Sixty-third session of Regional Committee agrees to intensify efforts to address women’s health and HIV among other areas

Ministers of Health from the 47 Member States of WHO in the African Region ended their 63rd session on 6 September 2013 in Brazzaville, Congo, with the adoption of resolutions endorsing four reports – on women’s health, the health of elderly people, traditional medicine, HIV, eHealth, Rules of Procedure of the Regional Committee – and a regional strategy on neglected tropical diseases (NTDs).

The ministers observed that 44% of deaths among women worldwide occur in the African Region mainly due to communicable diseases, pregnancy- or childbirth-related complications and nutritional deficiencies. To address this, they adopted a resolution calling on countries to give priority to women in their development agendas, remove barriers to women’s access to financial resources, property and health care and empower women through promoting girls’ education.

The resolution stems from a report of the Commission on Women’s Health in the African Region entitled Addressing the Challenge of Women’s Health in Africa that highlights the need for a life-course approach to achieve rapid and sustainable improvements in women’s physical, mental and social well-being.

Regarding the health of elderly people, ministers noted with deep concern that health systems in the Region had not been prepared to respond to the needs of the rapidly ageing population. They adopted a resolution urging countries to prioritize and put measures in place that: promote healthy ageing at every stage of a person’s life course; address the specific health problems related to the ageing of women and men; protect the elderly in emergency situations; and address their nutritional needs in order to ensure their food security.

Noting that, a significant proportion of the population in the African Region use traditional medicine for their health care needs, ministers endorsed a report and a resolution to enhance its role in health systems. Among the actions expected from countries are: ensuring that traditional medicine products are safe, affordable and accessible and protecting intellectual property rights with a view to preserving traditional medicine knowledge and resources. Other actions include strengthening human resources capacity for development of traditional medicine; promoting and organizing large-scale cultivation and conservation of well-researched medicinal plants; and enhancing collaboration among stakeholders in various sectors.

Efforts to rid the African Region of NTDs received a significant boost with the adoption of a resolution and a regional NTD strategy. The resolution called on countries to include NTDs in the post-2015 national development agendas, ensure adequate resources and intensify actions against NTDs at all levels. The need for countries to provide leadership in establishing and strengthening integrated national NTD programmes along with coordinating mechanisms was emphasized.

A resolution on HIV calling on countries to adapt their national antiretroviral therapy (ART) guidelines to WHO’s new guidelines on the use of antiretroviral drugs for HIV prevention and control was also adopted. The new WHO guidelines, published in June this year, recommend early treatment for people living with HIV and the promotion of treatment for HIV-infected children under five years of age as well as pregnant and breastfeeding women. In adopting the resolution, ministers urged countries to invest more in HIV response by mobilizing adequate domestic and international resources and improve procurement and supply of drugs and other commodities. They also called on countries to decentralize HIV services and integrate and link HIV services with sexual and reproductive health, child health, tuberculosis and other related services.

Other issues discussed included: progress made by countries in protecting people from the effects of tobacco use; networking of public health research institutions, the management of cancers, the implementation of the region’s 2009–2013 immunization strategic plan, the Global Vaccine Action Plan and the Polio Endgame and ongoing reforms at WHO.

During the weeklong meeting many countries reported on actions taken or under way at national level to implement WHO recommendations, including the implementation of activities to strengthen health systems towards universal health care. Ministers of health also reviewed the Organization’s activities during the past biennium and adopted its proposed Programme of Work and Budget for 2014–15. South Sudan was admitted to the WHO African Region during the Conference, bringing the Regional Organization’s membership to 47 countries.

The five-day meeting was attended by health ministers (or their representatives), senior WHO officials including WHO Director-General, Dr Margaret Chan; WHO Regional Director for Africa, Dr Luis Sambo; representatives of bilateral and multilateral organizations including IGOs, NGOs and funds and programmes of the United Nations as well as other institutions and organizations working to improve the health situation Africa.

The Sixty-fourth session of the Regional Committee is expected to be held in Cotonou, Benin in 2014.
African Public Health Emergency Fund ready to take off

The African Public Health Emergency Fund (APHEF) proposed by the WHO Regional Director for Africa, Dr Luis Sambo, and endorsed by African health ministers and heads of state, is now ready to go operational.

This indication was given by Dr Sambo in a report to the Sixty-third session of the WHO Regional Committee for Africa which took place in Brazzaville, Congo in September.

