



Melhor saúde para todos por meio de sistemas integrados de eSaúde

**CRICS 8º, Rio de Janeiro,
19 de Setembro, 2008**

Mission

To make use of the enterprising,
creative forces of globalization
to ensure that the opportunities
unleashed by globalization
are accessible

to more people, more fully, in more places –
and that poor or vulnerable people
are equipped to seize them.

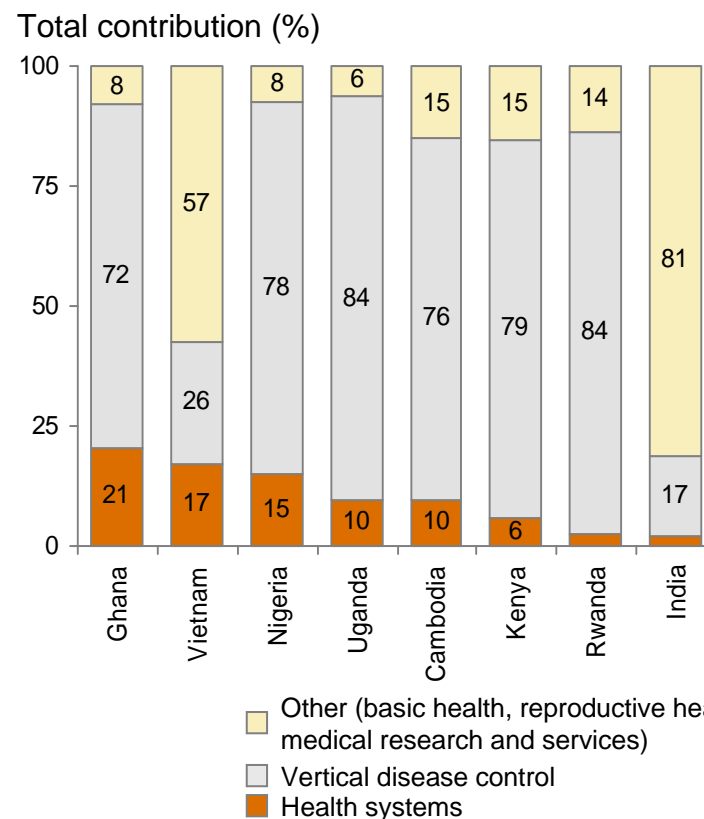
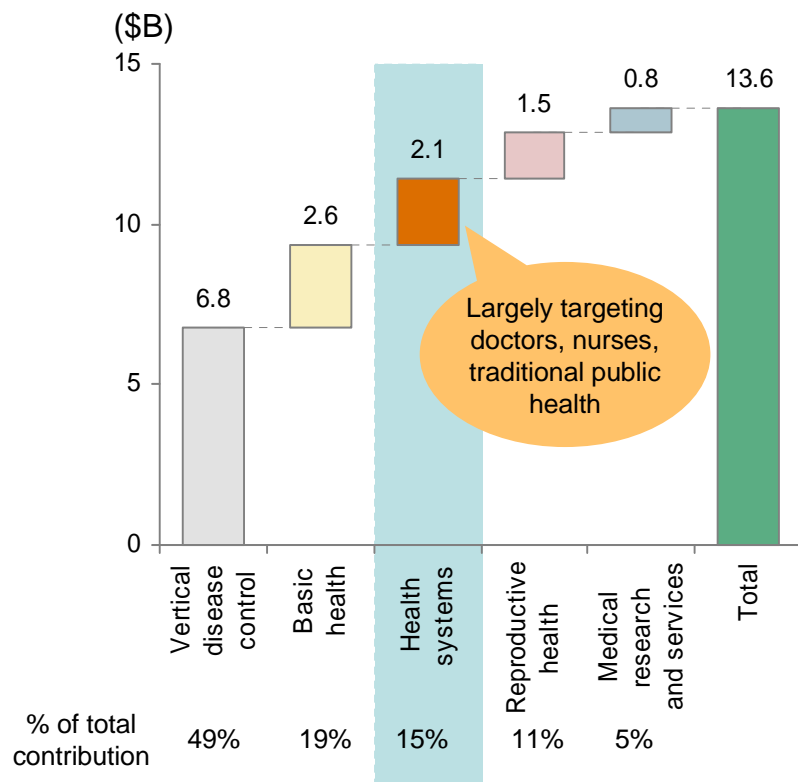
Issue Areas

- Climate Change and the Environment
- The Risks of Accelerating Urbanization
- Broken Social Contracts
- Basic Survival
- Health

Health Systems Spending

2006 Global Bilateral and Multilateral Public Health Contributions

Sample countries: Share of total contributions per aid category



1. See appendix for categories of aid included in definition

Note: Data only includes bilateral and some multilateral agencies, and does not include private non-profit organizations

Source: Online query of two sectors in the OECD Creditor Reporting System (CRS) Database: (1) Health (2) Population Policies & Reproductive Health, 2006

The resulting problems ...



