REPORT

eHealth Technical Advisory Group (eTAG)

First Meeting

12-13 December 2013
World Health Organization
Geneva
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WHO Regional Offices

AFRO  WHO Regional Office for Africa
AMRO/PAHO  WHO Regional Office for the Americas/Pan American Health Organization
EMRO  WHO Regional Office for the Eastern Mediterranean
EURO  WHO Regional Office for Europe
SEARO  WHO Regional Office for South-East Asia
WPRO  WHO Regional Office for the Western Pacific

eHealth Unit
Knowledge, Ethics and Research
Health Systems and Innovation
World Health Organization
20 Avenue Appia
CH-1211 Geneva, Switzerland
1. Opening session

The first eHealth Technical Advisory Group (eTAG) meeting was held in Geneva, Switzerland, 12-13 December, 2013. The advisory group was established by the World Health Organization (WHO) to serve as an external, expert resource on eHealth to the WHO Director-General. Hosted by the eHealth Unit of the department of Knowledge, Ethics and Research in the cluster of Health Systems and Innovation, invited participants included eTAG members from all WHO regions and WHO staff from headquarters and regional offices.

The secretariat reviewed the status of the Declarations of Interest and ensured that the full Curriculum Vitae of each eTAG member and their Declaration of Interest are properly signed and filed.

The meeting was opened by Dr Najeeb Al Shorbaji, Director of the Knowledge, Ethics and Research department on behalf of Dr Marie-Paule Kieny, Assistant Director General for Health Systems and Innovation. Dr Al-Shorbaji warmly welcomed the members of the eTAG and outlined his vision and aspirations for the work ahead. He then introduced the Chair, Professor Walinjom Muna from Cameroon; the Vice Chair: Professor Hyeoun-Ae Park of South Korea; and Rapporteur: Professor Patricia Abbott of the United States of America. Professor Walinjom Muna welcomed the advisory group and encouraged them to think creatively and be generous with their ideas on how they can support the work of eHealth at WHO. The Chair invited participants to adopt the agenda. The agenda, appearing as Annex A was adopted and the programme of work for the two days was agreed upon. eTAG members were then invited to introduce themselves and their areas of expertise. This was followed by introductions by WHO staff from headquarters and the regional offices. A list of the eTAG members and the meeting participants is included as Annex B.

The meeting was introduced to WHO’s role and mandate, which provide the foundation for the contribution of the technical advisory groups. Six core functions define WHO’s role: providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends (Orientation to WHO and its processes – Annex C.)
2. Purpose and objectives

The Chair presented the objectives for the meeting, which are to:

1) discuss the mandate of the eTAG and the terms of reference (TOR);
2) share with the eTAG the progress of the eHealth unit and other related activities at the global level;
3) develop a common understanding of the objectives of eHealth as an integral part of health systems in support of Universal Health Coverage;
4) discuss methods of work with other eHealth related informal expert groups; and to
5) harmonize global activities managed by WHO headquarters and regional offices, and coordinate with possible regional TAGs.

3. Mandate of the eTAG and the terms of reference

Dr Al-Shorbaji explained that the eTAG serves as an independent advisory body for eHealth. The different types of expert committees and panels were described as well as the procedures for their establishment, the Declaration of Interest and the functions.

He explained that the purpose of the eTAG is to support the work of WHO in the area of eHealth. It does this by advising, within its scope of expertise, on aspects of policy, standardization, planning, priority setting, resource mobilization, collaboration and partnership building, evidence building and evaluation of eHealth activities in the Organization.

Subgroups may be established to work with the eTAG members in support of applications of eHealth to technical programmes. A subgroup that was already created, the WHO mHealth Technical and Evidence Review Group (mTERG), focuses on evidence and knowledge related to the use of mobile technologies for health. Discussion was held on how the eTAG could collaborate with the mTERG and others on various projects, with an emphasis on the need for coordination across the Organization.