World Health Organization (WHO)

The Regional Director reported that the APHEF’s operations manual had been reviewed and endorsed at a meeting of the Fund’s Monitoring Committee held earlier, in May 2013, also in Brazzaville.

He stated that five countries had paid US$1.7 million as their contributions to APHEF for 2012 and 2013.

Dr Sambo called on the meeting to urge all Member States to include a budget line in their national budgets for their subsequent yearly contributions to APHEF, and to settle their 2012 and 2013 contributions to the Fund.

The annual contribution of Member States to APHEF is set at a total of US$50 million. The purpose of APHEF is to mobilize, manage and disburse additional resources from Member States for responding rapidly and effectively to public health emergencies of national and international concern.

Africa making huge strides in fighting tobacco use

Countries in the WHO African Region have made good progress in protecting people from the devastating effects of tobacco and tobacco use on health but more still needs to be done, according to WHO Regional Director for Africa, Dr Luis Sambo.

In a report presented to the 63rd session of the WHO Regional Committee for Africa in September Dr Sambo indicated that as at July 2013, 41 of the 47 Member States in the Region had ratified or acceded to the WHO Framework Convention on Tobacco Control (WHO FCTC) compared with just nine in 2005 and have designated staff for national tobacco control.

The WHO FCTC is the first global public health treaty and seeks “to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke”.

The treaty’s provisions include obligations on the production, sale, distribution, advertising and taxation of tobacco.

Most countries are also carrying out education and awareness activities to sensitize the public on the health risks of tobacco and the benefits of a tobacco-free lifestyle. Twenty-seven countries are implementing tobacco cessation through education and health promotion programmes set up in health care facilities.

According to the report, 29 countries have measures in place to protect members of the public from exposure to tobacco smoke. In five countries, there are laws that make it an offence to smoke in all indoor areas including workplaces, restaurants and bars. Health warnings are required on packages of tobacco products in 20 countries. In Madagascar and Mauritius tobacco packages carry picture-based warnings associated with greater recall, increased motivation to quit smoking and greater attempts to quit.

Tobacco advertising, promotion and sponsorship are restricted in 29 countries and some have imposed a comprehensive advertising ban.

In November 2012 three countries committed themselves to be even more stringent in regulating tobacco by agreeing to the establishment of a global tracking and tracing system to reduce and eventually eradicate illicit trade in tobacco products.

However, the Regional Director added that despite significant progress made in implementing the provisions of the international treaty for tobacco control, some challenges still remain.

These include the tobacco industry’s aggressive marketing techniques and interference with tobacco control programmes, as well as inadequate allocation of resources by countries for tobacco control.
Ensuring access to good quality, safe and effective medical products in the African Region

Every day some patients receive treatments and use poor quality medical products which are unsafe and ineffective.

The World Health Organization describes such medical products as “substandard, spurious, falsely labelled, falsified or counterfeit” (SSFFC).

In many countries SSFFC medical products are sold on the streets, on street corners, in open-air markets, and often alongside fruit and vegetables. People seeking medication who are unable to afford medicines from licensed outlets look for cheaper alternatives elsewhere. In some rural areas access to medication is limited, and often supply does not meet demand, resulting in a market for unlicensed medicines.

According to WHO experts, the use of substandard and inactive ingredients, poor manufacturing practices, improper packaging, transport and storage put people’s health at risk. One of the root causes of these breakdowns in medicines quality is inadequate capacity of national medicines regulatory authorities.

HOW CAN COUNTRIES IN THE AFRICAN REGION ADDRESS THESE ISSUES?

WHO Regional Director for Africa, Dr Luis Sambo, proposed solutions to address the issue of SSFFC medical products in a report today to health ministers who attended the Sixty-third session of the WHO Regional Committee for Africa in September.

One of the solutions proposed by Dr Sambo is the establishment of an appropriate body such as a National Medicines Regulatory Authority (NMRA) to ensure that only safe, good quality and effective medical products are available in countries. This authority should be an autonomous and fully fledged organization in order to ensure independence, transparency and accountability in decision-making.

Referring to the challenge of outdated and inconsistent laws in some countries, Dr Sambo said: “Governments have primary responsibility for establishing a comprehensive and functional regulatory system in countries. Systematic approaches to regular assessment of the regulatory systems should be adopted to achieve the goals of the pharmaceutical sector. The legal and regulatory framework should allow effective implementation of regulatory activities”.

The shortage of qualified staff should be addressed by ensuring pre-service and in-service training. In addition, countries should collaborate with academic institutions in establishing regional centres of excellence to serve as training hubs.

