

EMBARGOED UNTIL 10 AM CET ON 10 MAY 2017

**WHO/Europe press statement for opening of eHealth Week
Wednesday 10 May 2017, Malta**

Dr Zsuzsanna Jakab, Director of the World Health Organization Regional Office for Europe, today (10th May 2017) opened eHealth Week alongside Dr Vytenis Andriukaitis, Commissioner for Health and Food safety of the European Commission.

Dr Jakab described the collaboration of eHealth and Public Health in the European Region as a “beautiful marriage” describing eHealth week as: “a celebration of our commitment and dedication to reaping the benefits of eHealth for all.”

The full text of her speech is below along with key definitions, facts and figures for journalists. Journalists requiring further information are invited to contact Ms Liuba Negru, negrul@who.int, 00 45 45336789 / 00 45 20459274.

Text of speech by Dr Zsuzsanna Jakab

Your excellencies, Ministers of Health, Commissioner Andriukaitis, esteemed guests, ladies and gentlemen. It is an honour and a privilege as Regional Director of WHO/Europe to be here today, to join with you all in opening eHealth Week 2017.

At WHO/Europe we think and talk a great deal about eHealth - and how it is being implemented in the 53 Member States of the European Region. In public health, as in many other sectors, technology and innovation have begun to flow through everything we do. *We* often look at this from the perspective of what eHealth brings to public health. But today is *my* opportunity to turn the tables and say – let’s look at what public health brings to eHealth.

The WHO firmly believes that eHealth is a key component in achieving *Universal Health Coverage* - a collective expression and commitment by Member States to the basic human right of equitable access to healthcare - without the risk of financial ruin or impoverishment.

The concept of Universal Health Coverage lies at the heart of WHO/Europe’s framework policy, Health 2020, and underpins achievement of the United Nations Global Goals for Sustainable Development. In supporting the achievement of Universal Health Coverage, eHealth helps provide services to remote populations and underserved communities, facilitates training of the health workforce, provides accurate and timely patient information through electronic health records, and improves the operations and financial efficiency of health care systems.

Viewed through this lens of Universal Health Coverage, eHealth can reach marginalized populations, reform health information systems, offer new modes

of healthcare delivery, and reduce payments which individuals can find themselves forced to make, when confronted with ill health. Indeed, eHealth is a powerful strategic asset to deploy, and our Member States clearly recognize this.

70% of countries in the WHO European Region have a national eHealth policy or strategy and 93% report that public funding is available for eHealth programmes. Yes, we are in no doubt as to the scale at which investments in eHealth are being made by European Member States.

To support such investments, WHO, the International Telecommunication Union and the European Commission this year signed an agreement to establish an mHealth Knowledge and Innovation Hub to support Member States in implementing national mHealth programmes.

We can't however achieve these noble health goals on the basis of a business model alone, and it would be naïve to think otherwise. Public health exists hand in hand with governments, who are charged with health sector development and leadership. But it is not governments who are ultimately driving the bulk of innovation, and we are now urging the eHealth community to think beyond the business model and into the bigger picture of supporting public health goals, and achieving national health priorities.

The theme of this year's eHealth week is Data for Health: the key to personalized, sustainable care - and this shines a very welcome spotlight on a core function of WHO - health information. At WHO Europe we believe that reliable and high-quality health information is the backbone of solid public health policy. Implementing policy without evidence is simply reckless.

WHO/Europe is committed to improving health by improving health information. Through the work of the *European Health Information Initiative*, a multi-stakeholder framework, we are improving the information that underpins health policies and their implementation in the European Region. It is vital that policies are informed by good, reliable evidence and are supported by a sound legislative framework. The European Health Information Initiative fosters international cooperation, methods and tools to support the exchange of expertise, build capacity and harmonize processes in data collection and reporting. The output of this is made available via the *WHO/Europe Health Information Gateway*, where reliable, curated health data and information can be accessed in user-friendly formats for comparison and extraction.

Individuals also face the challenge of making informed choices about their own health and well-being and this is about communication, not just data. Can we really make informed choices when the available health information is fragmented, incomplete or expressed in a way that most of us don't understand?

At WHO, we're often the ones asking the difficult questions, knowing that if we don't ask now, we may not have the opportunity to ask in the future. For decades we have been racing to implement technology at every twist and turn of the way

and there is no doubt that there are many areas of inefficiency that need eHealth in order to improve. But are we sure that we are really having an impact?

At a time when inequalities are growing and various societal groups are increasingly marginalized and discriminated against - is technology protecting us, or exposing us? Enabling us, or alienating us?

For example, in a generation or less, entirely new approaches to clinical care will operate by drawing on a wealth of information from data sets so large, we just can't imagine them. These approaches however raise a number of ethical and moral concerns. We also know that countries still have quite a way to go before they are appropriately prepared to adopt such innovations. In fact, only six (6) countries in the European Region have a national policy or strategy regulating the use of big data in the health sector, and only four (4) countries have a national policy or strategy regulating the use of big data by private companies. How *can* we have the freedom to use this data to innovate without running risks that we have not yet envisaged?