The terms of reference for the eTAG were presented and discussed. They are to:

1) review, from a scientific and technical standpoint, the eHealth activities of the Organization in the context of major areas identified above;
2) suggest evaluation frameworks and mechanisms and, as part of this, to contribute to independent evaluation of the eHealth activities of the Organization, and their impact in countries;
3) review and make recommendations on priorities, new areas of work and partnership building in support of the Organization’s eHealth programme;
4) assist in identification of innovations, new frontiers and opportunities in support of the Organization in the eHealth field;
5) provide guidance and propose mechanisms for resource mobilization in support of WHO eHealth activities in Member States; and to
6) provide technical guidance to and liaison with the informal advisory groups in support of eHealth initiatives by technical programmes and regional offices.

The TOR were approved by the eTAG. Possible revision of the TOR based on experience and progress in implementation or change in policy is always possible.
4. eHealth at WHO

The work of eHealth across the Organization was described and discussed.

4.1. World Health Assembly and Regional Committee resolutions

The WHO resolutions provide Member States and the Secretariat with guidance and a mandate for action in specific areas within the mandate of the Organization. The eHealth resolutions were explained and it was noted that eHealth was first formally introduced as a technical area at the World Health Assembly (WHA) in 2005, with a resolution on eHealth and strategy for eHealth development at WHO. The Regional Committee for the Eastern Mediterranean adopted a regional strategy on knowledge management and eHealth in 2006. In 2010 and 2011, resolutions by the Regional Committee for Africa, and the Regional Committee for the Americas, respectively, established eHealth on the regional agendas. The Directing Council of the Pan American Health Organization adopted a resolution on eHealth strategy and plan of action in 2013. Resolution WHA66.24 on eHealth standardization and interoperability was adopted by the WHA in 2013. It called upon the Director-General to encourage countries to increase the uptake and utilization of eHealth systems through adopting standards to facilitate interoperability. The resolution also addressed Internet concerns regarding the .health generic Top Level Domain (gTLD) issue and the protection of the WHO name, acronym and logo as an Intergovernmental Organization.

4.2 eHealth activities at WHO

A background report of eHealth activities was shared with the eTAG members prior to the meeting. The work of the eHealth unit at WHO/HQ and Regional Offices as well as related initiatives was briefly presented, highlighting achievements made in the following programme areas:

- WHO collaboration with the International Telecommunication Union (ITU) on national eHealth strategies and related resources, notably the National eHealth Strategy Toolkit
- eLearning for health promotion in all WHO regions, as well as the education of the health work force
- Building the evidence for eHealth
- the Global Observatory for eHealth (GOe) global surveys on eHealth and the GOe series of publications
- Handbook on Health Data Standards and Interoperability
- the ePORTUGUESe Network
- mHealth Technical and Evidence Review Group
- mHealth for noncommunicable diseases: “Be Healthy Be Mobile”
- PAHO’s “eHealth Conversations”
- WHO mHealth and information and communication technologies (ICT) Framework for Reproductive, Maternal, Newborn and Child Health (RMNCH).

The WHO Regional Offices highlighted the work on eHealth within their regions. AFRO has been focusing on development of the African Regional Observatory and supporting Member States to establish national health observatories, eHealth plans and capacity building. AMRO/PAHO’s priority is to promote eHealth standards and interoperability. EMRO reported that its focus is managing eHealth services at the regional level, and proposes to enhance the management of health across the region by combining health surveillance with health outcomes and expenditure data. EURO has been receiving requests from Member States for help with their electronic health record systems.
(EHR), and there is discussion on creating an interoperable system to share EHR data. SEARO reported a great deal of activity in mHealth and telemedicine, with Member States in the region moving at different speeds due to funding and capacity constraints, and competing demands. WPRO focuses on capacity building and networking in countries in the region.

4.3 Advances in eHealth in other WHO technical departments

eHealth is being adopted by a number of technical units across WHO, as programme staff begin to recognize its benefits and relevance to many public health challenges. Some of the current applications were presented to the eTAG for its consideration.

