



Health-for-all policy for the twenty-first century: “health telematics”

1. On the threshold of the new millennium the world health community faces exceptional challenges and opportunities in a rapidly changing world, with the “double burden” of old and new diseases falling most heavily on the developing countries. Since recent advances in information and communications technology may offer considerable and practical opportunities for global health improvement, WHO convened an international consultation from 11 to 16 December 1997, at headquarters, on “telemedicine” in relation to the development of the health-for-all policy for the twenty-first century, to investigate how “telematics” could contribute to health education, health promotion and care, in the context of health for all and in view of the rapid evolution and increasing application of such technology in the health care sector.
2. “Telematics” may increase access to medical and health care. The role of such technology was acknowledged in the Alma-Ata Declaration of 1978, which states that “primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology, made universally accessible ... at a cost that the community and country can afford to maintain”. In developing its global health-for-all policy WHO has given explicit attention to technology for health.
3. The consultation recognized that advances in health care are a basic requirement for social, economic and human development. “Health telematics” can, by permitting access to new information and concepts, stimulate growth and development in communities struggling to escape poverty. Schools, clinics and community libraries, as important points for exchange and dissemination of health information, may be used for such purposes.
4. In the assessment and promotion of new technology for health, the new “research policy agenda” explicitly considers its potential to contribute to life and health, to promote equity and respect for privacy and autonomy, and to focus on the determinants of health. A long term and broad view are adopted with regard to the transfer of technology, as its benefits and applications are not immediately understood, realized or affordable.
5. Information and communications technology evolves rapidly. The costs are falling. The Internet continues to grow exponentially. Many countries now recognize the importance of telecommunications for social and economic development. Consequently, significant new investments are being made in telecommunications to extend and improve networks in many countries. Regulatory and other barriers, high licence fees and customs duty have restricted the benefits offered by such technology in many developing countries. However, WTO recently concluded two major agreements which will significantly liberalize the regulatory environment and lower the costs of equipment and services: signatories to the Information Technology Agreement (ITA), concluded in 1996, agreed to reduce customs duty on a wide range of such items to zero by the year 2000, including those used for “health telematics”.

6. Although WHO has been involved in a range of related initiatives it has not yet prepared the policy that should govern the integration of “health telematics” in the Organization’s policy for health for all, in particular where the strengthening of health systems at international, country and community levels is concerned.

7. In view of health trends and the potential benefits and dangers of advanced information and communications technology, WHO should consider the need for such a policy.

8. The consultation mentioned in paragraph 1 submitted a report which offers a working definition of “health telematics”,¹ telematics in health research and health services management, as well as specific applications for “telemedicine”, and “tele-education in health”. Crucial aspects are presented in a special section of the report, including ethics and right of access to information, legal and policy issues, technical and administrative factors, sustainability, and human and cultural factors. The report outlines the strategic elements of the proposed policy as a “window of opportunity”, with particular attention to the needs and capacities of developing countries; the elements include awareness and promotion, capacity-building, standards, regulation, quality of service, cost-benefit analysis, “partnerships”, financing and evaluation.

9. The conclusions and recommendations of the consultation deal first with the appropriate use of “health telematics” in the overall policy and strategy for health for all, and outline major public health purposes, including global surveillance of diseases and health hazards, building on new and existing means and institutional collaboration. Recommendations are also made on planning and utilization of “health informatics” to meet the health needs of Member States, “health telematics” research and funding, relevant ethical and legal issues, and regulatory structures. Finally, the report recommends to the Director-General the establishment of an advisory committee on “health telematics” and an internal task force, and the development of a network of existing and new WHO collaborating centres for appropriate “health telematics” applications for health development, and related policies and programmes consistent with the overall policy of health for all.

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¹ The consultation adopted the following definition of “health telematics”:

Health telematics is a composite term for health-related activities, services and systems carried out over a distance by means of information and communications technologies, for the purposes of global health promotion, disease control and health care, as well as education, management and research for health.