

**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 2018 to implement the outcome of the WSIS**

Submission by

United Nations Relief and Works Agency for Palestine Refugees in the Near East

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 22nd 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.

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| <p>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.</p> |
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**UNRWA Inputs: Flow of information for the follow-up to the World Summit on the
Information Society
WSIS Action Line C7: ICT Applications/e-health**

PART II – Analytical Overview

The UNRWA health programme provides preventive and curative primary health care for Palestine refugees across the Agency's five fields of operation - Gaza, the West Bank, Syria, Lebanon and Jordan - through a network of 144 health clinics (HC).¹ In 2018, it is estimated that UNRWA will provide primary health care to more than three million Palestine refugees through over eight million patient consultations.

Conceived as part of a comprehensive strategic reform of the Agency's health programme,² e-health is a patient-centred, web-based application that allows UNRWA to generate electronic medical records with a view to the realization of 'paperless clinics'. E-health medical records utilize the International Statistical Classification of Diseases,³ (ICD), the foundation for the identification of health trends and statistics globally and the international standard for reporting diseases and health conditions. ICD defines the universe of diseases, disorders, injuries and other related health conditions, listing same in a comprehensive, hierarchical fashion; translating the diagnoses of diseases and other health problems from words into an alphanumeric code, which permits easy storage, retrieval and analysis of data.

Through e-health, UNRWA HC staff are able to easily collect, store, access, communicate and compare patient data, developments that have reduced the volume of medical consultations, allowing for longer doctor / patient consultations and reduced waiting times. This has resulted in health staff being able to provide more accurate medical advice based on patient medical histories that can be easily retrieved.⁴ The system also facilitates enhanced monitoring and reporting capabilities through the automatic generation of 29 standard reports, further enabling evidence-based decision-making.

E-health has been fully rolled out across Gaza, Lebanon, Jordan and the West Bank with progressive roll out in Syria as security conditions allow.⁵ In total, 129 out of 144 UNRWA HCs operate under this new system that overall, has facilitated the enhanced quality and cost-effectiveness of the Agency health services provided to Palestine refugees. In 2017, the UNRWA health programme also launched a mobile electronic Maternal and Child Care (eMCH or m-health) application in Jordan that enables mothers to instantly access their and their children's medical files. Currently, eMCH is being rolled out to all fields of UNRWA operation.

¹ The UNRWA health programme also supports patients in accessing secondary and tertiary health care.

² E-Health was part of a wider strategic reform of Agency health programming that centred around the introduction of the Family Health Team (FHT) approach; a person-centred primary health-care package focusing on the provision of comprehensive and holistic care for the entire family, emphasizing long-term provider-patient/family relationships, and designed to improve the quality, efficiency and effectiveness of health services, especially for non-communicable diseases. The FHT approach has contributed to improving the quality of primary health-care provision through a more efficient re-distribution of duties among medical staff, reducing workloads and increasing consultation times.

³ For further information, please see <https://www.who.int/classifications/icd/en/>.

⁴ Patient medical histories can be easily retrieved thanks to access rights granted to specific HCs.

⁵ The on-going conflict in Syria has presented e-health system connectivity challenges.