

Trust Network for Cross-Border Digital Personal Health Records

Member State Briefing

18 November 2022

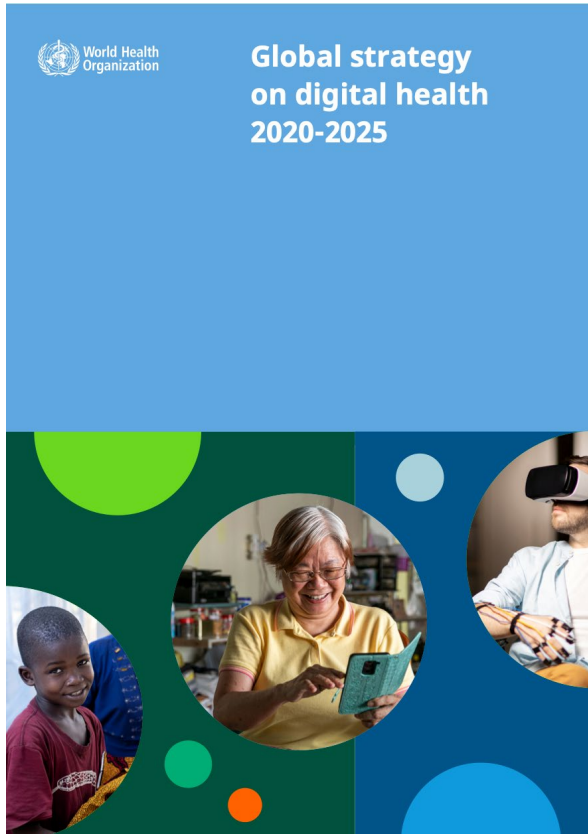


The Global Strategy on Digital Health (2020 - 2025), ratified by 194 member-states, advocates for people-centred health systems that are digitally enabled



“place **people at the centre of digital health** through the appropriate health data ownership, adoption and use of digital health technologies”