WHO Mental Health Gap Action Programme (mhGAP)
- Current efforts in e-mental health include therapy via ICT; mental health education for families, caregivers and professionals; and e-mental health for young people affected by trauma. Some examples include the iSupport portal for dementia caregivers and a portal on alcohol and health.

Global TB Programme
- Current efforts in mHealth and global tuberculosis include making available guidelines for use with smart phones, such as Android and iPhone, for the management of multidrug-resistant tuberculosis (MDR-TB).

Reproductive Health and Research (RHR) – mHealth Technical and Evidence Review Group (mTERG) for Reproductive, Maternal, Newborn and Child Health (RMNCH)
- Current areas of interest for the RHR department include the potential impact of mHealth on maternal and child health, and the development of a framework for grading mHealth evidence.

WHO-ITU Joint programme on mHealth for noncommunicable diseases (NCDs) toolkit
- This collaboration between WHO and the ITU was developed to provide low- and middle-income countries (LMICs) help with addressing their burden of NCDs, using mHealth.

4.4 Coordination of eHealth efforts

It was agreed that the expertise of the advisory group should be leveraged to benefit the whole Organization. Cross-cutting areas of eHealth were identified, such as improving the development of standards and interoperability, enhancing eHealth awareness among leaders and in the workforce, developing evaluation and performance indicators for eHealth programmes, and leveraging the impact of other health programmes through the use of mHealth. There was further discussion concerning how the eHealth TAG should interact with other TAGs and Expert Groups within WHO. It was agreed that the eTAG should primarily support global efforts.

5. eTAG Working groups

In order to follow up the work and provide assistance to WHO, the eTAG decided to form six working groups based on the WHO’s major ongoing themes in eHealth and reflect on possible new approaches and opportunities. Each of the working groups will be working with one or more staff from WHO/HQ and Regional Offices in one or more of the following areas:

Group 1: National eHealth Strategies and Planning
A comprehensive national eHealth strategy or policy is recognized as a backbone to proper integration of ICT in health services and systems. WHO in collaboration with ITU has
developed a method and framework to help countries with their strategy development\(^1\). Meeting the growing demand for strategic guidance and technical assistance, as well as mitigating the pressure on countries from industry and partners are still among the major challenges. The focus for 2014-2015 is to ensure assistance to countries and develop guidance in additional areas. Suggestions included highlighting success stories and sharing experiences, providing interactive technical tools, identifying local support, leveraging national research and education networks (NRENs) and other supporting bodies, establishing links between countries and ensuring coordination between WHO and other partners.

**Group 2: eHealth Initiatives**

Many eHealth initiatives are currently being implemented through collaborative efforts with the ITU, WHO collaborating centres, and other partners in Member States. The objective is to pursue partnerships and develop joint initiatives to support eHealth implementation in countries. Challenges in eHealth initiative implementation include fragmentation of initiatives due often to uncoordinated work and the lack of national eHealth strategies and standards. Lack of country ownership and guidelines for eHealth adoption in developing countries poses an additional impediment to successful eHealth efforts. The focus for 2014-2015 should be to facilitate eHealth implementation based on health priorities in Member States, consistent with their national strategies.

**Group 3: Standards and Interoperability**

There is a pressing need and a WHO resolution (WHA 66.24)\(^2\) for the development and adoption of eHealth standards. The challenges that this area faces include determining the framework for use of standards and policies for their adoption. The focus for 2014-2015 includes introducing the WHO handbook on standards and providing strategic guidance to countries. The future opportunities for WHO could include establishing a common gateway for accessing standards, developing a checklist for standards adoption, working with standards development organizations for improving access to standards, identifying and promoting successful case studies and facilitating a policy dialogue on national coordination structures for implementation.