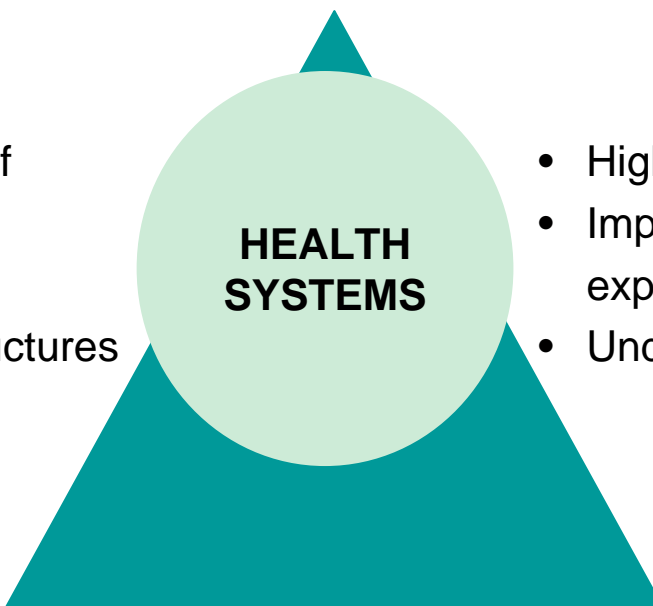
Access

- Limited availability of basic health services
- A global crisis in human resources for health
- Uneven availability of medicines and supplies



Quality

- Ignorance/misapplication of proven interventions
- Fatal mistakes
- Few provider incentive structures
- Lack of quality standards



**HEALTH
SYSTEMS**

Affordability

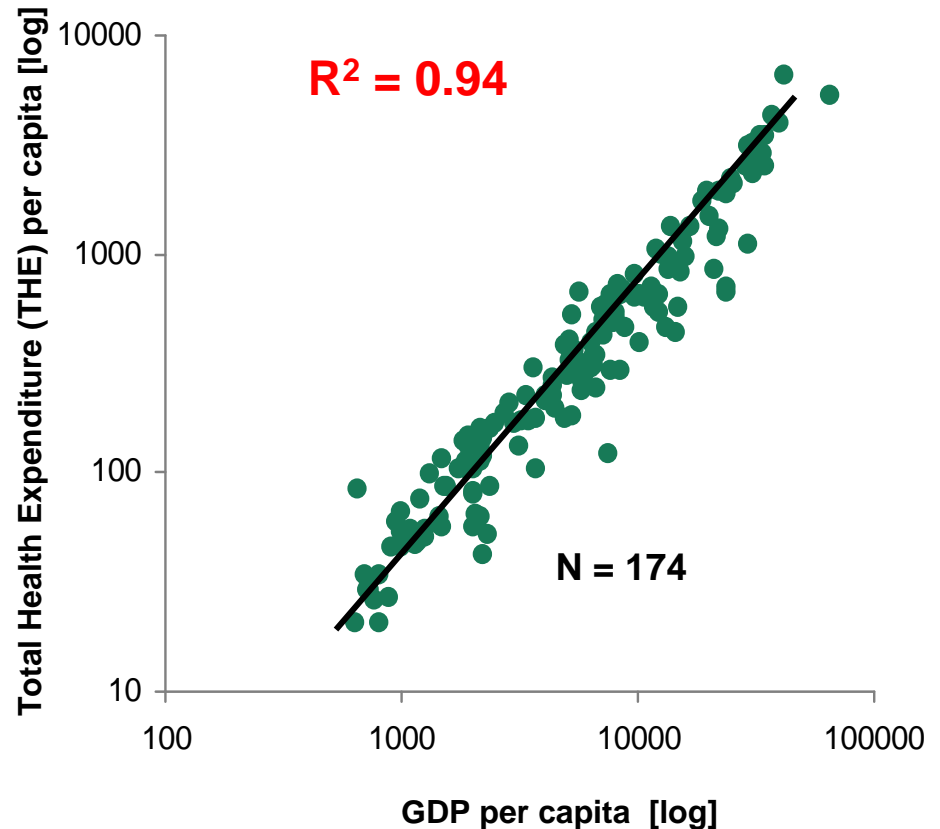
- High out-of-pocket expenditures
- Impoverishing catastrophic expenses
- Undeveloped health insurance