The Global Digital Health Strategy: Actions and Requests



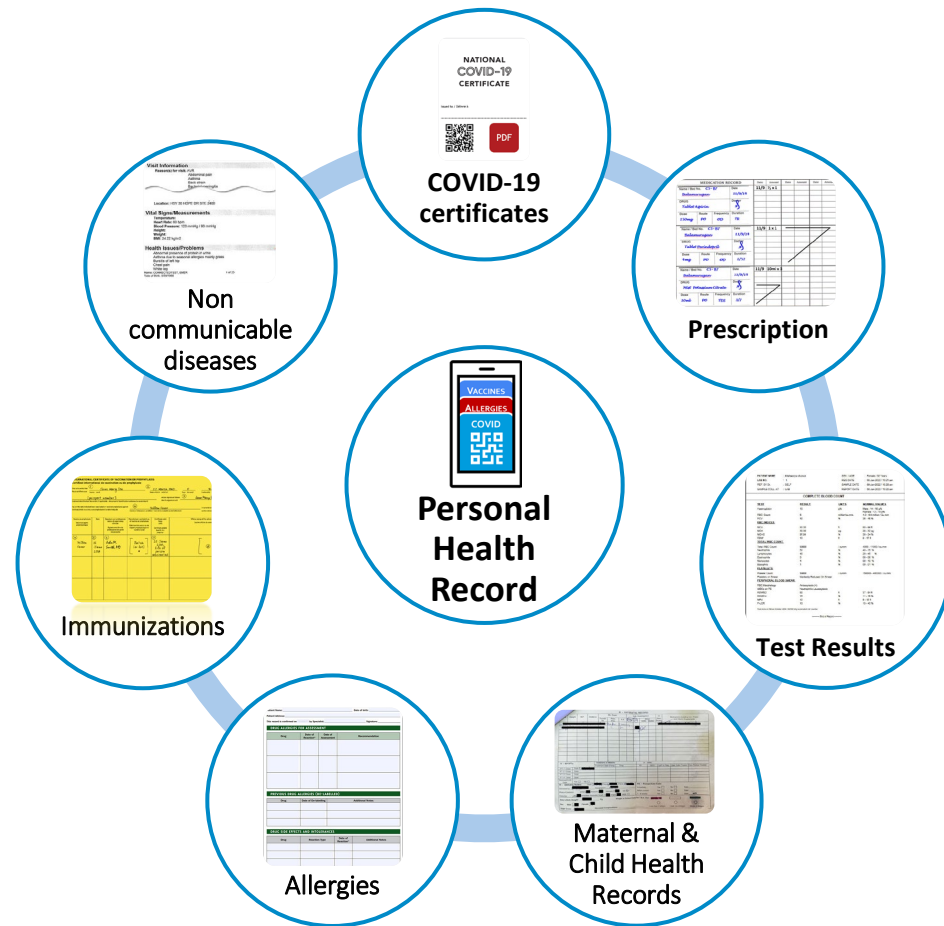
• Policy Actions

- “An **interoperable digital health ecosystem** should enable the seamless and secure **exchange of health data** by and between users, health care providers, health systems managers, and health data services.”
- “The **access of people to their health data** and the processing thereof should be ensured...”
- “From a legal and organizational perspective, all health care providers, health service providers, patients and any other **involved parties participating in an interoperable digital health ecosystem** undergo a strong and reliable digital identification, authentication and authorization mechanism that **guarantees trust in the exchange of health data and aligns with nationally appropriate means.**”

• Requests to Secretariat

- To develop a guideline on **global interoperability standards** for digital health
- To develop global minimum **standards for electronic health records.**
- Stresses the need for a **strong legal and regulatory base to protect** privacy, confidentiality, integrity and availability of data and the processing of personal health data, and **to deal with cybersecurity, trust building, accountability and governance**

To achieve person-centred health systems and future pandemic resilience there is a need to strengthen personal health records in a digital format



Record of health information in a digital format held by the individual

Personal health records expand upon Electronic Health Records and are provided to and can be managed by individuals

However, the implementation of Personal Health Records (PHR) faces numerous challenges at the individual, national and global levels

- Lack of **access to or control over** own health records
- Paper based records can be easily **lost, mishandled or damaged**
- Inability to easily take information from one health service provider in one country to another provider in another country

Individual level challenges



- Lack of (semantic and syntactic) **interoperability** between existing systems
- Inadequate **government resources** to sustain implementation
- Inconsistencies in **policies, governance and regulations**

National level challenges

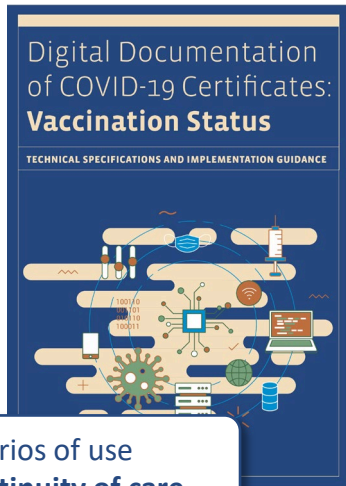


- Inconsistent design, document type and data collected
- Lack of **global coordinating platform** and secure **mechanism for exchange** of records
- **Inconsistent ownership** of Personal Health Records in countries
- Concerns related to **security and privacy**