**Group 4: Evidence and Surveys**

The WHO Global Observatory for eHealth has conducted two global surveys and one special themed survey since 2005, and there have been eight reports published from the results of these surveys. Challenges include the need for increased Member States’ participation and commitment in completing surveys, the development of national observatories, and improved data collection methods. It was suggested that the focus for 2014-2015 should be to introduce a third global survey with focus on Universal Health Coverage (UHC). It is also important to note that lack of continuity and capacity at the national level for updating country eHealth status poses a problem for data accuracy and completeness. It was proposed that WHO consider using WHO country offices where feasible, to inform and guide the survey process.

**Group 5: eLearning and Innovation**

Since 2005, WHO has supported the use of eLearning and innovation for health education and health promotion for the public, as well as capacity building and training of human resources for health. Challenges include the lack of eLearning policies in countries, the need for capacity building at the country level, and availability of content in suitable formats.

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\(^1\) National eHealth Strategy Toolkit: http://apps.who.int/iris/bitstream/10665/75211/1/9789241548465_eng.pdf?ua=1

\(^2\) WHA66.24: http://www.who.int/ehealth/events/wha66_r24-en.pdf?ua=1
Other areas to be addressed include the need to improve infrastructure and delivery mechanisms, foster collaboration with multiple partners, and develop human and financial resources. The focus for 2014-2015 is to implement the ‘Health Academy’ initiative in two new regions and provide strategic guidance on the use of eLearning to countries, including through training programmes for health professionals and other stakeholders in education and public practice.

**Group 6: Capacity building and Networking**
Currently there are a number of initiatives linked to WHO that support capacity building and networking in eHealth. For example, training courses and certifications at an institutional level in countries help with capacity building; targeted initiatives such as WHO’s ePORTUGUESe programme and the Asia eHealth Information Network (AeHIN) facilitate networking. Challenges include the lack of access to infrastructure, the need to improve coordination of public-private partnerships, effective collaboration with non-health stakeholders, fostering government support for eHealth solutions, and promoting eHealth literacy among policymakers. The proposed focus for 2014-2015 is to strengthen, expand and sustain eHealth networks.

6. **Closing session and recommendations**

The operational plan for eHealth work at WHO for 2014-2015 was shared with the eTAG, providing more detail for understanding the direction of the Organization in the coming biennium. The eTAG noted the challenges and opportunities ahead in eHealth as reflected in the meeting and its operational planning on an Organization-wide basis. They reiterated the need to facilitate WHO’s priority actions in eHealth by bringing their expertise and networks to help support these objectives and inform further work. eTAG members highlighted specific areas of interest to them. The Chair encouraged them to continue to collaborate virtually, and eTAG members discussed setting up virtual groups to take specific actions forward if proposed and led by members. They were invited to identify areas for further growth, potential partnerships and collaborations, opportunities for resource mobilization, and other strategic opportunities.

There will also be specific opportunities where members would be invited by global programmes to contribute their ideas and expertise. For instance, the first WHO eHealth programme to solicit feedback from the eTAG will be the Global Observatory for eHealth in the development of its global survey. As members become more familiar with the work of WHO and eHealth in particular, they will be invited to contribute and to put forward additional ideas for consideration.

The Chair then summarized broad gains, thanked WHO, and encouraged the eTAG to remain engaged with the work of eHealth, so that WHO’s opportunity of consulting the eTAG would be optimized.

The meeting recommend:

1) WHO staff to initiate follow up activities with working groups members as appropriate;
2) Issue a meeting report and share with members of the eTAG, participants and possibly on the web;
3) Identify specific bilateral activities between WHO and institutions of eTAG members;
4) Provide interim reporting to the eTAG members on status of eHealth activities and implementation in WHO.
7. Appreciation and next meeting

On behalf of the Organization, the Director of the Knowledge, Ethics and Research department expressed his gratitude for the contribution of the eTAG members and participants. He stressed the importance of moving forward together, not only to take advantage of the potential of eHealth but also to ensure its visibility and strong grounding, in part by the formation of this advisory body. Special thanks were addressed to the Chair, Vice-Chair and Rapporteur for the excellent support they extended before, during and after the meeting.

