THE CONGRESS
OF LOCAL AND REGIONAL AUTHORITIES

Recommendation 212 (2007)[1]
E-health and democracy
in the regions

1. E-health is an increasingly integrated array of technologies which considerably improve access to health information and bring the opportunity to learn more about health through patient-centred e-learning as well as communication and real-time services, ranging from electronic health records to remote diagnostic services (telemedicine) and home-based monitoring;

2. The key benefits for citizens will reside in the fact that the information and communication with health professionals and services will be provided through home-based technologies and with remote access to expertise. The main benefits of e-health for health professionals include improved access to clinical decision support systems to enhance the quality of their decision making and service delivery, as well as give them access to rich information content and continuing professional e-learning;

3. Two main tendencies can be observed in the health sector in most European countries over the last few years: responsibility for public health services is increasingly being shifted toward local and regional levels, while changes are being introduced to boost performance and quality of service delivery. E-health can contribute to this evolution as services can essentially be personalised and customised for individual users. This is an illustration of the principle of subsidiarity in practice, providing services at the level at which they are most effective;

4. When juxtaposed with concerns about inequalities in health care provision between regions and within regions themselves, e-health services can therefore provide exciting new possibilities for redressing this imbalance;

5. E-health should be seen by policy makers as more than just some new technology for improving local health service delivery, but rather as a tool for democratic participation on a par with e-learning, e-commerce and e-government. Developing social integration though e-heath involving health services, social services, home care and public health will lead to more integrated and citizen-centred health care design, but also to citizen empowerment – with citizens taking proactive leadership and informed responsibility for their own health needs;

6. In light of the above, the Congress feels that e-health is an important new approach for social inclusion which gives patients the opportunity to become active participants in more locally responsive health services and consequently recommends that the Committee of Ministers ask member states to:

a. use Committee of Ministers Recommendation Rec(2004)15 on electronic governance as an overall guide to developing an appropriately accountable e-health system;

b. develop a national e-health action plan, in concertation with the appropriate infra-national levels which:

i. sets up a joint consultative body representing civil society and national and regional health care providers whose mandate would be to measure, monitor and report to the public on the ongoing implementation of the e-health systems with respect to the identified priorities;

ii. reconciles governance arrangements for the health system at national level, with the use of e-governance methods at regional and local levels;

iii. takes the citizen-centred perspective as a starting point for designing flexible, constantly evolving e-health services as opposed to basing them on existing patterns of health care;

iv. ensures that e-health policies embrace social and health care priorities, rather than technological possibilities while at the same time using these identified social needs as a spur to innovation and application;

v. reconciles the demands of local provision within national standards such as portability of benefits and access and recognises e-health activities in their national payment systems for reimbursement;

vi. achieves a measure of improvement in value for money by shifting resources from centralised centres remote from the public, to lower cost or networked facilities that are closer to the user;

vii. ensures, however, that the growing devolution of health care to the regional and local level is accompanied by the corresponding financial capacity, as stipulated by the European Charter of Local Self-Government;

viii. has a significant citizen-consultation dimension in line with the principles of democratic e-governance which call for strengthening the participation, initiative and engagement of citizens at national, regional and local level;

ix. makes e-health as user-friendly as possible, meeting national standards of literacy, accessibility for people with disabilities and citizen involvement, including provision in other languages as appropriate;

c. ensure that national telecommunications policies provide the best possible nationwide access to e-health channels (telephone, Internet, television, radio, etc.) as well as the highest possible connectivity between them enabling users to move seamlessly from one type of service to another and across regions;

d. seek to standardise national provision of e-health information and services to ensure portability for patients across the country;

e. support the creation of transborder e-health programmes that unite nations in common e-health objectives, and in particular the proposal, put forward at the 13th Congress Plenary Session, of a South-Eastern European telemedicine and virtual education network.

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1. Debated and approved by the Chamber of Regions on 27 March 2007 and adopted by the Standing Committee of the Congress on 28 March 2007 (see Document CPR(13)7, draft recommendation presented by E. Haider (Austria, R, SOC) on behalf of M. Khan (United Kingdom, R, SOC), rapporteur).