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**PROGRESS REPORT ON UTILIZING EHEALTH SOLUTIONS TO IMPROVE  
NATIONAL HEALTH SYSTEMS IN THE AFRICAN REGION**

**Information Document**

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## BACKGROUND

1. eHealth represents a rapidly evolving area for health that can contribute to the attainment of health goals by making available fast, reliable and updated health information to guide health processes such as service delivery and decision making. Given the need to incorporate developing areas such as the use of advanced computing sciences particularly in the fields of big data, genomics and artificial intelligence, the term “digital health” is gaining wide use.
2. In 2013, the WHO Regional Committee for Africa adopted Resolution AFR/RC63/R5, urging Member States to promote the development and implementation of eHealth policies. It recommended strengthening leadership and coordination for eHealth and making the necessary investments in eHealth infrastructure and services. It also requested WHO to facilitate high-level advocacy and coordination of partners’ action, and to provide technical support to Member States.
3. This is the second evaluation report of the above resolution, covering the period from September 2016 to March 2018. It summarizes the progress made as well as a description of constraints, and further proposes new actions to accelerate the implementation of this resolution.

## PROGRESS MADE

4. Ten Member States<sup>1</sup> were supported with developing eHealth strategies based on the WHO — ITU National eHealth toolkit bringing the total number of Member States with eHealth strategies to Twenty six. Algeria, Kenya and Rwanda were supported with legal frameworks for eHealth, for which one Member State, Algeria, finalized its legal instrument for the protection of personal data<sup>2</sup>. This brings the total number of Member States with finalized regulations to ten.
5. In 2017, WHO Regional Office for Africa finalized a partnership with ITU on scaling up digital health up take in the Region<sup>3</sup>. The focus is on establishing platforms for interoperability, eHealth workforce capacity building, eHealth partnerships and usage of eHealth medical devices. Cabo Verde, Gabon, Lesotho, Mozambique, Nigeria and Senegal were proposed for startup implementation. Country assessments have been done for Cabo Verde and Lesotho. Two regional capacity building workshops for 20 countries have been scheduled for June and August 2018.
6. mHealth was the most used eHealth intervention. Member States adopted the following intervention: accessing health information; Toll free emergency; Health call centres; Appointment reminders; Mobile telehealth; management of disasters and emergencies; Treatment adherence; community mobilization; databases and tools; patient records; mLearning; decision support systems; patient monitoring; health surveys and disease surveillance (Annex 1).
7. Besides mHealth, progress was made in other eHealth areas. These include electronic health records, Human Resource Information System, Laboratory Information Systems, Supply Chain Information Systems, Social Media, Telehealth, Electronic Learning Systems, District Health Information Systems, and the new areas of big data (See Annex 2).
8. As per recommendation in the previous report, to support the dissemination and sharing of best practices in scaling up eHealth interventions and utilization of eHealth applications and

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<sup>1</sup> Comoros, Benin, Mauritania, Lesotho, Burkina Faso, Senegal, Kenya and Botswana, Algeria, Eswatini

<sup>2</sup> <http://www.aps.dz/algerie/71481-creation-d-une-autorite-nationale-de-protection-des-donnees-personnelles>

<sup>3</sup> <http://www.afro.who.int/news/who-and-itu-use-digital-technology-strengthen-public-health-services-africa>  
accessed on 23 January 2018

services, WHO developed a digital health atlas<sup>4</sup> aimed at strengthening digital health inventory and visibility at Member State level, and supporting inter Member State collaboration of digital health implementation, and sharing of best practices and resources. WHO trained nine Member States<sup>5</sup> to use the Digital Health Atlas for managing digital health scale up.

9. Despite the progress made, there are still major constraints. These include multiple pilots, inadequate funding, limited ICT infrastructure, low digital health skills among the health workforce, low awareness of the importance of legislation for eHealth and lack of involvement of health professionals in the development of eHealth applications and services.

## **NEXT STEPS**

10. Member States should:

- (a) adopt mechanisms for initiating, implementing and evaluating digital health pilots for scale up;
- (b) establish multisectoral collaboration especially with Ministries of ICT and Government to ensure availability of adequate ICT infrastructure;
- (c) build digital health capacity for the health workforce;
- (d) set up appropriate regulatory frameworks guiding digitization in health.

11. WHO should:

- (a) support countries with scaling up of prioritized digital health interventions;
- (b) support eHealth strategy development in Member States that do not yet have eHealth strategies;
- (c) develop guidelines for data standards and interoperability in the Region;
- (d) support intercountry collaboration and visibility of eHealth interventions;
- (e) support the assessment of eHealth programmes in terms of impact on health outcomes and cost effectiveness.

12. The Regional Committee took note of the report and endorsed the proposed next steps.

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<sup>4</sup> [http://www.who.int/medical\\_devices/global\\_forum/TheDigitalHealthAtlas.pdf](http://www.who.int/medical_devices/global_forum/TheDigitalHealthAtlas.pdf) , accessed 23 January 2018

<sup>5</sup> Uganda, Kenya, Liberia, Sierra Leone, Nigeria, Tanzania, Malawi, Lesotho, Cabo Verde

**Annex 1: mHealth interventions**

<b>SN</b>	<b>mHealth intervention</b>	<b>Number of Member States</b>
1.	Accessing health information	29
2.	Toll free emergency	24
3.	Health call centres	25
4.	Appointment reminders	28
5.	Mobile telehealth	21
6.	Management of disasters and emergencies	23
7.	Treatment adherence	24
8.	Community mobilization	26
9.	Databases and tools	30
10.	Patient records	18
11.	mLearning	24
12.	Decision support systems	18
13.	Patient monitoring	12
14.	Health surveys	22
15.	Disease surveillance	26

**Annex 2: Other eHealth interventions**

<b>SN</b>	<b>eHealth interventions</b>	<b>Number of Member States</b>
1.	Electronic Health Records	16
2.	Human Resource Information Systems	18
3.	Laboratory Information Systems	4
4.	Supply Chain Information Systems	18
5.	Social Media	22
6.	Telehealth	20
7.	Electronic Learning systems	13
8.	District Health Information Systems	22
9.	Big Data	2