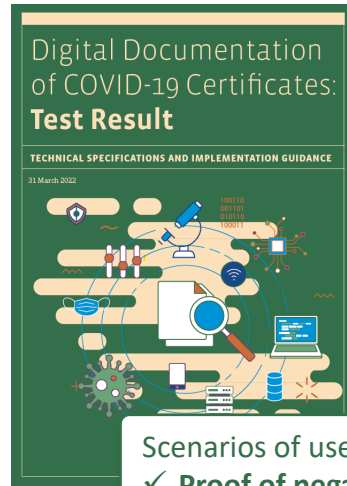
Global level challenges



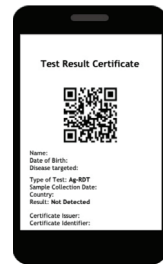
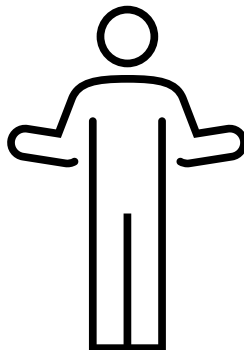
During the pandemic, WHO was asked to provide technical guidance on the establishment of standards and architecture to facilitate the sharing of COVID-19 vaccination status and test results within & across borders



Scenarios of use
✓ Continuity of care
✓ Proof of vaccination

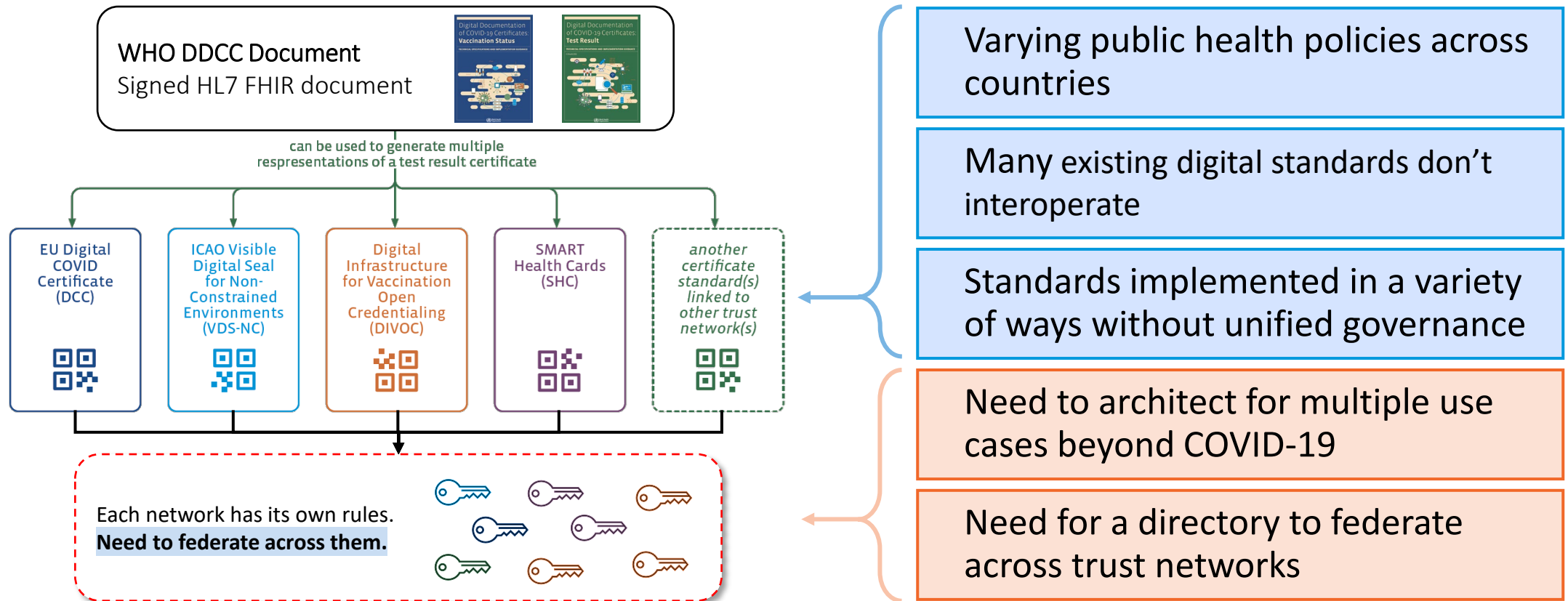


Scenarios of use
✓ Proof of negative test result
✓ Proof of previous infection



