initiatives on e-Health
- Introduce participants to the Commonwealth Secretariat eHealth assessment tools and the template for developing country eHealth policies and strategies
- Define the steps and the support required by countries to develop their eHealth policies and plans, implement effective eHealth projects conduct country assessments.

4. Expected outcomes of the dialogue

The expected outcomes are:

- Shared information between countries about their existing eHealth experiences, initiatives, capacity, capability and projects
- Stakeholder engagement and discussions on eHealth policy and strategy development and project implementations
- Identify key leaders and working groups to take forward the eHealth policy and strategy and implementation process in each country
- Identify concrete initiatives for each country.

5 Day 1 session 1 opening ceremony

The opening ceremony included high profile speakers from major health agencies including:

- Dr Mohammed Lecky, Director of Planning Research and Statistics, Federal Minister of Health representing the Honourable Minister of State for Health
- Dr Joseph Amuzu, Health Adviser, Commonwealth Secretariat
- Dr Olawale Maiyegun, AU
- Dr Soyinka, WHO eHealth Promotion Officer, representing Dr. Peter Erikri, Country representative, WHO Nigeria
- Gerachew Sahlu, WHO,
- Mr. Albert Ouedraogo, WAHO
- Dennis Gilhooly, UN Digital eHe@lth Initiative
- Permanent Secretary Mr Linus Awote mni, representing the Federal Minister of Health.

On behalf of the Honourable Minister of State for Health, Dr Mohammed Lecky, Director of Planning, Research and Statistics at the Federal Ministry of Health, **recognised the Commonwealth Secretariat's eHealth dialogue as an important event.** An example is the World Health Assembly in 2005, which promoted eHealth as a way to help to strengthen health systems.

Nigeria is committed to this. Strategies and investment in ICT are significant to support the efficient flow of information from government to states and information is essential for planning and policy. Many private healthcare practices use electronic health records, but it is limited and not applied in rural and remote areas. The CHMM 2008 resolution to assist countries on policy challenges has helped to renew the momentum to scale up.

This eHealth dialogue for West Africa offers an opportunity to take forward our eHealth initiative and

- Develop policies and strategies
- Share experiences and best practices
- Introduce countries to com sec tools
- Assess policies and strategies

Dr Lecky welcomed all participants.

Dr Joseph Amuzu from the Commonwealth Secretariat said that this eHealth dialogue is a follow on from the eHealth initiative of the CMHH 2008. It is the second regional event after achieving good results from the first dialogue in East Africa. The two main goals are to:

- Provide information for participants to take back for advocacy
- Be proactive and initiate actions where the Secretariat can be there to help.

It is important to remember that the Secretariat is not rich and not a donor. It offers a vibrant network of NGOs and eHealth experts that can link with countries to support them in their most important eHealth activities. A series of follow-up workshops designed for individual countries is a usual way to achieve this.

Dr Olawale Maiyegun, of the AU, expressed his gratitude to the Secretariat for inviting the AU commission and Nigeria for being host. Issues of eHealth are of considerable importance and timely as the AU moves to review the MDGs, including the impact of eHealth. eHealth is a relatively new venture, and yet to be fully understood, especially by leaders. There is a need to raise eHealth awareness of **healthcare institutions. The AU is not silent on health for Africa's people.** The digital divide has left Africa lagging behind, increasing the need for strategies and initiatives. He recalled progress so far, including:

- 2005 the AU pan-African network that is currently developing
- 2006 The AU conference on telemedicine that identified the huge challenges for human resources for failing health systems in meeting the needs of the poor and the masses
- 2006 Teacher training initiatives in general development and health
- 2007 The Africa-EU joint strategy for 2008 with ten initiatives, including MDGs, Information society, space and the AU health initiatives
The Africa Infoway for telemedicine, eLearning introduced
Better harmonisation of initiatives for MDGs on maternal and child health
AU consulting on progress on MDGs recognising the need to pool effort from eHealth to support MDGs
- 2009 Kampala summit on health system strengthening and attaining MDGs

Africa is never short of recommendations and declarations. The challenges are effective implementation and follow-up. Consequently, the goal has to be concrete action.

