

International perspectives on eHealth

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The panel discussion demonstrated that particularities of the German healthcare system hinder innovation in the eHealth market.

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INTRODUCTION

The achievement of universal health coverage (UHC) is part of the 17 Sustainable Development Goals issued by the United Nations in 2015 (UN 2015). The World Health Organization has since declared that “it has become increasingly clear that UHC cannot be achieved without the support of eHealth” (WHO 2016). Ameera Hamid, operations manager at the African Centre for eHealth excellence (Acfee) reminded the audience of the “Futures of eHealth” conference that telehealth in particular could play a central role in increasing access to healthcare and could enable “service delivery in underserved communities”.

The implementation of eHealth technologies and the underlying infrastructure is therefore essential for low- and middle-income countries. But even high-income countries that suffer from a high degree of population dispersion or a shortage of doctors and healthcare professionals – for instance, Australia or Germany – could greatly benefit from new technologies like telemedical services. Apart from the provision and improvement of healthcare services, digitalisation in the health sector also promises more effective, affordable and personalised medical treatment.

Hence, all around the world, governments, academics, IT specialists and healthcare professionals are working to make these promises of eHealth a reality. While in some cases the promised progress through eHealth is already evident¹, the “International perspectives on eHealth” panel showed the multiple challenges that accompany hopes of healthcare improvement through eHealth.

¹ As shown during the live demo of an Indian telemedicine application by Dr Sai Praveen Haranath on the first day of the “Futures of Telemedicine” conference.

WE NEED TO TALK: PEOPLE AND DATA INTEROPERABILITY

All the panellists highlighted the importance of health data interoperability. While a lot of countries are still struggling to implement the infrastructure and standards within their own country's boundaries, Mr Fernando Portilla presented the advances of the RACSEL² network in various Latin American countries. RACSEL is successfully working to connect regions and exchange experiences to implement interoperable electronic health registers (EHR) and to find strategies to connect countries on a transnational level. Other regions may benefit from RACSEL's experience on how to share information and support document and eLearning systems on a transnational level.

In order to take advantage of the benefits of eHealth for public health, a far-reaching and well-organised eHealth policy is needed. Mr Jai Ganesh, member of the governing committee of the Asia eHealth Information Network (AeHIN), reminded participants of the complexity of the field of eHealth and the plurality of stakeholders who need to be included when it comes to planning and designing a national eHealth strategy/policy. For this reason, AeHIN supports countries by bringing together this variety of actors. "People Interoperability" is at the heart of AeHIN's convergence workshops, where internal actors like the ministries of health, healthcare professionals, public health units and academics meet external partners like other ministries (e.g. finance and IT), development partners and international organisations, non-governmental organisations (NGOs) and other experts in the field of digital health. This variety of perspectives is important to establish a sustainable eHealth strategy for each region and to identify current challenges.

PREVENTING THE ABUSE OF HEALTH DATA

As health data are the most sensitive data that may be gathered, the hardest challenge is to guarantee the security of such data. When it comes to data governance, a lot of improvement is still needed: according to Acfee Chair Sean Broomhead, in some African countries, sensitive health data has been stored outside of national boundaries, oftentimes in contravention of local laws. Similar problems exist regarding mHealth applications in the European Union; their privacy policies sometimes contradict the General Data Protection Regulation (GDPR)³. A further problem identified in the African context arises when health data is maintained and managed by a third party and the local government has no control over the data and its usage. Mr Broomhead added that, in some cases, health data was used

² Red Americana de Cooperación sobre Salud Electrónica (eng. American Network of Cooperation on electronic health).

³ See Mulder (2019) in this publication.

to apply pressure on governments with financial problems. Data files were locked and the country was no longer able to access its own data, because it was held by a third party. Incidents like this show the importance of strict regulation when it comes to public-private partnerships in the field of eHealth. Additionally, an intensified discussion on data governance and data ownership is needed on a local and international level.

To identify if and where legal amendments are needed, it is important to understand the plurality of laws and regulations that affect digital health. Getting an overview of the legal frameworks that affect eHealth technologies was one of the central aims of the “Futures of Telemedicine” project at the Humboldt Institute for Internet and Society (HIIG). Identifying the various laws and regulations that have to be taken into account in the case of telemedical services is highly complex, as HIIG researcher Alina Wernick pointed out. It is not only necessary to consider transnational regulations like the GDPR and national laws (e.g. civil law and norms governing the national healthcare system); in the case of telemedicine in Germany, the question of professional secrecy is regulated by the 16 federal states. This complexity is not only problematic for healthcare professionals, patients and innovators but also for consumer protection agencies, who find it challenging to legally pursue the multiplicity of (above-mentioned) data protection violations.

So, while a lot of expectations have been invested in eHealth in general and telemedical services in particular, there is still a lack of clarity regarding liability and the processing of data (not only in cross-border contexts). Furthermore, regional, national and transnational law should be harmonised to provide legal clarity to healthcare professionals, innovators and patients.

Regarding the German context, Niklas Kramer, senior policy advisor at the German Federal Ministry of Health presented the current and upcoming efforts to move digital health forward in Germany and the European Union (e.g. the European Networks for Rare Diseases (Eurodis 2012)). Concerns regarding data protection might be stronger in Germany than in other contexts due to historical experiences and cultural perceptions of (state) surveillance and control. Mr Kramer therefore promised that the upcoming telematics infrastructure in Germany would be “the most secure infrastructure for all”. So even if the discussion on data protection is sometimes criticised as slowing or even hindering innovation, it can successfully pressure governmental actors to invest in a secure IT architecture.

LESSONS LEARNED

The International Perspectives on eHealth panel demonstrated that hopes and expectations regarding eHealth are a unifying force around the globe. The achievement of *universal health coverage* should be a driving force for international cooperation and the

development of eHealth technologies and infrastructures. To achieve this goal, we can learn from the experiences of actors from many different regions of the world. To create a common basis, like common IT infrastructures, it is clearly important to exchange basic information and engage in knowledge transfer at an early stage. eLearning systems can have an integrating function, in that they enable sharing of expert knowledge and improve digital (health) literacy. Well organised networks are key to building bridges from diverse stakeholders' expectations and desires to the development and implementation of eHealth policies and technologies. To ensure the security of vulnerable health data, the discussion on data governance and ownership should be intensified on an international level to include concepts like purpose limitation and the possibility of introducing a global ban on the exploitation of health data.

Transnational networks like AeHIN, RACSEL and Acfee have shown that cooperation on a supranational level is possible and highly productive. By working together and using the potential of eHealth in the right manner, we can achieve universal health coverage. And once this succeeds, we may be able to talk about achieving the complete third Sustainable Development Goal: good health and well-being. For all.

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