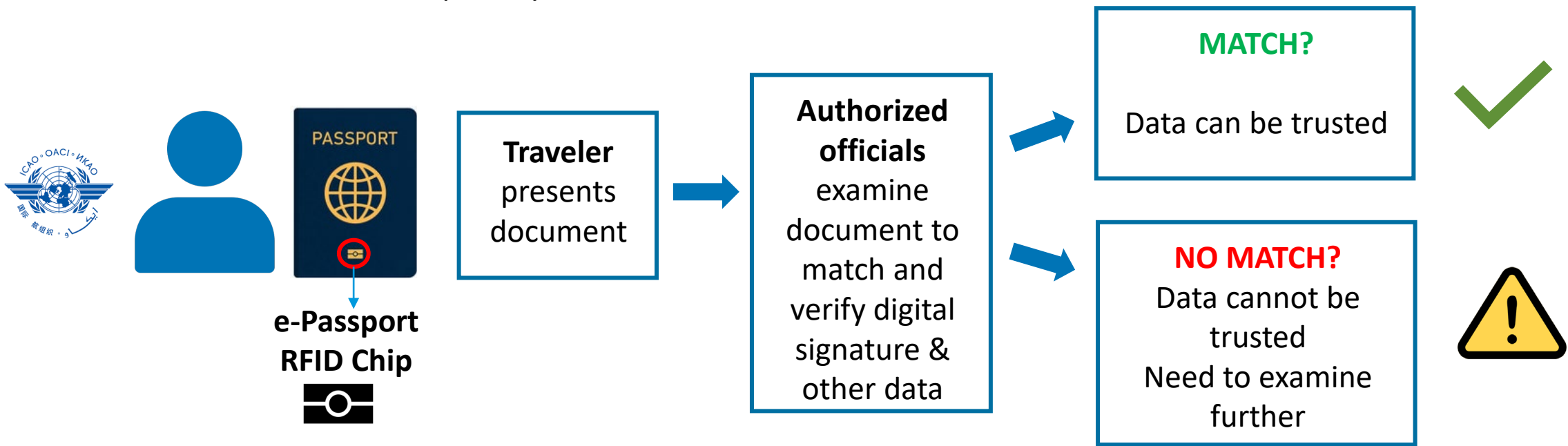
- ✓ **Published Guidance:**
 - Requirements & specifications for technology implementers
 - Implementation considerations (data protection, ethical considerations, governance)
- ✓ **Published reference software:**
 - Gateway
 - Products that meet DDCC specifications
- ✓ **Aligned with ~ 100 Member States**

Based on the experience from COVID-19 certificates, we recognize that consensus on technical standards and trust environment would be helpful to enable health documents to be recognized and used globally

