Question 14/2: Fostering the application of telecommunication in health care. Identifying and documenting success factors for implementing telemedicine

STUDY GROUP 2

SOURCE: RAPPORTEUR FOR QUESTION 14/2

TITLE: REPORT OF THE RAPPORTEUR'S MEETING

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Analysis of the Question and its expected outputs

Study Group 2 met on Tuesday, 8 September, to consider the Question 14/2 and its expected outputs. The Rapporteur (David Wright, Inmarsat) drew attention to the Question as contained in document 2/019-E. The Rapporteur summarised the key tasks as follows. The Study Group is expected to:

(1) identify telecommunications solutions to promote health care and to meet its needs, especially in remote and rural areas;

(2) raise awareness of decision-makers, telecom operators, donors and others and to support a second World Telemedicine Symposium in Latin America in 1998 and a third Symposium to be held in Asia in 1999;

(3) identify pilot projects and analyze them in order to help countries define a policy and strategy in the implementation of telemedicine;

(4) establish a database about the different pilot projects and experience in developing countries, what financing mechanisms and technologies have been used, what services have been provided, and the results;

(5) promote the development and use of telecom standards for telemedicine applications, and

(6) if possible, develop a directory of suppliers of appropriate telecom equipment and technologies for this application in developing countries.

The Rapporteur said in his view the Rapporteur's Group should give priority to preparing a report on pilot projects in developing countries, developing the directory of suppliers and supporting the symposia.

Among the comments on the Question, Prof Ernst Becher of Thunderbird University said the Question as framed was rather "supply-orientated", that the Rapporteur's Group should take into account the requirements of users. He mentioned work undertaken by WHO.

Guy Rossignol (France) said the text of French version needed to be better aligned with the English and that the Rapporteur's Group should take into account the need for training.

Souleimane Chabi Mama Guia (Benin) noted that the Question appeared to give lower priority to the needs of LDCs whereas greater priority should be given to the LDCs in view of their significantly greater needs. His intervention was supported by the representatives of Syria and UNESCO. Nabil Kisrawi noted the Resolutions from the Kyoto Plenipotentiary Conference and the Valletta World Telecom Development Conference gave special priority to LDCs. He suggested that the draft Report (document 2/001) should be divided into two mains parts, i.e., one part on projects in developing countries and the second part on projects in the LDCs. He noted that the draft Report had three projects in the LDCs.

Associate Rapporteurs and active collaborators

The following delegates volunteered to be Associate Rapporteurs:

Souleimane Chabi Mama Guia (Benin)

Guy Rossignol (France)

Thomas Diakite (Guinea)

Gomes Zita (Mozambique)

Geoffrey Kambido Sanga (Malawi)

Oleg Orlov (Russia)

Khalid Balkhyour (Saudi Arabia)

Mactar Seck (Senegal)

Silas Olsson (Telia)

Olivier Zmirou (Thomson CSF)

Ernst Becher (Thunderbird University)

Edward Ssali (Uganda)

Yevgen Kilchitsky (Ukraine)

Others could join later by providing their names to the Rapporteur and/or Ms Alessandra Pileri (BDT).

Relevant input documents

Among the relevant input documents, the Rapporteur drew to the attention of Study Group 2, the Recommendation 11 from Valletta, entitled "Impact of telecommunications in health-care and other social services". He noted in particular that the Recommendation says telemedicine services and delivery in developing countries should be affordable, practical, self-sustaining and available to as many people in need as possible. Furthermore, the Recommendation says that developing countries should endeavour to ensure that telemedicine services are self-sustaining in the medium to long term in order to avoid raising false expectations.

Lars Engvall representing the International Teletraffic Congress (ITC) said that telemedicine applications did not need to very expensive, that they could and sometimes were an application provided by telecentres.

Nabil Kisrawi noted points 10 and 11 of the Recommendation refer to support by the BDT in regard to establishing the database of pilot projects and identifying appropriate telecom technologies and applications for telemedicine. He said the BDT should take some initiatives in response to the Recommendation.

Experience of the last study cycle

The Rapporteur highlighted some results from the first study cycle, including formation of the **Midjan Group**, the first such association of telecom experts and health care professionals from both developed and developing countries, from governments and the private sector. Members of the Midjan Group had organised demonstrations at the regional development conferences in Abidjan and Beirut, at the G-7 meeting in Midrand, South Africa, and at the Valletta conference. Among other results was preparation of the *Report on Telemedicine and Developing Countries* which had been published in the February 1998 issue of the *Journal of Telemedicine and Telecare* and made available to delegates at the Valletta conference. The BDT had sent telemedicine experts to several countries, namely, Bhutan, Cameroon, Mongolia, Mozambique, Senegal, Tanzania, Thailand, Uganda and Viet Nam.

Prof. Leonid Androuchko from the BDT said that the BDT was already supporting pilot projects in several LDCs and informed the Study Group about an agreement of co-operation which had been signed earlier in the day between the BDT Director and the Basic Human Needs (BHN) Association, a non-governmental organization based in Japan. Takeo Nobusawa, the President of BHN, then made a statement referring to the BHN's support for telemedicine, in particular, for victims of the Chernobyl disaster.

Rapporteur's proposal (Doc. 2/001)

The Rapporteur said the report on case studies would respond to points 1,3 and 4 in section 2 of Question 14/2 and would contain recommendations. The Rapporteur referred to Annex 1 of document 2/001, entitled "Telemedicine projects in developing countries: case studies", which contained guidelines for projects. The Rapporteur encouraged Study Group 2 delegates from developing countries and the LDCs to contact their Ministries of Health to determine whether they had some telemedicine experience already and if so to contribute to the work of the Rapporteur's Group by using the guidelines.

Dissemination of the results

The Rapporteur said he hoped the BDT would make the report on case studies available in both hard copy form and on the BDT website.

Nabil Kisrawi said that the regional offices of the ITU could assist in raising awareness as could the vice chairmen of Study Group 2. Prof Becher said that perhaps the regional offices of the WHO could also help in this regard.

Plan of action for carrying out the work of the Question

The Rapporteur said a plan of action would be prepared following consultation among the Associate Rapporteurs, but that he envisaged that the Rapporteur's Group could provide a more advanced report on case studies for the next meeting of the Study Group as well as a first draft of the directory of suppliers.

The Rapporteur said that he knew one Latin American country had already been in contact with the BDT and had offered to host the second World Telemedicine Symposium for Developing Countries. With regard to the symposia referenced in the Question, Guy Rossignol said that in view of the successful demonstrations at previous development conferences in Abidjan, Beirut and Valletta, the Midjan Group had offered to organise a programme for the second World Telemedicine Symposium to be held in Latin America.

Rapporteur's meeting

The Rapporteur said it would be useful to convene a Rapporteur's Group meeting sometime between now and the next meeting of the Study Group. The Rapporteur proposed a two-day meeting, possibly in February 1999 but not later than June, and expressed the desire to have the documents translated into at least French and the possibility of interpretation during the meeting. The delegate from Senegal had offered to host the meeting in Dakar (to be confirmed).

Other business

There being no other business, the Rapporteur closed the meeting at 17.45.

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