

Health

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

(Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948)

The Definition has not been amended since 1948.

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E-Health

E-health is the transfer of health resources and health care by electronic means. It encompasses three main areas:

- The delivery of health information, for health professionals and health consumers, through the Internet and telecommunications.
- Using the power of IT and e-commerce to improve public health services, e.g. through the education and training of health workers.
- The use of e-commerce and e-business practices in health systems management.

E-health provides a new method for using health resources - such as information, money, and medicines - and in time should help to improve efficient use of these resources. The Internet also provides a new medium for information dissemination, and for interaction and collaboration among institutions, health professionals, health providers and the public.

The World Trade Organization (WTO) defines e-commerce as the production, distribution, marketing, sale or delivery of goods and services by electronic means, i.e. conducting business over the Internet. The reduced costs, the amount of information available and the speed of doing business on-line are creating a revolution in the way that business is conducted. Access to the required technology is an issue for e-health, as for all information communication technologies. The population of the African continent is approximately 800 million, but only 4 million of them use e-mail (compared to 513 million globally) and of these, 2 million are based in South Africa.

Tele-health includes surveillance, health promotion and public health functions. It is broader in definition than tele-medicine as it includes computer-assisted telecommunications to support management, surveillance, literature and access to medical knowledge. Tele-medicine is the use of telecommunications to diagnose and treat disease and ill-health. Telematics for health is a WHO composite term for both tele-medicine and tele-health, or any health-related activities carried out over distance by means of information communication technologies.

(<http://www.who.int/trade/glossary/story021/en/>)

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Globalization of Health

(WHO, <http://www.who.int/trade/glossary/story045/en/index.html>)

This refers to the increasing globalization of the health sector. Traditionally, the health sector has been closed and nationally focused, but this is beginning to change. Examples of the globalization of health include:

1. The increasing mobility of health professionals across borders; for example, the United Kingdom now actively recruits nurses from developing countries.
2. The increasing mobility of health consumers (people); for example, patients travelling abroad to access medical care.
3. The increase in private companies, including foreign companies, which provide health services and health insurance schemes.
4. The use of new technologies, such as the Internet, to provide health services across borders and to remote regions within countries.

A measure of the globalization of a health system would include its degree of openness to foreign goods, services, ideas and policies, and people.

Public Health

(WHO, <http://www.who.int/trade/glossary/story076/en/index.html>)

Public health refers to all organized measures (whether public or private) to prevent disease, promote health, and prolong life among the population as a whole. Its activities aim to provide conditions in which people can be healthy and focus on entire populations, not on individual patients or diseases. Thus, public health is concerned with the total system and not only the eradication of a particular disease. The three main public health functions are:

- The assessment and monitoring of the health of communities and populations at risk to identify health problems and priorities.

- The formulation of public policies designed to solve identified local and national health problems and priorities.
- To assure that all populations have access to appropriate and cost-effective care, including health promotion and disease prevention services.

Public health professionals monitor and diagnose the health concerns of entire communities and promote healthy practices and behaviors to ensure that populations stay healthy. One way to illustrate the breadth of public health is to look at some notable public health campaigns:

- Vaccination and control of infectious diseases
- Motor-vehicle safety
- Safer workplaces
- Safer and healthier foods
- Safe drinking water
- Healthier mothers and babies and access to family planning
- Decline in deaths from coronary heart disease and stroke
- Recognition of tobacco use as a health hazard.

The term global public health recognizes that, as a result of globalization, forces that affect public health can and do come from outside state boundaries and that responding to public health issues now requires attention to cross-border health risks, including access to dangerous products and environmental change.

Public-Private Partnerships for Health

(WHO, <http://www.who.int/trade/glossary/story077/en/index.html>)

The term public-private partnerships covers a wide variety of ventures involving a diversity of arrangements, varying with regard to participants, legal status, governance, management,

policy-setting prerogatives, contributions and operational roles. They range from small, single-product collaborations with industry to large entities hosted in United Nations agencies or private not-for-profit organizations. The objectives of public-private partnerships include:

- Developing a product, e.g. the Medicines for Malaria Venture and the International AIDS Vaccine Initiative.
- Distributing a donated or subsidized product, to control a specific disease, e.g. initiatives to distribute leprosy medicines. Concerns have been expressed about these initiatives as not tackling the health problems of highest priority, as perceived locally.
- Strengthening health services, e.g. the Gates Foundation/Merck Botswana Comprehensive HIV/AIDS partnership.
- Educating the public.
- Improving product quality or regulation.

The European Code of Practice for Telehealth Services

The successful development of telehealth services needs the trust of clinicians; health, social care and support practitioners; service users and carers. The call for such trust has been made by the European Commission, governments in member states, clinicians and both patient and service user representative organisations.

The European Code of Practice for Telehealth Services (the Code) offers a basis for such trust. It provides a quality benchmark against which telehealth services can be assessed and accredited. It represents the culmination of work undertaken by partners of the TeleSCoPE project and was launched at the European Telemedicine Conference in Edinburgh on 29th October 2013.

The Code encourages telehealth services to adopt approaches by which more people are enabled to take greater responsibility for their own health. In so doing, the Code addresses

health in both its clinical and well-being senses; is positioned within a preventative and public health arena; and is important for service users and patients of all ages.

The European Code of Practice for Telehealth Services provides a robust quality benchmark. It is for all countries of the European Union and fits closely with the direction set by the European Commission's eHealth Action Plan 2012-2020.

The Code supports the European Commission's eHealth Action Plan by providing a quality benchmark for telehealth and telecare services. The Code focuses on the needs of service users and carers. In so doing it also addresses the concerns of service providers, commissioners and procurers. Broadly, the Code supports healthy lifestyles and public wellbeing by championing excellent service provision and providing a benchmark against which to assess service quality.

The Code:

- Addresses the way that telehealth services, related procedures and practices are organised;
- Helps provide a framework within which there can be greater ease of access by users and carers to such services;
- Encourages services to more fully engage users and carers to assist planning and development;
- Ensures consistency in the quality of services; and
- Points to some of the skills, knowledge and competency requirements for service staff.

Service requirements that are addressed in the Code include the way in which communication takes place with users and carers. In addition, in a context where telehealth technologies can measure, gather, store and analyse increasing quantities of personal information, the Code sets out requirements that will help to minimise the potential for people's privacy or autonomy being undermined.

Accreditation in accordance with the requirements of the Code, as well as helping improve the quality of provision, gives telehealth services an advantage when competing with unaccredited organisations.

The Code is open for anyone to read and download. Services interested in becoming accredited should contact [Malcolm Fisk](#) or [Helen Muir](#) at Coventry University or [Frederic Lievens](#) (Lievens-Lanckman bvba).

You can view the Code [here](#) .