The AU offers continued support on advocacy, harmonisation and resource mobilisation, with eHealth high on the African agenda. An essential theme is developing policies and putting them in place. Action is more successful when the AU role is coordinated with all other agencies and the private sector. This ensures that eHealth is successful and contributes to each **country's** overall health strategy. It should also provide an infrastructure to support social and economic development. With Rwanda now in the Commonwealth, it offers them extra opportunities for additional support.

By 2015, successful eHealth initiatives should be high impact measures that could support MDGs. It is now time to move from rhetoric to action.

Dr Soyinka, Health Promotion Offices, WHO Nigeria, representing Dr Eriki, commended the Secretariat and the Nigeria FMOH for organising the dialogue. The World Health Assembly agreed on harnessing eHealth and mHealth some five years ago, so it takes time to implement. Just because time has elapsed, it is still important to think carefully and implement the right things in the right way. West African geography, the diaspora and resource constraints are factors to include in eHealth strategies and projects. One key element is not to rush in with great ideas. Look around and use evidence before committing. Isolated proof of concepts all have lessons from which we can learn.

WHO suggested eHealth priorities based on bringing the greatest benefits to most people and the required levels of infrastructure needed. Priorities are to deploy successful eHealth and mHealth in promotion, prevention, education and primary care. Reaching underserved populations is the top priority, not eHealth for high-technology centres.

The approach is to deal with eHealth and mHealth as one of a number of healthcare resources. Remember, eHealth is just communication, not a separate entity. It is also important to beware of top down imposition and legal frameworks. For example, nobody needed laws for social network sites for teenagers, but they have burgeoned.

The best way to proceed is to make sure eHealth and mHealth builds from affordable technology. Doctors, users and the marketplace will then drive utilisation.

Now, we can look forward to implementation.

Gerachew Sahlu, WHO, representing the Director of Knowledge Management at WHO, recognised the dialogue as a significant meeting in highlighting the role of eHealth in public health. The increasing demand for health creates a systematic need for information for health policies and decisions. The WHO resolution calls on governments to form eHealth bodies to guide national policies and strategies and guide investment and funding.

A WHO priority is to work with member states and the AU on developing and expanding telecommunications for Africa. Other initiatives include reports for MDGs that identify eHealth as an enabler, including the Internet for health literacy, databases for surveillance and policies, telehealth to reach out to communities, and eLearning programmes as part of development.

Many eHealth initiatives are fragmented. A serious challenge is for agencies, governments, NGOs and suppliers to work together to develop and apply strategies that integrate eHealth initiatives and realise more benefits. Without this strategy, the result is continued underutilisation.

This dialogue helps to share experiences, and people are waiting for a consensus on the next steps.

Dr Amuzu recognised importance of WAHO as part of this event to ensure engagement with all countries in West Africa.

Albert Ouedraogo, WAHO, is in charge of the ICT mission. As a reminder, fulfilling the invitation is not easy for a French speaker, but it was a pleasure and honour to represent WAHO. The Secretariat extended a permanent invitation for WAHO to participate in the project to find solutions to problems in West Africa, and it is grateful for this.

eHealth offers an opportunity to contribute to the high priority to improve the coverage of health systems for all member states in order to reduce child mortality and improve maternal health. WAHO has helped to coordinate and harmonise policies to improve healthcare and develop eHealth in member states by meetings eHealth in the West Africa region and providing advocacy needed to develop eHealth in the West African region. The issues are the same as presented here and more progress is possible by joining forces and pooling resources. It will help to create the necessary conditions to establish ICT infrastructure and provide consistent advocacy.

Dennis Gilhooly, UN Digital eHe@lth initiative congratulated the Secretariat on the dialogue. The year 2010 is very important for the Millennium Summit. It is two-thirds way through the fifteen-year programme up to 2015, and is seriously off track. Mistakes include:

- Understating the need to look at links between ICT, eHealth and finance roles
- Underestimated scale-up.

Investing in broadband and digital health needs a socio-economic model for success. This must include the development of a strategic framework for working

with the eHealth and pharmaceutical sectors. Nigeria, as the most populated country in Africa will be critical to success because it is where eHealth can make a difference.

Mr Linus Awote, Permanent Secretary, representing the Honourable Minister for Health, confirmed that the Minister is passionate about eHealth. The regional dialogue is a celebration. Successful eHealth has a great impact value, and the Minister is grateful for the **participants' enthusiasm. In Nigeria**, the FMOH it is part of the total organisation. The FMOH sees eHealth as part of choosing efficient health service delivery.

