

# IFMBE–WHO Liaison Report 2009–2012

*Marc Nyssen*

During the 2009–2012 period the IFMBE–WHO liaison was consistently fulfilled with following activities:

- Representation of IMBE at the yearly WHO Executive Board meetings in January 2010, 2011 and 2012, with public statement in January 2012
- Representation of IFMBE at the yearly World Health Assembly meetings in May 2010 and 2011

with public statement in May 2010

- Publication in IFMBE News on the WHO Executive and WHA meeting
- Active presence of IFMBE at the WHO to prepare the “First Global Forum on Medical Devices in 2009, 2010 (3 different meetings)
- Active presence and participation of IFMBE President, AC members and members at the First Global Forum on Medical Devices, Bangkok, September 2010
- Active participation and official statement (after electronic consultation of IFMBE representatives and AC members) regarding the WHO re–organisation in February/March 2012.

This statement was later published: **IFMBE’s statement regarding WHO’s reform, Health and Technology, Springer: Volume 2, Issue 1 (2012), Page 1–3**

**Participating IFMBE officials and representatives:** Saide Calil, Yadin David, Dov Jaron, Luis Kun, KP Lin, Andrel Linnenbank, Mário Forjaz Secca and Herbert Voigt.

**Focal Point for IFMBE:** Marc Nyssen



# IFMBE's statement regarding WHO's reform

WHO Executive Board meeting, February 2012

*Reported by Marc Nyssen*

*Focal point for NGO*

*The International Federation for Medical and Biological Engineering (IFMBE)*

## STATEMENT:

---

IFMBE regards WHO's reform as an opportunity.

We think, however, that the trend to put more emphasis and budgets on regional centers should not endanger the role of a strong task force at headquarters, linking up with WHO's international partners, in which the recognized NGO's play an essential role.

Complementing the main lines of action, as set forward by the Director General, we suggest the following points, to which biomedical and clinical engineers can and are willing to contribute:

### 1. WHO should keep taking the lead in strengthening health systems worldwide

- providing benchmarks, standards and "best practices" guidelines
- focusing on "appropriate technologies" and matching them with disease-related priorities
- taking into account the convergence of computer and communications technologies with other forms of Information Technology
- providing and channeling medical and technical educational materials and study programs in up-to-date public health.

*The visibility and effectiveness of WHO's division on medical technology and medical devices has gone through an impressive increase during the last two years, with the publication of technical series and on-line tools. Biomedical and clinical engineers world-wide (and through them, the whole medical community) have contributed, but also benefit from these developments. It is our strong desire that WHO will continue on this path.*

*New opportunities exist at the micro level, e.g., molecular cellular, genetic levels for discovery, as well as the macro level, e.g., public health / population health, through the use of technologies like tele-health and in other cases many newer technologies such as data warehousing and data mining. These changes will require more and more the incorporation of other professions into this new ecosystem for its good support and functioning. Some of these would include: computer scientists, communications and data bases specialists, etc.*

## 2. WHO should make worldwide reporting more efficient

making use of available e-health technology and methods: using appropriate data mining on medical records rather than setting up single-purpose reporting via paper forms  
interfacing with other bodies, (in Europe, Asia, South America) who have set up networks for outbreak detection and response

we live in a global economy where food products and medications come from any and every part of the globe. WHO should encourage and support the creation of a worldwide food and drug enterprise architecture, so that anytime that a certain product is contaminated the rest of the world would know immediately and an action plan is followed to prevent related illnesses or even deaths

*Field visits and contacts with health workers in several African countries have demonstrated that one major challenge is the need for periodic completion of reporting forms that are sent to primary and secondary hospitals, which in turn have to report to the Ministry of Health, where the data are merged and reported by the country to WHO.*

*A substantial effort is involved in completing the reporting forms. A major concern is that the repeating effort needed to respond to frequent requests utilizes very important resources and does not benefit the patient.*

*This challenge can be met by elaborating a strategy for keeping electronic medical records and using appropriate e-health applications to convert the medical records into uniform periodic reports.*

## 3. WHO should take the lead in humanitarian emergency situations

- as put in evidence by several recent resolutions: on humanitarian disasters and on large gatherings
- biomedical and clinical engineers can play an essential role here
- the importance of appropriate technologies in humanitarian emergencies on the outcome cannot be over-stressed
- biomedical and clinical engineers, teaming up with other professions (in this fast changing ecosystem) will make up the task force.

*Recent history has shown that in emergency situations arising from natural disasters, the health outcome greatly depends on the existence of an infrastructure and its rapid deployment.*

*The elements of an effective supporting infrastructure range from the availability of basic resources*

*such as water, food, and electricity, to means of mobile communication and appropriate medical technology, forming an integrated health response system.*

*A task force, ready to cope with disaster conditions, should consist of medical personnel trained in emergency medicine, experienced crisis managers, and specialists in information and communication technology and in rapid deployment of medical technology. Biomedical and clinical engineers possess the latter requirements.*

*A challenge is the chronic shortage of appropriately trained personnel in the health sector at all levels: from technicians to information specialists and biomedical engineers.*

#### **4. Human resources**

*Another challenge is building the capacity of needed human resources to overcome the chronic shortages of appropriately educated technical and ICT (Information and Communication Technology) personnel in the health sector. There is a great need for such personnel at all levels: from technicians to information technology specialists and from upper level biomedical and clinical engineers, to technology assessment and procurement managers.*

*Biomedical/clinical engineers whose education integrates training in information technology, medical/clinical fundamentals and medical equipment have the needed skills to play a crucial role in disease management, via the fields of medical devices and systems, medical data acquisition/handling and medical software. Their education and training provide a particularly strong foundation allowing them to implement the required systems.*

*We therefore strongly recommend that WHO raise support for education programs and contribute to creating professional opportunities for all health related professions.*

*For all four above mentioned points, IFMBE considers itself as a resource partner for WHO.*