On inadequate and unsustainable funding – a constant challenge facing Africa’s health sector, the Regional Director proposes that countries establish budget lines and adequate funding mechanisms for medical products regulation to cover recurrent and operational costs.

Recalling the decision of African heads of state and government to create the single African Medicines Agency (AMA), Dr Sambo emphasized the need to accelerate its full operation to improve collaboration and strengthen the regulatory capacity of countries. He urged regional economic communities to work towards harmonization of medical products regulation.

It is hoped that if the measures proposed by the Regional Director are fully implemented the region will be on the path to building strong and fully functional systems that will ensure that people can have access to good quality, safe and effective medical products to reduce cases of treatment failure, drug resistance and, ultimately, death.

Greater role for traditional medicine in the African Region

The role of traditional medicine in health care in the African Region has been given a significant boost following the release of an updated traditional medicine strategy entitled Enhancing the role of traditional medicine in health systems: A strategy for the African Region. The strategy aims at ensuring that countries in the Region use traditional medicine as a viable option to improve people’s health.

The document was endorsed by the ministers of health from the WHO African Region at their annual meeting – the WHO Regional Committee for Africa – in September 2013 in Brazzaville, Congo. The strategy focuses on some critical actions to be undertaken by countries. These include: accelerating the implementation of national traditional medicine policies; ensuring that traditional medicine products are safe, affordable and accessible; and protecting intellectual property rights with a view to preserving traditional medicine knowledge and resources.

Other actions proposed include strengthening human resources capacity for development of traditional medicine, promoting and organizing large-scale cultivation and conservation of well-researched medicinal plants used for
Towards an African Region free from neglected tropical diseases

On the list of disease prevention and control plans developed by the World Organization Regional Office for Africa, the one with a vision for “an African Region free of neglected tropical diseases” (NTDs) must rank among the most ambitious and comprehensive.

Known as The Regional Strategic Plan for Neglected Tropical Diseases in the African Region 2014–2020 the plan and its related regional strategy aim to pursue the goal of accelerating the reduction of the disease burden by controlling, eliminating and eradicating targeted NTDs in the African Region. Both these documents were discussed and endorsed at the recent Regional Committee meeting.

Details of the targets are provided by Dr Francis Kasolo, the Director of the Disease Prevention and Control Cluster at the WHO Regional Office for Africa. He says, “The targets of the Plan by 2020 include the eradication of guinea-worm disease and yaws; sustained elimination of leprosy; the regional elimination of elephantiasis (lymphatic filariasis) and blinding trachoma; elimination of river blindness (onchocerciasis) and bilharzia (schistosomiasis) in majority of countries; and the control of Buruli ulcer, intestinal worms, sleeping sickness, rabies and leishmaniasis (a disease transmitted to humans through the bite of a female sand fly).”

The regional strategic plan is anchored on four objectives that together can strengthen programme capacity to achieve NTD goals and targets, in line with the global NTD road map and the recent World Health Assembly resolution on NTDs.

The four objectives outlined in the plan are:
- Scaling up access to interventions and building the capacity of health systems;
- Enhancing planning for results, resource mobilization and financial sustainability of national NTD programmes;
- Strengthening advocacy, coordination and national ownership; and
- Enhancing monitoring, evaluation, surveillance and research.

The plan also sets out in detail the actions that should be taken by Member States, partners and WHO in order to achieve the objectives.

Dr Kasolo says that the regional strategic plan is a potent tool to address NTDs and their adverse effects on child development, pregnancy outcomes and agricultural worker productivity in the Region.

It is estimated that half of the NTD burden is in Africa, and all 47 countries in the WHO African Region are endemic for at least one of the 17 diseases on WHO’s NTD list. Indeed, 37 Member States (79%) have a combination of at least five of these diseases, some of which affect only or mainly the African continent.

NTDs thrive in places with unsafe water, poor sanitation and limited access to basic health care. These diseases of poverty permanently curtail human potential and cause an enormous economic burden for endemic countries.

Children are the most vulnerable. For example, hookworm infection in school-age children contributes to drops in school attendance, poor performance and reduction in future earnings – by as much as 40 per cent, according to some estimates.

Adults are not spared. Pregnant women with hookworm are at risk for anaemia, giving birth to low-weight babies, and even dying during childbirth. The incapacitation of NTD patients reduces their productivity and contributes greatly to poverty over generations. In addition, the stigma associated with some NTDs results in individuals being shunned by their families and communities; sometimes, the afflicted are reluctant to seek care.