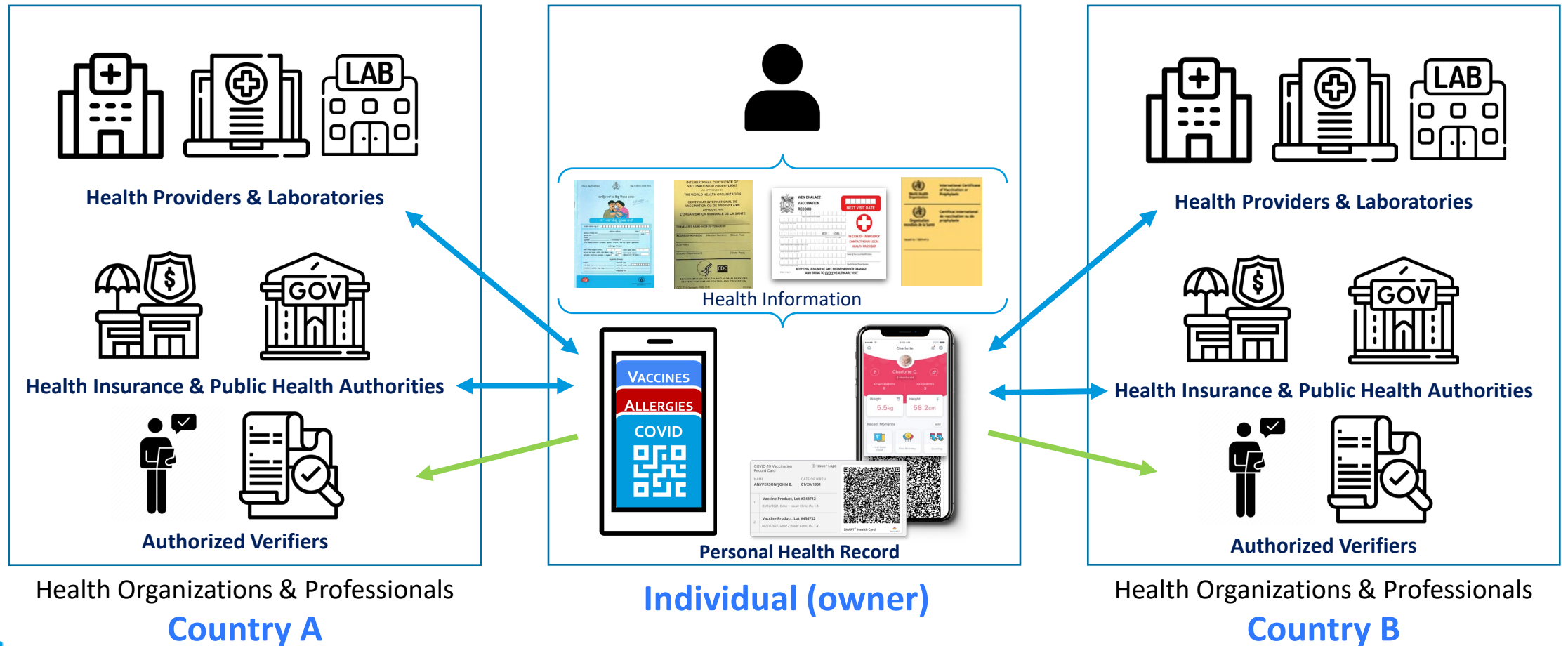


A trust architecture - consisting of technical framework, standards, governance and policies - provides an environment that enables data, carried by individuals, to be verified across members of the trust network.