Country's total health spending strongly tied to GDP

Strong link between countries' wealth and total health spending

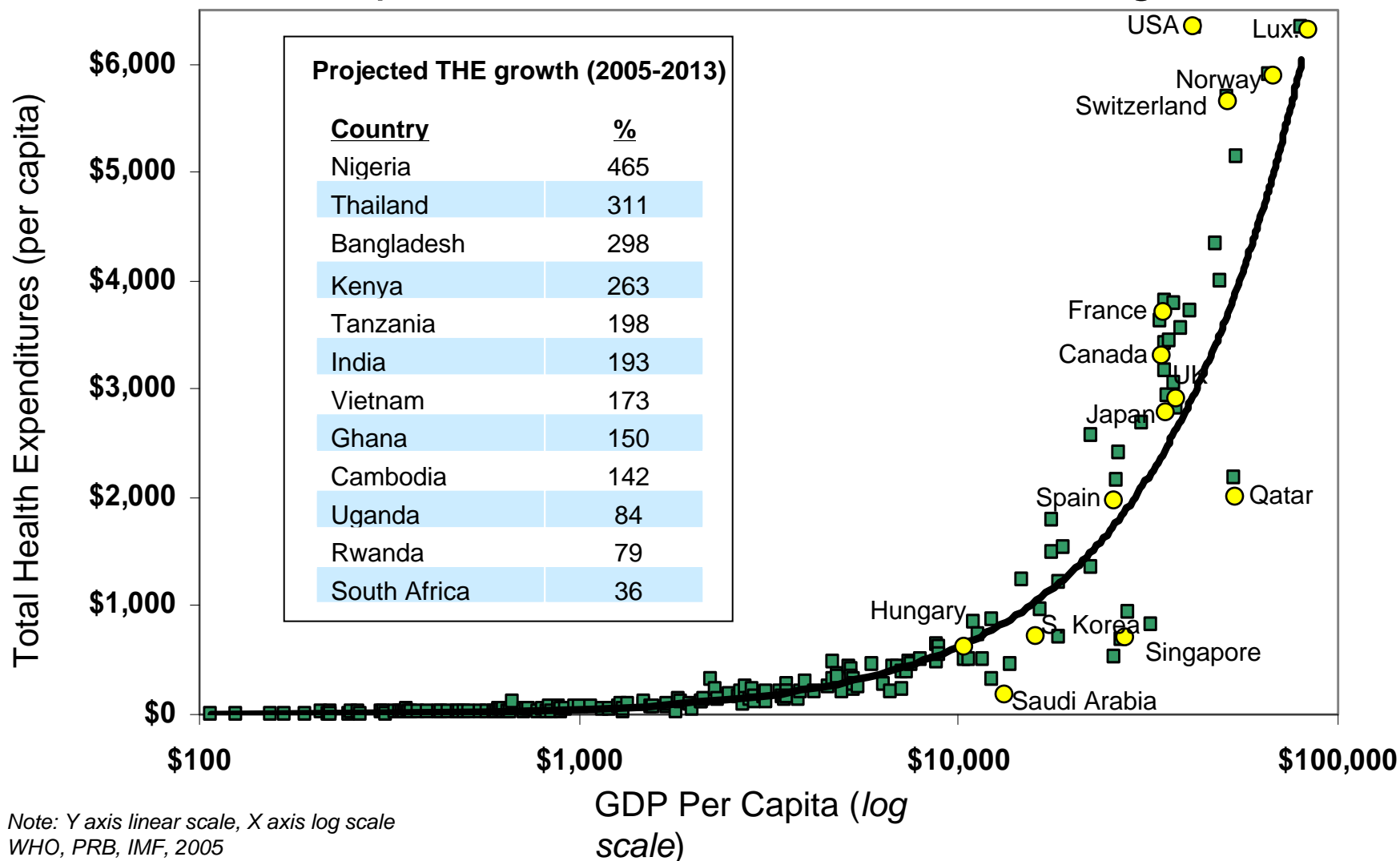
- As country's GDP rises, total health spending also rises
- This relationship is largely unaffected by
 - **Policy interventions** in or beyond health sector
 - **External donor assistance** (which rather may displace spending elsewhere)
 - **Relative share of public / private spending** has little impact on total spending