There is still a huge implementation gap. Filling it needs people to keep working. The regional dialogue is part of this and the Minister extends his welcome. It is an honour to join other countries to share experiences about eHealth and ICT infrastructure and an opportunity to learn about the **Secretariat's** methodologies and tools. It will enable the potential of eHealth to improve health, education, monitoring learning disease surveillance to be realised.

A definition of eHealth is using ICT to improve health. It is an economic tool if deployed within national policies and frameworks. It also makes medical expertise more available. However, there is a lack of policies, funding, fears of malpractice and an inadequate supply of successful solutions.

Nigeria has database centre for eHealth information about diseased and matters of public health importance. It also has eHealth pilot projects to:

- Establish an eHealth Council sponsored by the government
- Promote advocacy at all levels of government and NGOs and suppliers
- Establish a coordinating mechanism
- Include eHealth in medical curricula.

Gratitude was extended to the Secretariat for this important meeting for developing our eHealth co-ordination plan. The meeting was declared open.

Dr Licky extended to vote of thanks to the Permanent Secretary by thanking almighty God for bringing us safely here, thanking Nigeria FMOH for supporting Secretariat and thanking the participants for accepting the invitations, and finally, thanking the Secretariat.

6 Day 1 session 2: country reports

Gambia

Gambia has a National Information and Communication Infrastructure (NICI) strategy looking forward to 2020. It has four main goals:

- Enhancing the productive capacity of the poor
- Enhancing access to and the performance of social services
- Local level capacity building
- Promoting participatory communications processes.

The ICT4D plan supports NICI. It has ten focus areas, including eHealth. Currently, there is no implementation plan for eHealth. The eHealth policy statement is to learn from the experiences of different countries in clinical, administrative and educational activities. Some ICT is already in place in new medical education centres, and an expectation is that it will integrate with the learning process.

A Pan-African eNetwork project sponsored by India government and the AU is in place. The satellite communication link with Dakar supports teleeducation,

telemedicine and eGovernance. Telemedicine supports both medical education and clinical services that will be able to use an electronic medical record as part of telemedicine. There is some concern that teleconferencing with India is medical tourism instead of looking for regional similarities.

The eHealth challenges are:

- Inadequate sensitisation of stakeholders in eHealth
- The eHealth assessment report was not disseminated
- No eHealth policy as yet
- Inadequate capacity
- No government budget line allocated for eHealth
- Low participation of doctors in CME sessions
- Teleconsultation equipment yet to be installed
- Health centres and hospitals in rural areas not linked to major hospitals in urban areas.

The eHealth opportunities are:

- Access to advanced medical services for general public without having to travel abroad
- Effective communication
- Improve education of healthcare professionals
- Improve the health care equity
- Pan-African eNetwork project is an opportunity to facilitate implementation of eHealth strategic activities

Ghana

An ICT4D plan has been in place since 2003 and the health sector's ICT policy and strategy since 2005. This has driven a five-year work programme from 2007 to 2011. As part of this, ICT needs assessment and training needs assessments are in place. The eHealth building blocks are:

- ICT needs assessment
- HR Training needs assessment
- Enterprise Architecture for GHS
- Clinical and work practice
- Funding arrangements.

ICT infrastructure includes fibre optic backbone, local and wide-area networks at hospitals, Internet connectivity and satellite links. Developing services relies on partnerships with hardware, software and SMS suppliers. Plans are in place for legislation for an eHealth steering committee and eHealth policies and strategies. A training college at Kintampo and developing leadership on eHealth supports developing human capacity. eHealth challenges are to develop policies, strategies, plans, infrastructure, services, legislation and capacity.

Nigeria

A national ICT policy bill is presently in the National Assembly for legislation. Health is included in the mission, but there is no national policy or strategy on eHealth

currently in place. Capacity is another major challenge. It needs building at all levels, the FMOH, tertiary institutions, secondary care, primary care, undergraduate health and ICT students as well as the general public. For the FMOH, training, skills, and experience need transferring to ensure the sustainability of eHealth tools and services deployed by the ministry. The dialogue and the Secretariat can help to respond to these challenges by setting out a process leading to developing a policy on eHealth and strategy, including capacity development.