It was agreed that the next meeting of the eTAG to be held towards the end of 2014 by teleconference.
ANNEX A

eHealth Technical Advisory Group (eTAG)

First Meeting

12-13 December 2013
World Health Organization
Geneva

AGENDA

Chair: Professor Walinjom Fombad Muna
Vice-Chair: Professor Hyeoun-Ae Park
Rapporteur: Dr Patricia Abbot

Objectives

1. Discuss the mandate of the eTAG and the terms of reference.
2. Share with the eTAG progress of eHealth unit and other related activities at the global level.
3. Develop a common understanding of the objectives of eHealth as an integral part of health systems strengthening in support of Universal Health Coverage.
4. Discuss method of work with other eHealth related informal expert groups.
5. Discuss harmonization of global activities managed by WHO headquarters and regional offices and coordination with possible regional technical advisory groups.
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<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td><strong>Day One</strong></td>
<td>12 December 2013</td>
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<tr>
<td>08:30–09:00</td>
<td>Registration and coffee</td>
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<tr>
<td>09:00–10:30</td>
<td>Opening Session</td>
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<td></td>
<td>• Opening remarks by Director KER</td>
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<td>• Introduction of Chair, Vice-Chair and Rapporteur; Remarks by the Chair</td>
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<td>• Introduction of eTAG members and WHO colleagues</td>
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<td>• Objectives, Review and Approval of agenda</td>
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<td>• eTAG and the terms of reference</td>
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<td>10:30–11:00</td>
<td>Coffee break</td>
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<td>11:00–13:00</td>
<td>eHealth at WHO</td>
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<td>• eHealth WHA and Regional Committee resolutions</td>
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<td>• eHealth progress report</td>
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<td>• Discussion</td>
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<td>13:00–14:00</td>
<td>Lunch</td>
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<td>14:00–15:30</td>
<td>eHealth in technical departments</td>
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<td>• Working with technical expert groups in departments and regions</td>
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<td>• Introduction to eTAG Working Groups</td>
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<td>15:30–16:00</td>
<td>Coffee break</td>
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<td>16:00–17:30</td>
<td>Working Groups - Session 1</td>
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<td>• eTAG Working Group on national eHealth strategies and planning</td>
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<td>• eTAG Working Group on eHealth initiatives</td>
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<td>• eTAG Working Group on standardization and interoperability</td>
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<td>• Reporting back and discussion</td>
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<td>08:30–09:00</td>
<td>Coffee</td>
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<td>09:00–10:30</td>
<td>Working Groups – Session 2</td>
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<td>• eTAG Working Group on evidence and surveys</td>
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<td>• eTAG Working Group on eLearning and innovation</td>
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<td>• eTAG Working Group on networking and capacity building</td>
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<td>• Reporting back and discussion</td>
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<td>10:30–11:00</td>
<td>Coffee break</td>
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<td>11:00–12:30</td>
<td>Future directions</td>
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<td>• WHO’s eHealth strategic directions</td>
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<td>• Biennium 2014/15 WHO Operational Plan</td>
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<td>• Harmonization of global eHealth activities</td>
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<td>• Discussion</td>
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<td>12:30–13:00</td>
<td>Summary and Conclusion</td>
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<td>• Next meeting and follow up</td>
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<td>• Reporting mechanism to the eTAG</td>
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<td>• Closure of the meeting</td>
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ANNEX B

eHealth Technical Advisory Group (eTAG)

First Meeting

12-13 December 2013
World Health Organization
Geneva

LIST OF PARTICIPANTS

eTAG Members

WHO African Region
Dr Sean Broomhead
Greenfield Management Solutions
Kimberley
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Mali

Prof Walinjom Fombad Tenjericha Muna
Cameroon Academy of Sciences, Yaoundé
Cameroon

WHO Region of the Americas
Dr Patricia Abbott
University of Michigan, School of Nursing
Ann Arbor MI
USA

Dr Erik Mathew Augustson
Tobacco Control Research Branch,
National Cancer Institute, Bethesda MD
USA