“The First Law of Health Economics”

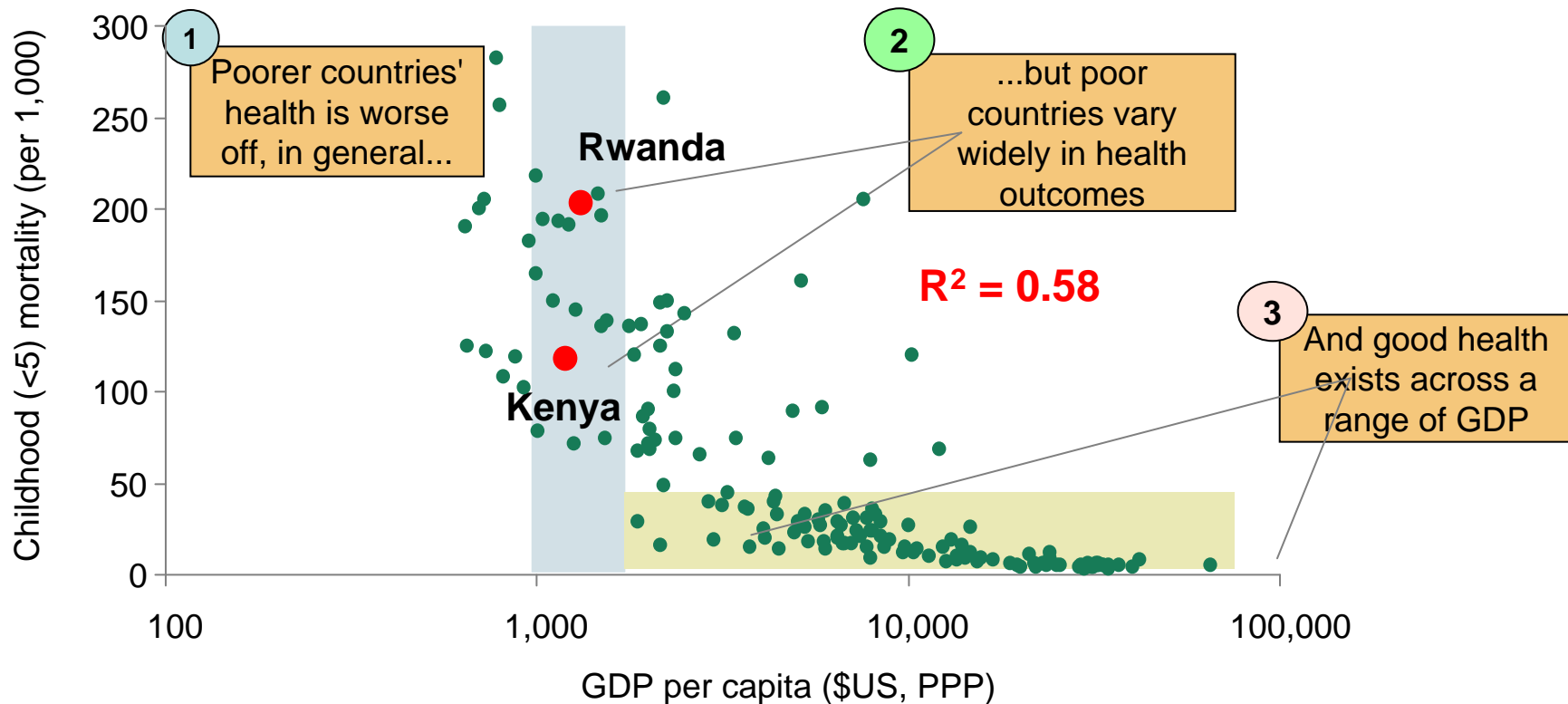


The Economic Transition of Health

Total Health Expenditure increases as countries grow wealthier



Countries with similar spending have range of health outcomes



**Similar health outcomes at different levels of wealth:
*what matters is not total spending, but how it is used***

eHealth includes ...

eHealth:

the use of information and communication technologies (ICT) to improve health

• **Health information systems**

- *Public health informatics:*
- *Health and clinical informatics:*
- *Health system administration and operations*

• **Healthcare and expertise**

• **Health research, advisories and education**

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Welcome to Making the eHealth Connection

BACKGROUND INFORMATION

- [What We Are Doing](#)
- [What We Hope to Achieve](#)
- [Program FAQs](#)
- [Contact Us](#)
- [The Rockefeller Foundation & Partners](#)
- [Participant Listing & Biographies](#)

RECENT COMMENTS

- [Karl, I am very interested...](#)
- [Hello again! I was watching...](#)
- [I agree, spot on, I think we...](#)
- [I apologize for being so...](#)
- [Incredible! This is what...](#)

What is This Conference?