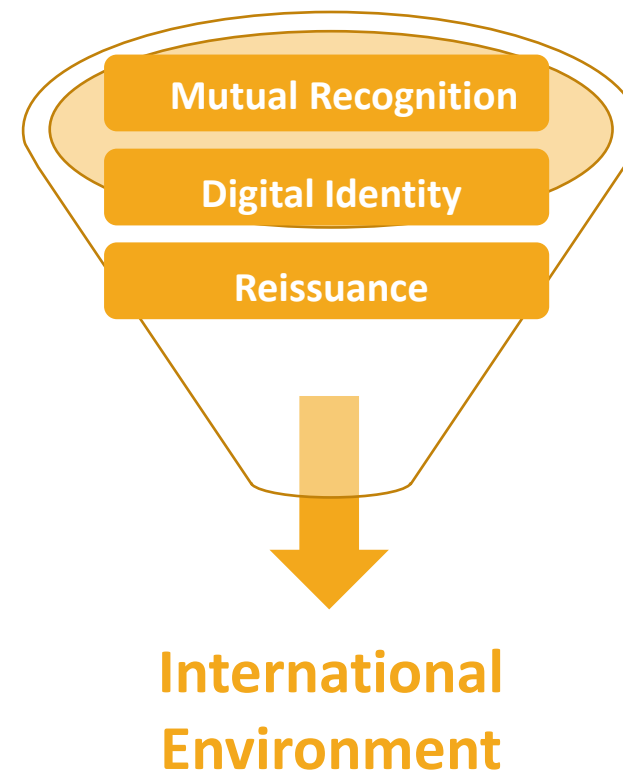
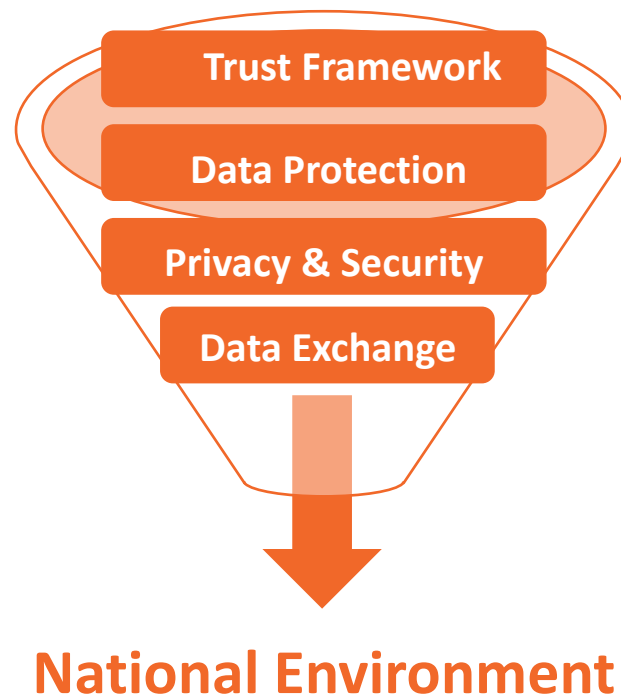
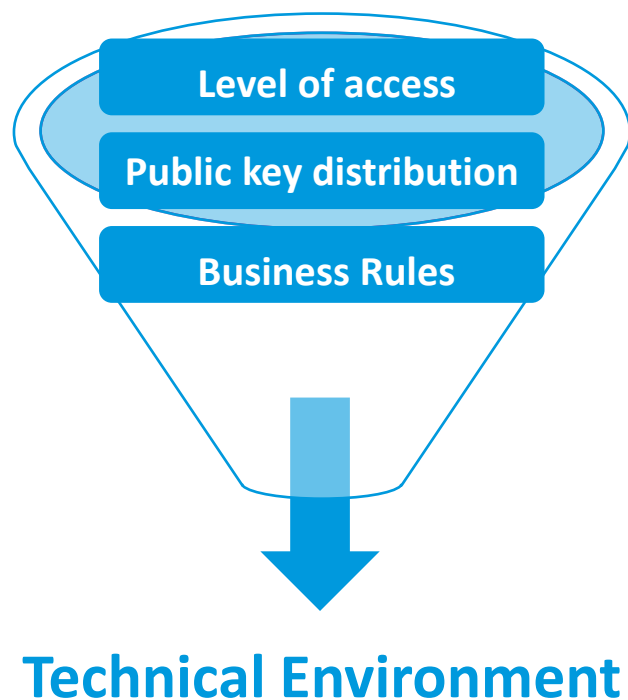
E.g., many passports & ID cards contain technology, as part of a **trust network (ICAO)**, which holds key personal data stored using agreed-to standards & format. This allows members of the network to issue, verify and modify 'certificates' that will be accepted by other members.



In response to member states, we are working to extend the DDCC standard for **digital personal health records**, built on a trust architecture that enables the secure issuance and verification of health documents across members of the trust network



The trust network guidance, consisting of technical standards and infrastructure will outline and establish the processes necessary for trusted exchange of health information across various use cases



WHO is currently working with its Member States through the Global Strategy on Digital Health and through a G20-led working group to outline the various leadership roles needed to enable a trust network as described.

WHO, through its a trusted relationship with its Member States, has provided guidance documentation, reference software, and technical support:

- ✓ Establishing **technical & governance policies**
- ✓ Establishing **interoperability framework**
- ✓ Developed **common standards** for health credentials

Additional leadership is needed to:

- ✓ Establish & run **Public Key Directory**
- ✓ Monitor **Onboarding** Process
- ✓ Establish a **secure platform** that addresses security & data concerns
- ✓ **Custodian** of the system

Custodian Role

The role of a **custodian** in the global health trust architecture is needed to as the repository of trusted **sources** of health information (not the information itself).