Activities that need financing include eHealth concepts, design, implementation, operation and innovation. Their demands for finance differ over time, but must be sustainable for success. Other factors for success include clarity on the kind of eHealth enterprise that the country is ready for, the right leadership, selecting eHealth projects in the best way, decisions on planning and managing eHealth projects, plans to overcome resistance, models for measuring progress and identifying failure, effective relationships with the private sector, including PPP.

Currently available are a national eHealth database centre (NHMIS) at the FMOH, the FMOH official Website, a national programme on telemedicine. The government, through some of the agencies, has put in place telecommunications infrastructures with extension to rural areas and deregulated the sector. The main challenges are the cost of bandwidth, reliability of the networks and power supply. The growth of mobile telephony is an opportunity to provide eHealth services using the mobile platform.

Strengths are the deployment of computers to first level administrative purposes, continuing capacity building in ICT and some units and parastatals currently having Internet access. Weaknesses are the large number of computer illiterate staff, activities and services are not web enabled and ICT-related procurements are not coordinated.

Sierra Leone

Sierra Leone is new to eHealth due to the short post-conflict period. The President launched the telemedicine project on 4th November 2009. ICT was sponsored by the Indian government as part of the Pan-African Network in partnership with the AU. Services provided include, telemedicine, teleeducation, video-conferencing, support for electronic governance, electronic trade, entertainment and meteorological reports.

Challenges are a:

- Lack of organisational and legal framework for operability
- Addressing confidentiality, security, standards and procurement
- Lack of reliable countrywide power supply and telecommunications infrastructure
- Lack of trained and qualified people
- Lack of a budgetary allocation
- Resistance to change

Plans are to:

- Formalise the operational status of telemedicine in healthcare delivery

- Build capacity by training technical and clinical people
- Extend the facility to the two other main hospitals in Freetown and regional hospitals within five years
- Include eHealth programmes in medical and nursing curricula
- Enhance regional cooperation and harmonisation through WAHO
- Source funds for infrastructure, training, maintenance, remuneration and sustainability
- Encourage private telecommunication providers and product vendors to participate in the project.

Kenya

Kenya's Honourable Minister for Medical Services was at the eHealth dialogue for East Africa and agreed that the Secretariat should support the Ministry's eHealth initiatives. Four regional eHealth workshops were set up in quick succession. The first set out a road map and identified the perceived benefits of eHealth. The second defined the components of eHealth. The third built on the new way of thinking and reviewed the eHealth components, then completed the zero draft of the national **eHealth strategy. The final workshop completed the country's first eHealth strategy.** A working group has been constituted comprising Government ministries of medical services, public health and sanitation, education and ICT. The private sector, civil society and private hospitals are also involved in the national eHealth initiative.

Five eHealth initiatives are telemedicine, HMIS, information for citizens, mHealth and eLearning. Most of these will be accessible by PCs and help to transform healthcare, especially the high priority of helping isolated, unsupported health workers. The eHealth projects need harmonising, and linkages will achieve this. About 40,000 health workers have been trained using eLearning. Digital villages networks are supported from about 6,000 centres and solar power is extending.

Then first step was HIMS. Phase 1 is completed and others are continuing. Telemedicine and mHealth projects are at Kijabe Hospital. There is an eHealth portal with five components and eReporting and eReferral are in place. The critical steps were developing health workers capacity, finding development partners, gaining local ownership, good leadership, high quality infrastructure, PPPs and effective government support.

Day 1 session 3 challenges and opportunities for eHealth in West Africa interactive session issues

A presentation by Prof Yankup Kwankam, CEO Global eHealth Consultants set a scene. Most African countries are not achieving MDGs. The time lost to searching for information on paper is 25% to 50%, depending on the setting. The potential exists to use successful eHealth to liberate these resources and reallocate them to achieving the MDGs.

The WHO's six building blocks for strengthening people have been increased by one, and now includes people. In this context, ICT reduces risk and extends lives.