Making the eHealth Connection: Global Partnerships, Local Solutions is a month-long conference series at the Rockefeller Foundation's Bellagio Center in Bellagio, Italy. It takes place from July 13 to August 8, 2008. eHealth is defined as the use of information and communications technology to improve the performance of health systems and represents a promising frontier.

Members of the international community - donors, governments, industry, researchers and civil society are engaged in this effort to raise the profile of eHealth, form new partnerships and identify promising new areas of work for the Global South. While conference participation is by invitation only, we will be providing many ways to be involved with conference discussions through blogs, video

Recently Added

- 09/03/08 [Ning Group](#) *Resource*
- 08/07/08 [Week 4 eHealth Policy Closing Address Pa...](#)
Speeches and Video
- 08/07/08 [Week 4 eHealth Policy Closing Address Pa...](#)
Speeches and Video
- 08/07/08 [Week 4 Unlocking the Markets Closing Add...](#)
Speeches and Video
- 08/07/08 [A Catalyst for Entrepreneurship](#) *Speeches and Video*
- 08/07/08 [Unlocking Markets](#) *Speeches and Video*
- 08/07/08 [Innovation and Making Connections](#) *Speeches and Video*
- 08/07/08 [Challenges Remain](#) *Speeches and Video*
- 08/06/08 [A Great Big Puzzle](#) *Speeches and Video*

eHealth Topics

Week 1

Public Health Informatics
Interoperability

Week 2

Electronic Health Records
Mobile Health

Week 3

Capacity Building
Access to Information

Week 4

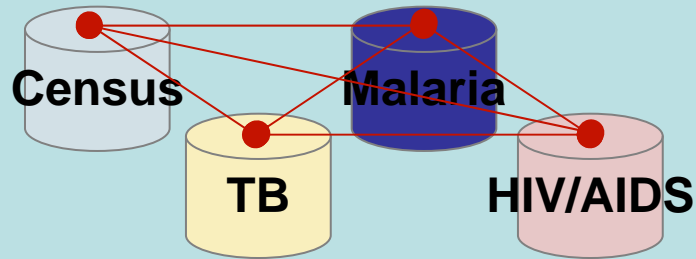
Policy
Unlocking the Market

Some Bellagio Outcomes

- Exchange for standards
(eg HINARI mode)
- Guidance document for interoperability
- mHealth Alliance
- Worldwide eHealth Collaborative Action Network (WE-CAN)
- eHealth promotion and entrepreneur networks and portals

Interoperability across Dimensions

Across programs



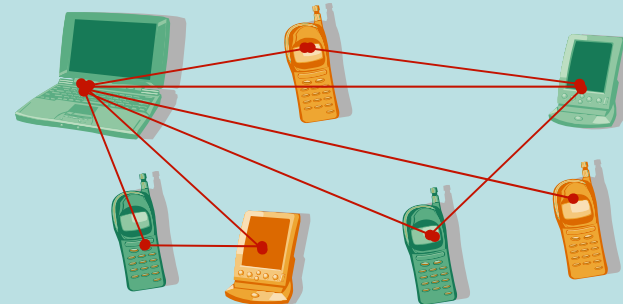
Across geographies



Across points of care



Across technologies



Barriers to Access

- Connectivity
- Information Literacy
- Language
- Context
- Legal
- Economic
- Visibility of Southern language

Bellagio Declaration, July 2008

1. Health information and knowledge are social determinants of health.
2. Health information policies should be part of health policy.
3. E-health involves different stakeholders with different interests and needs.

Bellagio Declaration, July 2008

4. National and global research programs are essential.
5. The implementation of global eHealth initiatives should be based on national and international partnerships.
6. eHealth must be used to overcome barriers to access and use of quality health information and to enable the convergence of initiatives, products and solutions.

Bellagio Declaration, July 2008

7. Priority should be given to settings with weak production of and access to information and knowledge.
8. The information and knowledge sources and tools should be openly accessible and interoperable.
9. Information and knowledge sharing should be implemented through community participation.

Bellagio Declaration, July 2008

10. Human resource capabilities should incorporate the necessary skills for health information and knowledge management and sharing.