Controlling or eliminating NTDs will contribute significantly to lifting millions of persons out of poverty by increasing access to education because NTDs are believed to infect more than 400 million school-age children throughout the developing world. Therefore, treating their infections is the single most cost-effective way to boost school attendance, opening the door to growth and learning for the next generation of workers.

Additionally, controlling and eliminating NTDs strengthens worker productivity thereby contributing significantly to economies of countries through increased worker productivity.

Is the end in sight for NTDs in the African Region?

The answer may well lie with how the regional strategy and plan are implemented to realize the vision of “an African Region free of Neglected Tropical Diseases”.

The first regional traditional medicine strategy was adopted by countries in 2000 and implemented between 2001 and 2012. Its implementation helped to raise awareness and the profile of traditional medicine. Statistics available at the WHO Regional Office for Africa show that by 2012 a total of 40 countries had developed national traditional medicine policies as compared with eight countries in 2000; and 24 countries had established national traditional medicine programmes as compared with 10 countries in 2000. The implementation of the initial strategy during the past decade also led to 39 countries establishing national traditional medicine offices as compared with 15 in 2000. Similarly, 25 countries established national expert committees for the development of traditional medicine and many took steps to establish and strengthen their institutional capacities.
Promoting healthy ageing in the African Region

The number of older people in Africa is increasing. Are governments equipped to handle the situation?

What are the challenges of ageing in Africa and what actions can countries take to promote healthy ageing?

These and other questions were raised and addressed in a report presented by the WHO Regional Director for Africa, Dr Luis Sambo, to the Sixty-third session of the WHO Regional Committee for Africa.

Healthy ageing is the development and maintenance of optimal mental, social and physical well-being and function in older adults, and elderly people are defined as those aged 60 years and above.

Although life expectancy in sub-Saharan Africa is still lower than in developed countries, the reality is that, today, many Africans are living longer. Indeed, according to WHO, the elderly population in sub-Saharan Africa which was 43 million in 2010, is projected to reach 67 million by 2025 and 163 million by 2050.

Dr Sambo explains in the report: “Due to significant gain in life expectancy in the African Region, a growing number of people are now elderly and face increased risk of chronic diseases, disabilities and premature death. By 2020, noncommunicable diseases will be among the main causes of morbidity in the African Region, affecting mostly the elderly. This situation is putting an additional strain on the already overstretched health systems of countries”.

Yet, countries have not made the issue of healthy ageing a priority in their national health and development agenda. The health systems in most countries do not make adequate provision for the elderly, and have still not been prepared to respond to the needs of the rapidly ageing population. Only ten countries in the Region have adopted national policies on ageing, established specialized bodies or included ageing-related issues in government policies.

As in other regions of the world, elderly people in the African Region encounter problems related to chronic health conditions such as cardiovascular diseases, cancers, HIV, chronic respiratory diseases and diabetes, visual and hearing impairment, decline of mental capacities. As a result, they require long-term health care services, which are often inadequate or inaccessible.

Poverty and malnutrition contribute significantly to disease and disability in majority of the Region’s elderly people. This is due partly to the low priority given to the elderly in the nutritional policies of countries in sub-Saharan Africa.

The erosion of the extended family system coupled with rapid urbanization and international migration are disrupting the traditional patterns of family support for the elderly in Africa. Furthermore the lack of amenities enabling the elderly to meet and enjoy recreational activities leaves the majority of them to live sedentary lives. They are therefore deprived of the benefits of regular moderate physical activity which has benefits in delaying functional decline and reducing the onset of chronic diseases in both the healthy and the chronically ill.

During epidemics or emergency situations such as natural disasters and armed conflicts, specific attention is not given to the special needs of elderly refugees or internally displaced persons who are particularly vulnerable. In Africa, women aged 60 years and above account for an estimated 54% of the elderly population. Many not only lack economic power but face age and gender discrimination which result in poor health and further disempowerment.

Furthermore, most research activities on ageing and health are conducted outside the Region. The result is that data, for example on the nutritional status of the elderly in Africa, are scarce; and other specific socioeconomic and political issues including social protection and family relations and the effects of urbanization are not well documented.

In proposing solutions to these challenges, Dr Sambo said: “Elderly people should not be seen as a burden on society. In most parts of the Region, they continue to play a pivotal role as a source of wisdom and custodians of traditional knowledge and identity, including family unity. Acknowledging this role of the elderly in society will increase their contribution to the development of countries”.