A global health trust network would help address current challenges at individual, national and global levels



Individual level



National level



Global level

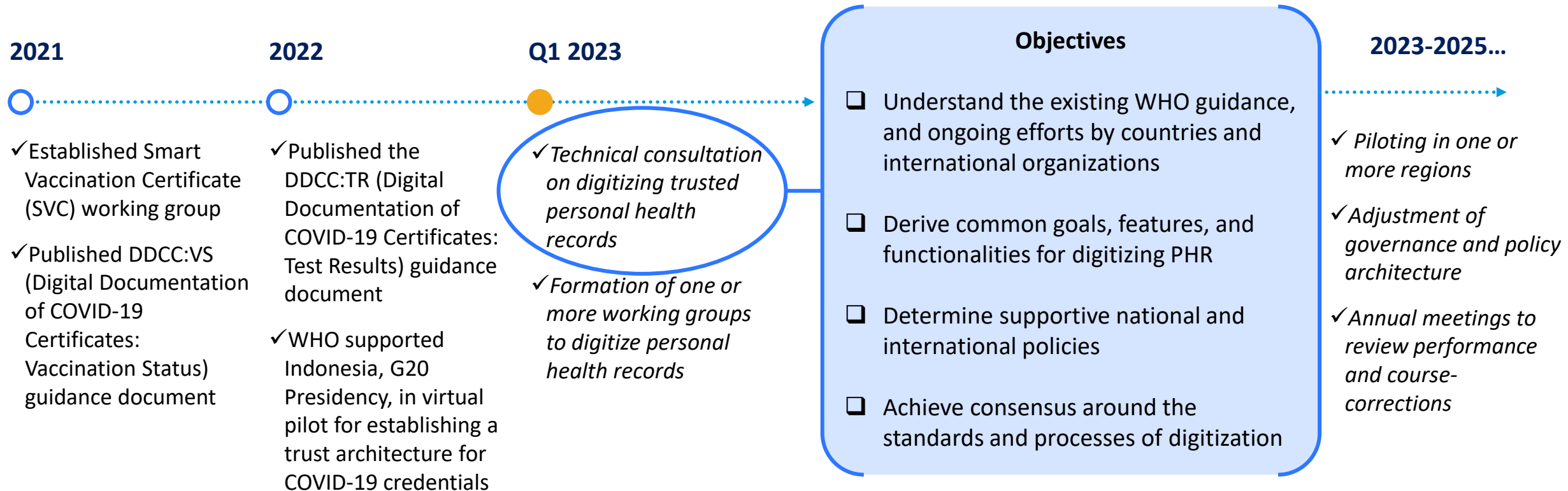
Existing system without global health trust network

- Limited control over own health records
- Paper based records
- Limited ability to exchange and/or verify health information globally
- Lack of clear policies, principles and regulations
- Lack of interoperability
- Inadequate government resources
- Inconsistent design, document type and data collected
- Lack of global coordinating platform
- Few mechanisms for exchange of records

Digitally augmented system with global health trust network

- Individuals have access to & control over their health information
- Digital records – always available
- Ability to verify online and/or offline
- Clearly documented policies, principles and regulatory framework based on consensus
- Standards compliant, interoperable infrastructure
- Standardized format for enabling exchange of health information
- Global platform with WHO as the mediator

To take this work forward, WHO will be convening a technical consultation with domain experts on digitizing personal health records



For next steps, we would like to ask for your support, engagement and feedback in the upcoming WHO working group meetings for Personal Health Records



- Contribute expertise and insights
- Build consensus around trust network leadership



- Provide necessary governance, resources and guidance
- Support workplan and roadmap to accomplish this goal



- Review existing and upcoming documentation including processes & workflows

Thank you

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