Africa has low-density workforce. eLearning can improve skills and capabilities and offer a big efficiency gain. Other eHealth initiatives range from the Internet to MEDoctor and Map of Medicine, with more than 400 clinical care pathways to guide decisions on treatment. In Africa, there are more mobile users than Internet and

telephone users. Therefore, mHealth has to be part of the solution. From March 2010, the vscan ultrasound system will be available.

eHealth has to be a mainstream activity for health and healthcare. It must be weaved into the fabric of the health system. Recognising that people are the key resource supports mainstreaming by organise the eHealth professionals to empower people. One organisation that may achieve this is to set up a national eHealth council to oversee the eHealth professionals, an eHealth steering committee and provide a central network of excellence. A national eHealth society could underpin these.

Finally, We-can, the World ehealth Collaborative Action Network, is now in place following the Bellagio Conference. It comprises projects, components and systems that for sharing between participants.

Many and varied comments and contributions from the participants followed.

There is a danger in assuming that all computers in health are eHealth. Many support business, administrative and financial process, and are common in many types of organisation. Without a clear focus and explicit definition, including these other activities can dilute the resources for eHealth.

An alternative view is that the eHealth definition may not be too important. An example is that there is no need for special guidelines for cell phones for doctors. Identifying all types of eHealth means that they can be integrated, and then considered together as total investment. Policy makers have to assemble comprehensive choices and decisions, and too many separate entities are difficult to merge them together, complicating policy decisions.

A perspective from public health consultants in Nigeria is how to priorities needs and priorities for eHealth. A suggestion is to create a forum to identify the core health activities. For tertiary institutions, there is a need to ensure connection between specialties and countries, with the availability of procedures and technicians to share information readily.

From the view of tertiary services, it is clear that countries have different health policies that need to be included in eHealth initiatives. Nigeria has primary and secondary interface challenges and the solution includes putting people at the centre.

Dr Licky from Nigeria proposed that unleashing the power of eHealth needs basic enablers. For example, in an electronic health record project, the health of individuals **and communities' benefits are important, so ID numbers are core**. This could be a critical entry point. It can enable many activities. With such a large-scale project, the challenge is to keep everything manageable, and avoid taking on too much at once. The challenge is to know the single core criteria.

People are the centre of eHealth, but projects are also broader. It includes communities. It is essential to know what they can afford to access. Providing electricity is a community and economic matter. Initiatives that help people in communities to use ICT need developing. If there are more users, unit costs are lower. ICT for development is as important alongside eHealth. The challenge is to look for these synergies.

Posing a considerable challenge are the questions for countries at the same eHealth level and starting point. So, how do we embrace eHealth? Where to we start? What do we start with? What is the road map? How do we optimise these?

This challenge was expanded by the need to seek ways to mobilise simple, not high-level eHealth with the goal to help health workers to provide healthcare. The core problem is the lack of national policy.

eHealth worries lead to the need to meet certain conditions or nothing is achievable. Examples are political commitment and change needed; computers are lying idle in many places because of lack of electricity supply and few countries have gone beyond overarching strategies. Assurances are needed on these issues to ensure sustainability and have a chance of success.

Patients' representatives are needed for the next step. They can contribute to national eHealth strategies. Achieving this needs guidelines that set out the series of essential steps and identify should be involved and so unleash the power of eHealth.

Interoperability is achievable like in Australia. Links from GP records to reimbursement systems ensured high utilisation and interoperability. Much more information is needed about the benefits, the potential, the strategies needed, measuring the socio-economic impact and creating the business models. Answers are prerequisites for gaining the support of the telecommunication companies.

WHO is addressing these issues. The recent Kigali conference addressed the eHealth challenges. Two essential approaches are to build guidelines as a measure of progress and walk before running

Successful eHealth needs to reach the wider community from the national view. Information for this link is available from lessons learnt from neighbours. Participants were sure about the role of eHealth in MDGs and the probability that they are not achievable.

Most stakeholders also spoke positively about the need to prioritise eHealth projects, emphasising that ICT for health is not a quick win, despite the ambitious outlook. It takes time. There was strong uncertainty regarding the success of eHealth with the absence of power supplies.

On the structure of policies, some called for unification and looking for synergies. Others felt that policies should be domestically, not globally relevant. Questions remain about a lack of clarity for standards, language vocabulary and the integration of terminology. Information from WHO revealed the presence of 51 published definitions of ICT for health.

