

THE CONGRESS OF LOCAL AND REGIONAL AUTHORITIES

Resolution 231 (2007)¹ E-health and democracy in the regions

1. Equitable access to health care should be an integral part of every health policy decision, and a goal of every initiative undertaken by the competent health authorities;

2. E-health brings the possibility to construct networked electronic health services which can reach into people's homes and provide real-time services, from the use of smart cards to record patient information and access electronic health records, to remote diagnostic services (telemedicine) and e-learning. The role of the patient is thus being re-defined as citizens, who are more informed about wellness, ill-health, the determinants of both and the options available for health promotion or treatment, can take proactive leadership and informed responsibility for their own health needs;

3. By facilitating the cascade of services, information and communications from the traditional setting downward and outward, e-health enables these services to be decentralised – while ensuring the chain of information is not fragmented – to the level at which they are most efficiently and effectively provided. The principle of subsidiarity therefore has specific meaning when interpreted for e-health, as services are essentially being personalised and customised for individual users: this means that **the future of e-health is regional and local**;

4. At a time when there are growing concerns about the inequalities in health care provision between regions and within regions themselves, e-health technology is creating new possibilities for redressing the balance;

5. Furthermore, **e-health can be seen not only as a development consistent with the objectives of improving health service provision while ensuring maximum productivity and value for money, but also as a tool for democratic participation on a par with e-learning, e-commerce and e-government**;

6. It is therefore important that, while acknowledging the whole range of new possibilities for clinicians and patients provided by e-health, emphasis should not be placed solely on the innovative technical aspects themselves, but on the possibilities of social cohesion they can create;

7. E-health will certainly face challenges in implementation comparable to the development of e-government. The

Congress of Local and Regional Authorities believes, however, that regional authorities should take up this challenge and embrace their role in e-health as bringing greater democratic legitimacy to balance any democratic deficit in health system planning and in this spirit calls on them to:

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

b. develop an e-health action plan which:

i. sets up a joint consultative body representing civil society and the responsible health care provider whose rôle would be the regular measurement, monitoring and public reporting of the implementation of the e-health systems with respect to the identified priorities;

ii. is based on a citizen-centred perspective, approaching e-health as a new type of service, rather than as an extension of existing patterns of health care;

iii. entails citizen consultation to identify public needs for each locality, ensure focus on patient priorities, needs and patterns of use (not solely those of health professionals or service providers);

iv. is based on an inventory of existing e-health projects and plans, identifying key providers and their roles as well as specific local priorities;

v. shifts resources from centralised centres remote from the public, to lower cost and networked facilities that are closer to the user, thus achieving a measure of improvement in value for money;

vi. incorporates schools as a key component of any integrated e-health information system, helping to build the necessary health and e-literacy skills as early as possible;

vii. embraces the local capabilities of the academic and commercial communities, using local academic health centres to test-bed for e-health services and exploring the possibilities of regional e-health research clusters and the key benefits they can offer such as a focus for new business investment and employment;

c. provide the best possible regional 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 throughout their region;

8. The Congress of Local and Regional Authorities supports the creation of transborder e-health programmes that unite regions and localities in common e-health objectives, and in particular the proposal, put forward at the 13th Congress

Plenary Session in 2006, of a South-Eastern European telemedicine and virtual education network and to this end:

a. recommends that members of the Congress should approach those responsible for health policies at national and regional level to raise support for this network;

b. asks its Committee on Social Cohesion to investigate the possibility of organising a preparatory conference on this initiative with the Telemedicine Centre of Kosovo (TCK);

c. decides to promote the proposal within other European organisations and funding institutions.

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 resolution presented by E. Haider (Austria, R, SOC) on behalf of M. Khan (United Kingdom, R, SOC), rapporteur).