Among the remedial actions proposed by the Regional Director are: implementing programmes that promote healthy ageing at every stage of a person’s life course; appropriate social, health and economic support and care for elderly; making laws that protect the elderly; implementation of strategies for age-friendly primary health care; provision of appropriate services and specialized care, including long-term care; ensuring that health services for the elderly are affordable, accessible, user-friendly; promotion of physical and recreational activities for the elderly.

He called on countries to develop programmes that address the nutritional needs of the elderly; and protect and assist them in emergency situations such as natural disasters and armed conflicts.

The importance of promoting research tailored to improve the welfare of the elderly, and the need to increase public awareness on family and community support for the elderly as well as promoting partnerships for a holistic and multisectoral approach were highlighted.

Ageing is becoming a major challenge for countries in the 21st century as it increases the demand for a variety of health services for the elderly. The implementation of the actions proposed by Dr Sambo has the potential to make people in the African Region age gracefully.
The promise of eHealth in the African Region

Most African patients making repeat visits to a hospital or to their doctor are likely to have had at least one shared experience: they routinely see their doctor or other hospital staff digging through stacks of ancient manila files in search of handwritten notes of their medical records. The patients will even be lucky if their files are found with complete information.

Must this decades-old practice continue in this information age?

“No,” says Dr Derege Kebede, head of the African Health Observatory (AHO) and Knowledge Management Unit at the WHO Regional Office for Africa Office (WHO/AFRO) in Brazzaville, Congo. “A solution already exists: electronic health or eHealth – countries and people in our Region should embrace, promote and intensify the use of eHealth”.

WHAT IS eHEALTH?

WHO defines eHealth as “the cost-effective and secure use of information and communication technologies (ICTs) for health and health-related purposes.” Improvements in the information and telecommunications infrastructure and the growing realization of the usefulness of fast means of communication are slowly turning Africa into part of the global village.

In recent years, the field of eHealth emerged in the region, stemming from the rapid rise in mobile phone use in Africa. In fact, Africa is now projected to have more mobile phones in the next few years than its current population of about one billion.

Other tools such as computers and patient monitors, among several others, are joining the mobile phone to make the field of eHealth even more exciting for prospects for health care delivery in the region.

USE OF MOBILE PHONES – IMPRESSIVE RESULTS

The new wave of mobile technology is dramatically changing the way health care is delivered in both urban and rural communities. From Algeria in the north to Cape Town in the south, simple but effective mobile phones are available and are being used to improve health outcomes.

Governments across the region, with the support of WHO and other partners, are integrating mobile phones in a range of promising applications: promotion of TB treatment adherence; communicating test results and monitoring patients’ conditions; tracking malaria prevention and control efforts, including the movement of malaria commodities; delivering behaviour change messages to improve awareness and reinforce healthy behaviours. Increasingly, mobile phone-based pregnancy support is used to educate women on pregnancy, monitor pregnancies and provide critical information and updates.

But eHealth goes beyond the use of mobile devices such as mobile phones to share information.

“Countries in the Region are initiating, adapting and making commendable progress in more advanced applications of eHealth solutions,” says Dr Kebede.

Examples from a few countries will serve to illustrate progress generally in the field of eHealth (including mobile health or mHealth) and point to prospects for the future. In Rwanda, a trail-blazing country, TRACnet, a web-based application accessible both on mobile phones and computers, shows data and government HIV indicators from the field. It thus gives the viewer a comprehensive view of the status, patient load and drug supply levels of all HIV/AIDS programmes in Rwanda.

Kenya, known for its leadership in mobile phone money transfer, now has a system which enables residents with a mobile phone to upload a locally developed application that allows them to determine if a doctor or clinic is genuine. By simply sending an SMS the user is shown up-to-date lists of licensed medical professionals and approved hospitals, starting with those nearest to the them. In Uganda an eHealth solution, mTrack, allows for the tracking of medical supplies to clinics in the country where 131 hospitals serve nearly 36 million people. Information gathered through mTrack is amassed and coded and shows health officials what is going on in real time. Previously, this information was available only on paper.

