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| PROPOSAL OF A NEW RESOLUTION FOR E-HEALTH  (REVISION OF RES. 41 (ISTANBUL, 2002)) | | |
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| **Summary:**  WTDC Resolution 41 (Istanbul, 2002) can be regarded as a resolution on fundamentals that must be kept in mind. Resolution 41 issues that have yet to be resolved must be reconsidered if eHealth policy is to be implemented in autonomous and sustainable fashion. However, the Resolution 41 was deleted in WTDC 2006 in Doha and lose effect. This document proposes new resolution for the next generation of eHealth.  **Action required:**  TDAG is invited to consider this document and take action  **References:**  N/A | | |

# Background

Globalization has made people increasingly mobile, and this enables infectious diseases to now spread faster than ever before, making them more likely to have worldwide impact. Equalizing access to essential medical services will require systemic/structural reforms and knowledge concentrations that are global and that transcend national borders. Health/medical issues such as avian influenza and Ebola hemorrhagic fever can no longer be tackled by a single government; they must be clearly positioned as foreign policy issues. Those issues must also be assured as the human right to health through the partnerships and other joint efforts with international organizations such as WHO and ITU, NGOs, and corporations. ICTs (information and communication technologies) are expected to play a major role in implementing such policies and information sharing.

In 1994 the ITU launched a Development Sector, its third. Additionally, “Question 6/2: Impact of telecommunications in health-care and other social services” of the Buenos Aires Action Plan articulated the importance of telemedicine/eHealth activities. (The Buenos Aires Action Plan was adopted in Buenos Aires in the same year.) Resolution 41 was adopted at WTDC-2002 held eight years later, but the policy effects and the impact of the resolution on WHO and other international organizations and their activities need to be re-evaluated to remind ourselves of the issues that remain to be addressed.

ITU pressures to WHO

Although the ITU began working on telemedicine/eHealth issues in 1994, the WHO had long been skeptical about the benefits of telemedicine/eHealth and refused to address the topic as a policy issue. In response to demands issued by the ITU at WTDC-2002, the WHO, at its 58th World Health Assembly in May 2005, recommended for the first time that national governments implement eHealth policies at the national level (Resolution WHA58.28). This resolution was heavily influenced by Resolution 41, and even the wording of the recommendations was similar. The resolution contained various key recommendations, including recommendations on formulating national strategy, resolving legal system issues, developing expert personnel, and establishing the financial support required to ensure sustainable implementation. The WHO also broached the topic of standardization, an unusual move, asking member states to formulate standards for electronic medical records and personal data. These actions constituted responses, both direct and indirect, to requests made by the ITU. However, the Resolution 41 was deleted in WTDC 2006 in Doha and lose effect. This document proposes new resolution for the next generation of eHealth. The annex A to this contribution contains proposed new Resolution for eHealth.

ANNEX A

NEW RESOLUTION (Buenos Aires, 2017)

**eHealth**

The World Telecommunication Development Conference (Buenos Aires, 2017),

*considering*

a) The history of eHealth at ITU-D goes back 20 years. From the adoption of Resolution 41 at the WTDC 2002, ITU-D has consistently led the world in the area of e-Health.

b) The ITU-T itself has already issued recommendations for eHealth standardization. We have now entered an era of global eHealth implementation that transcends national borders.

*recognizing*

a) ICT has clearly brought significant conveniences (ubiquity) to people living in remote locations who are currently without access to medical and healthcare services and to people engaged in work involving these services. To achieve the actual implementation of eHealth in developing countries based on the WSIS SDG Matrix (Sustainable Development Goals Matrix), the related services must be user-centric and implemented to achieve universal availability regardless of conditions.

b) To allow eHealth to be implemented in autonomous and sustainable fashion, a new Master Plan must be formulated by a national committee (national strategy committee) that includes medical industry representatives. Additionally, a task force under the committee should provide detailed guidance.

c) In discussions with medical industry representatives, the following matters must be kept in mind:

1. The state of unsatisfactory medical services in developing countries, especially in remote locations, cannot be discussed as if equal to the state of medicine in developed nations.
2. Legal systems that stipulate that medical exams be rendered using records written on paper or face-to-face must be respected to the extent reasonably possible. However, the following exceptions must be considered:

* Use when urgent due to disasters or emergencies or for communicable diseases affecting wide areas;
* Use of ICT in geographically remote locations or islands;
* Use of ICT when home medical services are desired, such as in the late stages of cancer;
* Use of ICT for pregnant women, new-borns, infants, and psychological disorders;
* Medical diagnoses for non-face-to-face medical exams based on artificial intelligence connected to a network.