The reason we are together here today is that there are societal and ethical values that eHealth needs to adopt, promote and abide by. Public health on the other hand needs innovation. We need a systematic, practical and ethical framework to guide us as a basis for any technological innovation. We can only expect the pace of innovation to increase, and as it does, we all need to be attuned to, and respectful of the human rights and equality issues that emerge. And that includes the right to health for all, no matter how fast technology changes.

So what we need is a beautiful marriage between public health and eHealth, and before you get to a wedding there has to be an engagement, a commitment. Which brings me back to WHO/Europe's participation in eHealth Week, as a celebration of our commitment and dedication to reaping the benefits of eHealth for all.

Thank you.

Key definitions, facts and figures for journalists

A full report is available: From innovation to implementation, eHealth in the WHO European Region. <http://www.euro.who.int/en/health-topics/Health-systems/e-health/publications> and also in the eHealth Week press packs.

The WHO European Region comprises 53 Member States, covering a vast geographical region from the Atlantic to the Pacific oceans. It is served by the WHO Regional Office for Europe or WHO/Europe in Copenhagen, as well as a network of country offices and collaborating centres.

Telehealth

- Telehealth involves health services delivered from a distance. It encompasses remote clinical diagnosis and monitoring (such as with telemedicine), and includes a wide range of non-clinical functions encompassing prevention, promotion and curative elements of health. It often involves the use of electronic means or methods for health care, public health, administration and support, research and health education.
- Of the 45 Member States that responded to the survey on which the report '*eHealth in the WHO European Region*' is based, 38% (17 countries) have no dedicated telehealth strategy, while 27% (12 countries) do have a dedicated policy or strategy and 36% (16 countries) do not have a dedicated telehealth strategy but refer to telehealth in their national eHealth policy or strategy.
- Teleradiology is the most prevalent telehealth programme, telepsychiatry is growing in popularity.

Mobile Health or mHealth

- mHealth is the use of mobile technologies to support health information and medical practices. It holds great potential for facilitating the transformation of health services and data delivery by reaching wide geographical areas and in portable forms. mHealth is currently incorporated into health care services such as health call centres or emergency number services, which conventionally depend on existing telephone communication infrastructures, but also includes functions such as lifestyle and well-being apps, health promotion and wearable medical devices or sensors.
- The use mHealth for appointment reminders has risen by 20% since the 2009 survey.
- 49% (22 countries) in the WHO European Region report having government-sponsored mHealth programmes.
- 49% report that they do not have government-sponsored mHealth programmes
- Over half of the countries report that their health authorities have a role in mHealth.
- 73% (33 countries) do not have an entity that is responsible for the regulatory oversight of mobile health apps for quality, safety, and reliability. Only 22% (10 countries) do have such a body.

eLearning

- eLearning refers to the use of electronic technology and media for training and education. It can be used to improve the quality of education and increase access to learning in geographically isolated locations or those with insufficient local training facilities. It can make health sciences education available to a broader audience and make better use of existing educational resources. eLearning can contribute to achieving universal health coverage by improving the knowledge and skills of the health workforce and can increase the number of trained professionals with specialized or general skills.
- 66% (29 countries) use eLearning for students of health sciences.

Social media

- Social media refers to online communication channels that are primarily informal and socially driven. Through social media, health care providers can share information and educate the public, discuss care policy and practice, promote healthy behaviours and increase awareness of their services. Patients can communicate with health care providers and those involved in their care, as well as with other patients.
- 72%, 31 countries, report having no national policy or strategy on the use of social media by government organizations
- Only six countries (14%) report having a national policy to govern the use of social media in health professions
- Almost all respondents (91%, 40 countries) report that individuals and communities are using social media to learn about health issues.

Big Data

- “Big data” is a broad term referring to data sets that are much larger and/or more complex than traditional data processing can accommodate. The large and complex data sets will usually require distributed databases and advanced methods of data analysis. These data sets are typically described as big data when the volume of data is large, the type of content varied and the speed of data generation and processing required higher than in a typical system. Only six countries reported having a national policy or strategy regulating the use of Big Data in the health sector.
- Four countries have a national policy or strategy regulating the use of Big Data by private companies.

Electronic health records

- Electronic health records (EHRs) are real-time, patient-centred records that provide immediate and secure information to authorized users. EHRs typically contain a record of the patient’s medical history, diagnoses and treatment, medications, allergies and immunizations, as well as radiology images and laboratory results. They expand on the information in a traditional paper-based medical record by making it digital and thus easier to search, analyse and share with other authorized parties. An EHR system plays a vital role in universal health coverage by supporting the diagnosis and treatment of patients through provision of rapid, comprehensive and timely patient information at the point of care.
- 80% (36 countries) report having legislation to protect the privacy of an individual’s health-related data in electronic format in electronic health records.
- 61% (27 countries) report having legislation allowing the sharing of personal and health data between research entities
- The majority of countries (53%, 24 countries) do not have legislation that allows individuals electronic access to their own health data in their electronic health records.