

COMMISSION ON SCIENCE AND TECHNOLOGY FOR DEVELOPMENT (CSTD)

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**Submissions from entities in the United Nations system and elsewhere on their efforts in
2013 to implement the outcome of the WSIS**

Submission by

WHO

This submission was prepared as an input to the report of the UN Secretary-General on "Progress made in the implementation of and follow-up to the outcomes of the World Summit on the Information Society at the regional and international levels" (to the 17th session of the CSTD), in response to the request by the Economic and Social Council, in its resolution 2006/46, to the UN Secretary-General to inform the Commission on Science and Technology for Development on the implementation of the outcomes of the WSIS as part of his annual reporting to the Commission.

DISCLAIMER: The views presented here are the contributors' and do not necessarily reflect the views and position of the United Nations or the United Nations Conference on Trade and Development.

Progress made in the implementation of and follow up to the outcomes of the World Summit on the Information Society at the regional and international levels: WHO Additions to Action Line C-7, eHealth

1. Access to health information in local languages is essential for capacity building and strengthening health systems. The WHO ePORTUGUÊSe Programme supports multilingualism awareness and works closely with Ministries of Health of Portuguese-speaking countries to facilitate access to health information; for example through strengthening information resources and capacity of National Virtual Health Libraries and the publication of *The world health report* in Portuguese.

2. ICT in women's and children's health. In 2013 the WHO Global Observatory for eHealth surveyed 75 countries¹ on the uptake of ICT to support the health of women and children. Of the sixty-four countries responding, over 90% are monitoring most indicators on women's and children's health; sixty-nine per cent have implemented, at least partially, electronic information systems to register births, deaths, and causes of death; and fifty-six percent report using eHealth for major women's and children's health initiatives. *eHealth and innovation in women's and children's health: A baseline review* can be found at www.who.int/goe.

3. HINARI Access to Research in Health Programme set up by WHO together with major publishers, enables more than 100 low- and middle- income countries to gain access to one of the world's largest collections of biomedical and health literature. In addition to more than 10,000 online journals, HINARI now includes a rapidly growing online books collection of more than 24,000 titles. The list of registered institutions continues to grow, with more than 5,700 institutions in 2013.

4. National eHealth strategies. In 2013, thirty-eight country teams in 5 regions (Africa, Europe, Middle-East, South-East Asia, Western Pacific) participated in training through the joint WHO-ITU workshops on National eHealth Strategy Development, towards developing national eHealth plans. The joint WHO-ITU National eHealth Strategy Toolkit (footnote 123) is currently available in 5 UN languages.

5. To assist Member States in implementation of health data and health information technology standards, WHO's Forum on eHealth Standardization and Interoperability in 2012 was followed in 2013 by a World Health Assembly resolution (WHA66.24) which highlighted the importance of standards adoption. The resolution also highlighted the need to ensure that health-related Internet top-level domain names were operated in the public interest, consistent with global public health objectives.

¹ The 75 countries surveyed are part of the UN Commission on Information and Accountability for Women's and Children's Health; <http://www.everywomaneverychild.org/resources/accountability-commission>