Dr Fernan Gonzalez Bernaldo de Quiros
Hospital Italiano de Buenos Aires (HIBA), Buenos Aires
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Prof Alain Labrique
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Johns Hopkins Univ., Baltimore MD
USA

Dr Luiz Ary Messina
Brazilian National Research and Education Network
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Brazil
WHO Eastern Mediterranean Region
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Tunisia

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Consultant Health Telematics
Sudan

WHO European Region
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University of Geneva, Department of Radiology and Medical Informatics, Geneva
Switzerland

Prof Reinhold Haux
Peter L. Reichertz Institute for Medical Informatics of TU Braunschweig and Hannover Medical School
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Norway

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Sanjay Gandhi Postgraduate Institute of Medical Sciences (SGPGIMS), Lucknow
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Central Health Information and Technology Institute
Ba Dinh District
Viet Nam

Prof Hyeoun-Ae Park
Seoul national University, College of Nursing
Seoul
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Mr Shivnay Naidu
Ministry of Health, Suva
Fiji
WHO Regional Office Participants

**WHO African Region**
Dr Derege Kebede  
Coordinator, African Health Observatory  
Mr Miquel Peixoto  
Technical Officer, African Health Observatory

**WHO Region of the Americas**
Mr David Novillo Ortiz  
Advisor, Knowledge Management and Organizational Learning

**WHO Eastern Mediterranean Region**
Dr Reza Majdzadeh  
Regional Advisor, Health Situation and Trend Assessment  
Mr Hani Farouk Mohamed  
National Professional Officer, Innovation and eHealth

**WHO European Region**
Mr Clayton Hamilton  
Information Technology Officer, Monitoring and Surveillance Systems and Databases

**WHO South-East Asia Region**
Mrs Jyotsna Chikersal  
Regional Advisor, Health Situation and Trend Assessment

**WHO Western Pacific Region**
Mr Mark Landry  
Team Leader, Health information and evidence for policy
WHO Headquarters Participants

Dr Najeeb Al-Shorbaji
Director, HIS/KER

Mrs Virginia Arnold
Project Officer, NMH/PND

Dr Islene Araujo de Carvalho
Technical Officer, FWC/ALC

Dr Tarun Dua
Medical Officer, NMH/MSD/MER

Dr Joan Dzenowagis
Technical Officer, HIS/KER/EHL

Dr Dennis Falzon
Scientist, STOP TB

Ms Sandra Garnier
Technical Officer, HSE/PED/HIP

Mr Michael Hill
Manager, GMG/ITT/BSS

Mrs Maki Kajiwara
Consultant, HIS/PSP

Dr Misha Kay
Technical Officer, HIS/KER/EHL

Dr Edward Kelley
Coordinator, HIS/PSP

Dr Ramesh Krishnamurthy
Technical Officer, HIS/KER/EHL

Dr Jian Li
Technical Officer, HSE/GRC/ARO

Dr Garett Mehl
Technical Officer, FWC/RHR/AGH

Mr Sameer Pujari
Technical Officer, NMH/PND/CIC

Mr Getachew Sahlu
Technical Officer, Addis Ababa Ethiopia

Mrs Yvonne Schaupp
Technical Officer, HIS/KER/EHL

Dr Regina Ungerer
Technical Officer, HIS/KER/EHL

Ms Diana Zandi
Technical Officer, HIS/KER/EHL
ANNEX C

eHealth Technical Advisory Group (eTAG)

Orientation to WHO and its processes

About the World Health Organization
WHO is the directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends.3 WHO’s Constitution came into force in April 1948 and states its objective should be “the attainment by all peoples of the highest possible level of health”, with health defined as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”4

