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

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BACKGROUND

1.   eHealth is the use of information and communications technology to support health and health care. It has demonstrated the capacity to enhance the attainment of international health goals, such as the health-related Sustainable Development Goals (SDGs) and national health aspirations[1,2]. This is primarily due to technology penetration in health institutions, regional and national political interests, and the proliferation of electronic devices among health seekers. eHealth ensures the availability of much-needed health results, such as fast, reliable, and updated health information to guide health processes, including service delivery and decision-making.

2.   In 2013, the Sixty-third WHO Regional Committee for Africa adopted a resolution on eHealth,[3] urging Member States to promote the development and implementation of eHealth policies. The resolution recommended strengthening leadership and coordination for eHealth and making the necessary investments in eHealth infrastructure and services. The resolution also requested WHO to facilitate high-level advocacy and coordinate partners' action, and to provide technical support to Member States, including developing eHealth-readiness interventions for the health workforce and eHealth champions.

3.   In 2020, the World Health Assembly endorsed the Global strategy on digital health, which encompasses all digital health tools, including eHealth, artificial intelligence (AI), and mHealth. Furthermore, in 2021, the Seventy-first session of the Regional Committee for Africa endorsed a regional Framework for implementing the Global strategy on digital health. It set the following targets: (i) all Members States have multisectoral institutional arrangements for the implementation of digital health; (ii) all Member States have digital health strategies; (iii) at least 60% of Member States have mature digital health systems; and (iv) 60% of Member States have mechanisms to produce a digital health-ready workforce.

4.   This fourth and final progress report on the eHealth strategy summarizes the progress made, describes constraints to its implementation, and proposes the next steps. Progress is based on the goals expressed in the regional resolution on eHealth, namely to ensure the effective implementation of the strategy with maximum sustainable impact.

PROGRESS MADE

5.   Thirty-three Member States (70%) have developed an eHealth strategy based on the WHO-International Telecommunication Union (ITU) National eHealth Strategy Toolkit.[4] Seventy-two per cent (72%) of Member States have developed legislation for protecting personal data. Fifty-three per cent (53%) have stakeholder engagement processes on eHealth, while 25 (53%) have established partnerships with telecommunication operators.

6.   All Member States (100%) implemented digital health tools during the COVID-19 pandemic, particularly for information and awareness (91%), case detection and contact tracing (84%), and digital certificates for COVID-19 (84%). Telemedicine is the most used service, and 77% of

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1   World Health Assembly resolution on digital health (WHA71:7)
    (https://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_R7-en.pdf, accessed May 2023)
2   Global strategy on digital health 2020-2025 (https://apps.who.int/iris/bitstream/handle/10665/344249/9789240020924-eng.pdf?sequence=1&isAllowed=y, accessed May 2023)
3   Resolution AFR/RC63/R5, Utilizing eHealth solutions to improve national health systems in the African Region
    (https://apps.who.int/iris/bitstream/handle/10665/94187/AFR_RC63_R5.pdf?sequence=1&isAllowed=y, accessed May 2023)
4   Benin, Botswana, Burkina Faso, Cabo Verde, Cameroon, Comoros, Congo, Côte d'Ivoire, Eswatini, Ethiopia, Gabon, Ghana, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Namibia, Niger, Nigeria, the Gambia, Rwanda, Senegal, Sierra Leone, South Africa, Togo, Uganda, United Republic of Tanzania, Zambia, Zimbabwe.

Member States have implemented at least one telemedicine service. The most common telemedicine service is teleradiology (66%).

7.   Seventy-two per cent of Member States (72%) have developed legislation to protect personal data, 37% have developed legislation to protect medical data, and 44% have developed legislation to regulate the use of medical data for research. Six per cent (6%) of Member States have developed a national artificial intelligence strategy.[5] Fifty-six per cent (56%) of Member States use AI tools in the private or public sector, while 31% use such tools in the health sector in the area of preventive, curative, and reparative medicine.[6]

8.   WHO AFRO has continued to implement the WHO Digital Health Atlas to strengthen the digital health inventory and the visibility of eHealth implementation at Member State level. The Atlas is a tool that is used to implement the overarching Global strategy on digital health. The Atlas also supports intercountry collaboration on eHealth implementation, as well as sharing of best practices and eHealth resources. WHO has trained 19 Member States[7] in the use of the Digital Health Atlas, and it has been launched in five Member States[8].

9.   Despite the progress made, significant constraints persist. These include the proliferation of siloed eHealth systems, inadequate funding, limited information and communications technology (ICT) infrastructure, and low digital health skills among the health workforce. Only 30% of telemedicine projects are implemented in the Region.

NEXT STEPS

10.   Member States should:

(a)   implement eHealth systems governance and monitoring tools to reduce siloed eHealth systems and manage eHealth pilots within the Digital strategy on eHealth;

(b)   strengthen interministerial coordination for eHealth, especially leveraging ministries in charge of ICT for connectivity to strengthen the use of common government resources such as ICT infrastructure, government funding, etc.;

(c)   harness the WHO-ITU digital health curriculum to build digital health capacity for the health workforce at the national level;

(d)   strengthen appropriate regulatory frameworks to guide digitization in health.

11.   WHO and partners should:

(a)   support Member States in implementing artificial intelligence, including strengthening the enabling environment;

(b)   develop guidelines for data standards, data architecture, and interoperability in the Region;

(c)   support the assessment of eHealth programmes in terms of their impact on health outcomes and cost-effectiveness;

(d)   Support the implementation of electronic medical records and health information systems to improve health outcomes.

12.   The Regional Committee is invited to note this report.

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[5]   Burundi, Cabo Verde, Congo, Eswatini, Rwanda, Uganda
[6]   Cameroon, Democratic Republic of the Congo, Eswatini, Ghana, Kenya, Malawi, Mali, Mauritius, Nigeria Rwanda
[7]   Botswana, Eritrea, Ethiopia, Ghana, Kenya, Lesotho, Liberia, Seychelles, Sierra Leone, Namibia, Nigeria, South Africa, South Sudan, United Republic of Tanzania, Rwanda, Uganda, Malawi, Zambia, and Zimbabwe.
[8]   Kenya, Malawi, Rwanda, Sierra Leone, and Rwanda.

ANNEX 1: **Trends in eHealth progress, 2016–2022**

Progress made

Indicators	2016	2018	2020	2022
Number of countries with digital health policies and strategies	20	26	33	36
Number of countries with legislation, regulation	21	26	26	34
Number of countries with standards and interoperability	6	6	19	19
Percentage of countries with established digital health applications, monitoring and evaluation tools	50%	64%	64%	100%
Number of countries with human resources trained to use the Digital Health Atlas	17	17	26	19