Zambia recently deployed SmartCare, an electronic health record system that stores a person’s data on a pocket-sized plastic card. In South Africa, HealthID, an electronic health record application enables the storage, in one location, of valuable clinical information including patients’ data; details of their previous doctor and hospital visits; previously prescribed medicines and blood test results and patients’ health measures such as blood pressure. Mali’s eHealth IKON project enables rural clinics in the country to forward scans and x-rays to specialists for review through ICT connections. These specialists are then able to advise doctors in remote clinics on what treatments should be dispensed. In Mozambique, SMS reminders and educational messages sent to HIV positive persons, including HIV positive pregnant women, help to improve HIV treatment adherence and prevention of mother to child transmission of HIV.

At the regional level, the African Health Observatory at WHO/AFRO supports regional and country efforts at strengthening health systems through its operations and a network of national health observatories. AHO is an open, collaborative platform that supports and facilitates the acquisition, generation, diffusion, translation and use of information, evidence and knowledge by countries to improve national health systems and outcomes.

Other regional eHealth initiatives include the Telemedicine Network for Francophone African Countries (which will facilitate exchanges, learning and executive education of health professionals in remote regions) and the ePORTUGUEse network, a platform to support the development of human resources for health in Portuguese-speaking countries.

The banking and finance sectors have exploited ICTs extensively to improve service delivery. This is a clear example that health care would immensely improve through the use of ICTs. There is a consensus in the modest but growing literature in the emerging field of eHealth about the benefits of its applications – for patients, health care workers, governments and health systems.

These range from improved access to health advice to enhanced quality of care through remote consultation and telemedicine and improved disease surveillance. It also makes it possible for policy- and decision-makers to collate and analyse data retrospectively and in real time to allow for efficient allocation of scarce resources.

Whatever its challenges, eHealth is proving to be a life saver in the African Region. And, as Dr Kebede says, “countries and people in our Region should embrace, promote and intensify” its use.
African Regional technical consultations on eHealth standardization and interoperability concludes

Meaningful adoption of health data standards and related information technology standards are essential for interoperability between systems. Interoperability can assist effective, consistent and accurate collection, exchange and processing of data between and within health information systems and related eHealth services.

Earlier this year, the Sixty-sixth World Health Assembly adopted a resolution on eHealth standardization and interoperability. The resolution recognizes the importance of implementation of eHealth and health data standards at national and subnational levels. It also calls for the WHO Secretariat to provide support to Member States, as appropriate, in their promotion of the full implementation of eHealth and health data standards in all eHealth initiatives.

In order to help assist the Member States, the Department of Knowledge Management and Sharing at WHO headquarters has embarked on producing a WHO Handbook on eHealth Standardization and Interoperability. As part of this important normative work, regional technical consultations on eHealth standardization and interoperability were held in all of the six WHO regions, including one in Africa. The African Regional Technical Consultation was held in Harare, Zimbabwe (24–26 September 2013) to examine and discuss the adoption of standards for health data exchange and interoperability for countries in the Region. The event was supported by WHO headquarters in collaboration with WHO AFRO and the East and Southern African Intercountry Support Team.

The handbook intends to include an analysis of existing health data standards and recommendations regarding their applicability to specific domains; a framework for mapping standards to eHealth systems and services, enabling the identification of gaps; a rationale and approach to health data standards adoption and implementation at country level; and an implementation guide for eHealth data standards to support country adoption and capacity development.

Representatives from eight countries in the Region, along with observers from United States Centers for Disease Control and Prevention, attended the event. Participants reviewed use cases related to HIV/AIDS, malaria, TB, reproductive, maternal, newborn and child health, diabetes and public health emergencies. In addition, country-specific use of health informatics standards currently being used by countries were discussed along with the use of ICT infrastructure required to support the adoption of standards.

Collectively, the participants deliberated various technical areas of standardization with a close examination of the national considerations and current challenges related to standards’ adoption in their countries. Comprehensive presentations on the status of eHealth and issues surrounding standardization and interoperability were presented by all of the Member States present at the event. This consultation has identified and prioritized health data and health IT standardization relevant to the countries in the regional context. The delegates prioritized several areas of standardization for inclusion in the handbook: standardized representation of national-level unique identifiers for persons, facilities, service, providers and devices; and establishing registries for facilities, human resources, as well as patients. In addition, the delegates recommended including standards for representing classification of interventions, classification of diseases, classification of clinical procedures, classification of drugs and classification of diagnostics. The delegates also identified the need for including a policy template for implementation of standards as well as relevant mention of privacy, security and confidentiality standards to protect health data.

The outcome of the consultation is expected to contribute directly to the finalization of a handbook on standards for data exchange and interoperability to be published by WHO.