1. Awareness promotion and ICT use for elderly health management among specific community groups such as families or neighbourhoods.
2. Information sharing and application of big data for matters related to the health risks posed by food or by luxury goods and matters related to drug side effects.
3. Financial support for autonomous, sustainable e-Health implementation (including operating costs) and the corresponding mechanisms.
4. Programs for training personnel in developing countries, including staff and expert personnel, and improvements in ICT literacy of users.

*resolves thαt*

1 BDT should work jointly with WHO, national governments (member states), and members of the healthcare sector, and engage in activities to realize sustained autonomous projects in the following fields on a continuing basis:

* Smoking cessation activities using mobile terminals;
* Control of noncommunicable diseases using mobile terminals;
* Support for women and children using ICT;
* Managing communicable diseases and preventing pandemics using ICT.

2 BDT and SG2 Q2/2 should create policy guidelines and eHealth guidelines to promote the social acceptability of eHealth on behalf of national governments (member states), with the goal of achieving autonomous and sustainable eHealth implementations.

3 BDT and SG2 Q2/2 should consider pilot projects to promote eHealth standardization in developing countries.

4 BDT should compile the results and issues of eHealth projects undertaken in each country and compile a report on lessons learned on a continuing basis.

5 BDT should work with ITU-T and ITU-R to promote eHealth in developing countries with a focus on eHealth standardization and technical issues.

*invites*

1 Member states should cooperate with the healthcare sector in considering the financial support mechanisms needed to support autonomous, sustainable eHealth operations, including taxes, medical fees, lotteries, supercomputer and database usage fees, and so forth.

2 the international financial institutions and donor agencies to assist in developing telemedicine/telehealth applications, projects and programmes in developing countries.

ANNEX B

RESOLUTION 41 (Istanbul, 2002)

**E-health (including telehealth/telemedicine)**

The World Telecommunication Development Conference (Istanbul, 2002),

considering

a) that the World Telecommunication Development Conference (Valletta, 1998) recommended that ITU continue to study the potential of using telecommunications for e-health in order to meet some of the needs of developing countries, and as a result adopted Question 14/2 "Fostering the application of telecommunications in health care";

b) that the ITU-D has produced a report on "Telemedicine and developing countries - Lessons learned" which was approved by ITU-D Study Group 2 in September 2000, and a telemedicine directory which was approved in September 2001;

c) that the second World Telemedicine Symposium for developing countries convened by the Telecommunication Development Bureau (BDT) in Buenos Aires, 1998, recommended that BDT set aside a specific budgetary allocation from ITU TELECOM surpluses and from the BDT budget for supporting the telecommunication component of e-health pilot projects, e-health training, and missions by telemedicine experts to assist developing countries in the formulation of proposals, and that ITU-D continue its studies of telecommunication needs for e-health and, in particular, to identify pilot projects, provide an analysis of project results, and assist countries to define a policy and strategy towards telemedicine implementation,

considering further

a) the potential benefits identified in the report on "Telemedicine and developing countries - Lessons learned";

b) the new Question on what measures should be taken to facilitate the introduction of e-health applications in developing countries,

recognizing

a) that the possibility of undertaking e-health applications will be enhanced if appropriate regulatory, legal and policy frameworks exist in the telecommunication and health sectors;

b) that sharing expensive communication infrastructures with other applications such as e-commerce, distance education and so on can improve the availability and sustainability of e-health applications;

c) that in order to deploy these applications, it is necessary to adopt a multidisciplinary approach and bring together expertise from the information and telecommunication technology and health sectors,

resolves thαt BDT

1 continue its efforts to raise the awareness of decision-makers, health professionals, partners, beneficiaries and other key players about the benefits of telecommunications for the e-health applications;

2 continue to support e-health projects in collaboration with government, public, private, national and international partners - in particular with the World Health Organization (WHO);

3 collaborate with international and national initiatives in e-health, such as the UN Millennium Project: Health InterNetwork, led by WHO;

4 encourage collaboration, and provide support using TELECOM surplus funds and other resources, on e-health projects on the national and regional level;

5 set up, within existing budgetary resources, a fund for telecommunication facilities for e-health, and introduce e-health training in the centres of excellence;

6 promote, facilitate and provide technical support and training in information and communication technologies for e-health;

7 work with the health sector to identify models for sustainability of e-health applications, particularly in remote and rural areas of developing countries, exploring possibilities for sharing infrastructure with other services and applications,

invites

1 Member States to consider the establishment of a national committee/task force comprising representatives from the telecommunication and health care sectors in order to assist with awareness- raising at national level and with the formulation of feasible telemedicine projects;

2 the international financial institutions and donor agencies to assist in developing telemedicine/telehealth applications, projects and programmes in developing countries.

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