Some stakeholders expressed strong concerns about the ethics of privacy and access to information. The key ingredients for the way forward were identified as the legal regulatory framework, political will and shared lessons.

eHealth initiatives are complex, high-risk projects with long time scales to come to fruition and high failure rates of up to 80%. It is essential that to mitigate the risks, people only take on eHealth initiatives that meet their needs and that they are sure they can manage. This usually results in eHealth projects that are a series of modest steps built up over time.

The focus of eHealth is its impact on healthcare. Therefore, take away the concept of building ICT around each person in the community. From this, decide on policies for each country.

Day 2 session 1

A recap of the previous day activities was presented by the rapporteur, Dr. Eleanor Nwadinobi.

An eight person panel was constituted to articulate the outcome statement communiqué, Chaired by Prof Kwankam with Dr. Nwadinobi as rapporteur.

1. Ghana
2. The Gambia

3. Sierra Leone
4. Cameroon, chair
5. Kenya
6. Nigeria
President of society for telemedicine and eHealth in Nigeria
7. WAHO

The chair of the session, Dr Alonge called for comments from stakeholders on the individual differences and commonalities of eHealth in each country. The consensus was that policies and strategies are important, but the lack of them should not stall initiatives.

A proposal is that country policies and plans should be harmonised to ensure they fit into the continental and regional policies of WAHO and AU. Two other critical success factors were identified as the importance of leadership and guidance in coordination.

The need for national specialist registers or databanks of experts was also emphasised. Participants called for eHealth experts to have good career prospects with all health personnel being ePractitioners, although there were no proven plans for achieving this.

The need to take the message of eHealth to general meetings of healthcare professionals, managers and policy-makers was identified.

Submissions on the emerging and evolving area of ethics were proposed. Taking a leaf from the EU directive on data protection enunciated by OECD offers good potential for progress.

The session ended with a call for countries to develop a broad framework that can adapt to local specifics.

Day 2 session 2 - address by the Minister for Health

The Minister for Health, Nigeria, the Honourable Prof Babatunde Osotimehin chaired this session of the meeting. He expressed the need to invest substantially in eHealth and to take advantage of new technologies. He is looking forward to final recommendations from the meeting and assured participants that it will be looked at carefully and taken on ambitiously so that the opportunities of Nigeria hosting the meeting would not be lost.

Dr Joseph Amuzu of the Secretariat, in his vote of thanks, expressed his appreciation to the Minister and his team for hosting the meeting. Key recommendations will **require the Minister's signature for dissemination and** he hoped that it would attract the interest of several partners

A cross section of panellists shared their experiences and challenges, which generated a rich set of comments and questions. These can be summarised as eHealth challenges of a shortage of health workers, great distances to rural areas, lack of attainment of MDGs and poor physical facilities. There is a need for national awareness and appropriate, affordable, sustainable budgeting for eHealth to bridge these gaps. Integrated, multi-sector and inter-ministerial efforts need to coordinate initiatives and projects.

Day 2-session 3- interactive session

Prof Maurice Mars Professor of TeleHealth at the Nelson R. Mandela School of Medicine, South Africa, led an interactive structured discussion on the need to develop capacity and have data gatherers. It drew several comments on the challenges of the low level of health **workers' skills** and options to improve them

with eLearning. There are many widely available curricula and courseware in various areas of eHealth, including telehealth, telemedicine and eLearning. This can be **included in initiatives to expand people's eHealth capacity and capability**. An example is the eLearning telemedicine course from University of Kwa-Zulu Natal in South Africa, which can be provided to Commonwealth countries. Another example is developing a distributed and networked knowledge and information repository, with nodes at national and sub-national levels to support the expansion of capacity and capability.

Day 2 - Closing session

The Communiqué was read by the rapporteur and comments invited from participants to be submitted within one week by email. Partners were invited to make closing remarks.

Dr Soyinka, WHO, noted the action points. He made an undertaking to advocate amongst partners to create a body to advocate in WHO and the wider UN family to include eHealth and encourage others to make commitments too.

Mr. Albert Ouedraogo, WAHO, thanked the Secretariat for the quality of organisation and richness of debates, and that it was an occasion to see the position across countries and international and regional levels. He promised to submit the recommendations to the 2010 round table.

