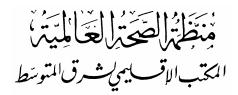
WORLD HEALTH ORGANIZATION Regional Office for the Eastern Mediterranean ORGANISATION MONDIALE DE LA SANTE Bureau régional de la Méditerranée orientale





In the Name of God, the Compassionate, the Merciful

Address by DR HUSSEIN A. GEZAIRY REGIONAL DIRECTOR WHO EASTERN MEDITERRANEAN REGION to the SAUDI E-HEALTH CONFERENCE Riyadh, Saudi Arabia, 17–19 March 2008

Your Royal Highness Prince Murgen Ibn Abdulaziz, Your Excellency Minister of Health, Colleagues,

It gives me great pleasure to address the opening session of this national conference which this year has selected an important theme, "Towards National e-Health", as the focus for its technical presentations and discussions. E-health, or the use of information and communication technology (ICT) in health care, has become a reality and, indeed, an integral part of the national health system. ICT in health is described as the "use, in the health sector, of digital data—transmitted, stored and retrieved electronically—for clinical, educational and administrative purposes, both at the local site and at a distance" and is seen and felt in all health care institutions.

The importance of the theme Towards National e-Health is its "national" outlook and perspective. Individual institutions invest in e-health and many of them find it convenient, on their own, to develop, adopt, adapt and implement systems to serve their own purposes. The concern this raises centres around the effectiveness of these individual efforts and the extent to which they bring value to the individual patient and to the nation. Thinking of e-health at the national level brings a new dimension to the issue, wherein we can consider building the national health information infrastructure as a nationwide

electronic health care information system that complies with national and international standards for safety, security, access, and quality. Such a system supports interoperability protocols between different systems, manages and protects personal identification, and supports access to health care information anytime and anywhere. Most important, such a system is a tool to support decision-making for health care professionals and members of the community.

Your Excellencies, Dear Colleagues

I would like to draw your kind attention on one of the cornerstones of e-health, which is the electronic health record as a prerequisite for national e-health. Development of electronic health records has been an objective of many countries for some time. Our observation of the situation in the Region, and in Saudi Arabia in particular, with regard to development of national electronic health records suggests that there are many rival medical software programs. These programmes range from turnkey systems imported from industrialized countries and implemented in large hospitals at huge cost, to small systems developed in-house at minimum cost, but at the same time meeting minimum standards.

Most electronic health record systems are closed systems, which makes their integration, expansion and modularity almost impossible. Such systems do not allow importation of data from digital medical equipment and would also not allow data communication. In addition, closed systems have little or no interoperability, which means that software and hardware on different machines from different vendors are unable to share data. Data in these systems is fragmented which makes it almost impossible to aggregate in order to create a view of the health situation at any level.

These problems in health records have collectively resulted in a lack of health information, which in turn contributes to ineffective delivery of care, through: duplicated tests and procedures; medication errors; improper diagnosis and treatment; uninformed treatment decisions or interventions; compromised quality and safety of heath care delivery; and deaths and other adverse outcomes from medical errors.

Your Excellencies, Colleagues

For national e-health in general and electronic health records in particular, a national effort is indeed required. No one institution, organization or ministry can undertake the load on its own. It has to be a collaborative, organized, systematic and well governed national effort, with full participation and contribution from all stakeholders. Without such an effort there will, of course, be e-health activities, but they will be much less efficient, more costly, and will have little positive impact on health care and on people. For this reason, I would like to call for a national governance structure for e-health, with a national council that will develop the national e-health strategy. The strategy should cover issues such as:

- systematic needs assessment and evaluation of solutions from both the technology and human perspectives;
- development of a national plan for human resources in e-health;
- identification of key stakeholders and partners from the public sector, the private sector, nongovernmental organizations and the community in general;
- development of a national regulatory framework and guidelines based on a comprehensive approach, including polices for privacy and confidentiality, codes of ethics, standards, services and training. according to local circumstances;
- coordination of the establishment of the national health information infrastructure including connectivity and an adequate platform for exchange of information including information systems linking primary health care centres to secondary and tertiary health care facilities.

I would like to wish you all success in your conference and look forward to seeing Saudi Arabia taking practical steps to establish the national health information infrastructure very soon.