

Helsinki Process
ICT Track Workshop
"Exchange of Best Practices in E-learning, E-health, E-content"
Sheraton Cairo Hotel
September 13-14, 2006

Report on the Second Session
"ICT in Health"
14th of September 2006
9:30 am – 11:30 am

- Presented Materials
 - Three presentations were presented by three countries:
 1. Brazil: Tele-health & Telemedicine Applied to Primary Health Care in Brazil.
 2. Finland: ICT in Finnish Health Care.
 3. Egypt: E-Health in Egypt: How it was done and What is the roadmap.
 - The Brazilian presentation given by Dr. Francisco Eduardo de Campos from the Ministry of Health, tackled the following points:
 1. Main Challenges & Participant institutions.
 2. Brazil telemedicine project.
 - Mr. Ralf Ekebom, Ministerial Advisor from the Finnish Ministry of Social Affairs and Health gave a presentation entitled "ICT in Finnish Health Care" which tackled the following points:
 1. The organizational structure of the finish health care system.
 2. Primary, Secondary, and tertiary health care systems.
 3. The Finish Macro Pilot for E-Health.
 4. Objectives of the Ministry of Social Affairs and Health for 2003-2007.
 - Dr. Ahmed Farag, Head of E-Health programs, MCIT, Egypt gave a presentation entitled "The E-Health in Egypt: How it was done and What is the roadmap". The presentation tackled the following points:
 1. Main Challenges & Objectives.
 2. Egypt E-Health Initiative.
 3. Two success stories: Egyptian Telemedicine Network (ETN) pilot project, and Primary Health care initiative.
 4. On going efforts: Egyptian E-Health Initiative.
 5. Cooperation suggestions: Telemedicine Network Project for early detection of diseases specially breast cancer.
- Discussions

After the three presentations, a moderated discussion tackled the following issues:

Most of the presentations on e-health focused on how the health sector uses ICT in its work, but did not reflect the benefits citizens/ patients would gain.

- Finland noticed that Telemedicine is a narrow concept, and focusing on Telemedicine takes our attention away from other E-Health solutions, that are far more important for sustaining and promoting Health with the help of ICT. In

Finland's view there is no need to put the letter "e" before the application (health), and the main idea behind e-health is for the application to be of mutual benefit for the government and the people. Thus while the service is being transformed, citizens must be more aware of how they can support their own health through the usage of the e-health application.

- Tanzania noticed that the Finland's presentation showed the extent to which the public benefits from e-health applications. The main obstacle is embedded in the Culture. Patients are not informed about their health status. There is a lack of knowledge transfer and ICT could be used in raising the knowledge and the awareness of the citizens/ patients while Internet should not be the only source of awareness/ knowledge dissemination.

Difficulties faced in the usage of ICT in health (examples of what does not work with e-health)

- The Malaysian Tele-health project consist of 4 components, However only the tele-consultation portion was completed in the stipulated time. The project started well, but due to its complexity could not be completed as planned. It is now being scaled down to be practically achievable.
 - Finland explained that one of the difficulties faced in implementing e-health is the Smart Card example. Finland is the 1st country in Europe to implement this project (1999). A small number of Smart Cards and their services were issued. The problem is partly caused by the citizens who are not interested and keen on using Smart Cards. The second difficulty in Telemedicine is related to the high expectations from the application as regional networks were established but the level of usage was relatively low. Moreover, the application was mainly used for educational needs.
 - Brazil explained how the large number of municipalities is a challenge to the spread of health teams. Even in the presence of incentives for physicians to go to remote areas, offer of continuous education should be an asset to guarantee services for all at an affordable cost.
 - Egypt was with the view that the problem is in the sharing and delivery of health services addressing the need to establish a nationwide network that can facilitate the delivery of healthcare.
- Proposed areas of focus:
 - Egypt proposed that the Friends of Helsinki could address the issue of Telemedicine through designing a network project with the objectives of:
 - § Share of best practices in the early detection of diseases; especially breast cancer (screening) and diabetes.
 - § Exchange of medical consultants & expertise to help in solving medical problems.
 - § Work for the identification of e-Health standards in telemedicine.
 - It was recommended to launch "E-Health Project" within HP and to that end a Task Force shall be established by Egypt, Malaysia Tanzania and Brazil to prepare a concept paper, which should be further discussed in a workshop to be held in the first quarter of 2007.
 - The workshop is open to experts from all the Friends of Helsinki and its objective is to come out with a detailed design and implementation plan for the Project.
 - Suggestion made and discussed to focus on the awareness and knowledge creation at the patient level.