Dr Olawale Maiyegun, AU, said that ministers of health were correct in their recommendations from the 2009 AU Conference of Ministers in asking for:

- A framework for harmonisation of eHealth in Africa in collaboration with relevant partners
- Introduction of eHealth into the curricula of training schools.

He pledged to continue collaboration with WHO to ensure evidence-based and effective implementation of the project, and concluded that he would be looking forward to forum for effect collaboration with all key players and UN System, the Secretariat and WAHO.

Dr. Joseph Amuzu, Health Advisor at the Secretariat thanked participants for attending and their tenacity. He also thanked the FMOH and the Minister, and expressed his pleasure at the number of synergies that will strengthen the member countries. He said a good measure of success is receiving a letter from any country, Minister or group holding an activity on eHealth asking for support from the Secretariat. He promised to share all that is in the statement with his office saying that they are actionable at country, region and international levels, and that he hoped to see an extension of Kwa-Zulu Natal project to other countries, especially Nigeria

Dr Lekki, FMOH thanked participants on behalf of the Minister for Health. He said the good attendance was a good measure of endorsement, and that he was happy at the rich discourse on priority setting, project planning, measuring progress, PPP and leadership. He urged that the communiqué be concluded and finalised promptly so as not to lose momentum. He recommended that the Secretariat should consider a framework for assessing progress in each of our countries and so demonstrate what Commonwealth countries are doing in ehealth.

The meeting closed with prayers by Rev. Roc of FMOH

Recommendations and next steps

Nationally

Consider new structures to enable the development, deployment and assessment of eHealth, such as:

- National eHealth Council
- eHealth Corps
- eHealth steering Committee
- National centre and network of excellence
- National professional society.

Build capacity in three stakeholder groups:

- Health workers to become ePractitioners
- eHealth experts
- Citizens.

Other initiatives include:

- Build PPP for eHealth between governments, academia, the private sector and civil society
- Encourage the availability appropriate ICT infrastructure at all levels of the health systems.
- Seek ways to collaborate and share resources nationally and within countries.
- Mobilise resources including adequate, affordable, sustainable budgets and financing for ehealth activities.

Internationally, and mirrored to scale at regionally

Develop and disseminate frameworks and tools for adaptation and use by countries to deal with:

- Country situational analysis
- Policy and strategy development
- Policy and strategy implementation
- Norm and standards
- Project management
- Impact assessment.

Other initiatives include:

- Advocacy for eHealth at international conferences of various health groups including those who do not participate in eHealth.
- Build capacity by developing and promoting use of curriculum and courseware in various areas of eHealth including telehealth, telemedicine and eLearning
- Consider extending the eLearning telemedicine course from University of Kwa-Zulu Natal in South Africa to Commonwealth countries, beginning with Nigeria
- Consider developing a distributed and networked knowledge and information repository with nodes at national and sub-national levels
- Consider creating a forum and mechanisms for closer collaboration among key players such as WHO and other UN system organisations, AU, WAHO and the Commonwealth
- Ensure that international bodies and development partners include appropriate eHealth components in their programmes and projects with adequate budgeting provisions

Commonwealth

For the countries who wish to go on to the next stage of support, the Secretariat will set up multi-disciplinary workshops to help them to start developing their solutions to the five eHealth challenges above. The workshops can include a wide range of participants, including doctors, nurses, civil servants, eHealth specialists, NGOs and ICT suppliers.

The Secretariat has developed methodologies and templates for eHealth policies, strategies, financing and situation analyses. These are available to those countries that want to use them. The methodologies are adaptive to specific settings, so countries can also contribute to developing the tools. Examples of topics are:

- Country situational analysis
- Policy and strategy development
- Policy and strategy implementation
- Norm and standards
- Project management
- Impact assessment.

Participants

Participants should recognise the benefit of people in eHealth and commit individually and collectively to furthering the recommendations with their organisations.

Next steps

The immediate next steps are an invitation to participants to submit their comments within one week by email. It is planned that the communiqué is signed by the Minister for Health, Nigeria and then disseminated.

Intermediate next steps are:

- Consider extending the Kwa-Zulu Natal eLearning service to other countries
- Support by the Secretariat for further country level meetings and workshops to enable countries to meet their eHealth challenges
- Consider a framework for assessing progress in each Commonwealth country.