Governance
The World Health Assembly is the supreme decision-making body for WHO. It generally meets in Geneva in May each year, and is attended by delegations from all 194 Member States. Its main function is to determine the policies of the Organization. The Health Assembly appoints the Director-General, supervises the financial policies of the Organization, and reviews and approves the Proposed programme budget. It similarly considers reports of the Executive Board, which it instructs in regard to matters upon which further action, study, investigation or report may be required. The Executive Board is composed of 34 members technically qualified in the field of health. Members are elected for three-year terms. The main Board meeting, at which the agenda for the forthcoming Health Assembly is agreed upon and resolutions for forwarding to the Health Assembly are adopted, is held in January, with a second shorter meeting in May, immediately after the Health Assembly, for more administrative matters. The main functions of the Board are to give effect to the decisions and policies of the Health Assembly, to advise it and generally to facilitate its work.5

The Organization is headed by the Director-General, who is appointed by the World Health Assembly on the nomination of the Executive Board. WHO’s six regional offices are each headed by a Regional Director who is elected by the Regional Committee which usually also meets once per year. The Pan American Health Organization (PAHO), founded in 1902, serves as the Regional Office for the Americas of the WHO.

Planning and results-based management at WHO
WHO’s current eleventh general programme of work covers the period of 2006 to 2015. The programme budget for the biennium 2014-15 was approved in May 2013 and includes eHealth under Output 4.4.2. An example demonstrating the planning terminology used is provided below.6

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3 Source: http://www.who.int/about/en/
6 Figure from Programme Budget 2014 – 2015; Operational Planning Guidance Note July 2013
Structure of the WHO secretariat
The WHO secretariat has its headquarters in Geneva, six regional offices in Brazzaville, Washington DC, New Delhi, Cairo, Copenhagen, and Manila, as well as over 150 offices in countries. The organizational structure at headquarters is generally organized by cluster, departments, and units. Clusters are normally headed by an Assistant Director-General, departments by a Director, and each unit by a Coordinator. The eHealth unit (EHL) at HQ is situated within the Department of Knowledge, Ethics and Research (KER), within the Health Systems and Innovation (HIS) cluster.

The role of expert and advisory groups for WHO
WHO regularly convenes groups of experts to give technical or scientific advice to the Director-General of WHO. These groups include expert committees, study groups, scientific groups, as well as technical advisory groups. Technical advisory groups are regularly called upon to provide specific and time-limited advice (e.g. providing advice to update a document) or broad and ongoing advice on programmatic issues (e.g. to provide advice on programmatic matters to WHO departments).

WHO legal framework for technical advisory groups
In comparison with expert committees and study or scientific groups, technical advisory groups are subject to a different legal framework which regulates them. Meetings of experts held to advise WHO follow strict administrative procedures, which also apply to technical advisory groups. The selection of members for technical advisory groups is also conducted in general conformity with the principles applicable to study and scientific groups, especially concerning the international and technical distribution of expertise, global representation of different trends of thought, approaches and practical experience, as well as interdisciplinary balance.

Establishment of technical advisory groups
Technical advisory groups are usually established by decision of the concerned Assistant Director-General, upon recommendation of the technical unit after consultation with its regional counterparts. The eHealth Technical Advisory Group was established in 2013 by Assistant Director-General Dr Marie-Paule Kieny.

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7 They are referred to as “other groups” in part 5 of the Regulations for Study and Scientific Groups, Collaborating Institutions and Other Mechanisms of Collaboration, which were adopted by the Executive Board in resolution EB69.R21.
ANNEX D

**eHealth Technical Advisory Group (eTAG)**

**Working Group Participants**

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<th>eTAG Working Group 2: eHealth initiatives</th>
<th>eTAG Working Group 3: Standardization and interoperability</th>
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<tr>
<td>Dr Fernan Gonzalez Bernaldo de Quiros</td>
<td>Prof Reinhold Haux</td>
<td>Prof Hyeoun-Ae Park</td>
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<td>Dr Sean Broomhead</td>
<td>Prof Erik Mathew Augustson</td>
<td>Prof Mahammad Abul Kalam Azad</td>
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<td>• Dr Luiz Ary Messina</td>
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F= Facilitator