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| C:\Users\ponder\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\BDT-25th_anniversary_2017-Logo_411959-3_transparent.png | **World Telecommunication DevelopmentConference 2017 (WTDC-17)****Buenos Aires, Argentina, 9-20 October 2017** | C:\Users\ponder\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\BDT-25th_anniversary_2017-Logo_411959-1_transparent.png |
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| PLENARY MEETING | **Addendum 6 toDocument WTDC-17/22-E** |
|  | **28 August 2017** |
|  | **Original: English** |
| Asia-Pacific Telecommunity Member Administrations |
| New Resolution - eHealth |
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| **Priority area:** - Resolutions and recommendations**Summary:**From the adoption of Resolution 41 at the WTDC 2002, ITU-D has consistently led the world in the area of eHealth. The ITU-T itself has already issued recommendations for eHealth standardization (H.810, H.812 etc). However, the Resolution 41, that was legal backbone of ITU and WHO joint activities on eHealth, was later deleted in WTDC 2006 in Doha. Therefore, the ITU lost the important basis for collaboration with WHO in the domain of eHealth.This resolution encourage BDT’s eHealth activities working jointly with World Health Organization (WHO), Member States, and members of the healthcare sector, to realize sustained autonomous projects.**Expected results:**This resolution is aiming to achieve the following goals: 1. Promote collaboration between ITU and WHO and support joint activities as follows;
* Smoking cessation activities using mobile terminals;
* Control of non-communicable diseases using mobile terminals;
* Support for women and children using ICT;
* Managing communicable diseases and preventing pandemics using ICT.
1. Support promotion of eHealth in the developing country towards the SDGs.
2. Support eHealth legal system and economical solutions in developing countries.
3. Support eHealth pilot projects by developed countries for developing countries technically and financially to demonstrate the social effectiveness.
4. Create the new business by fully utilizing emerging information and communication technologies such as AI-deep learning and medical big data

**References:**Document ITU-D SG2 SG2RGQ/217-E, ITU-T Recommendation H.810, H.812, H.860, ITU Plenipotentiary conference Busan PP-14 Resolution 183, WTDC 2014 Resolution 54 |

**ADD** ACP/22A6/1

DRAFT NEW RESOLUTION [ACP-1]

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)* PP-14 Resolution 183 (Busan) and ITU-D resolution 54 (WTDC-14 Dubai);

*c)* ITU-T has issued recommendations, ITU-T Recommendation H.810, H.812, and H.860, for the standardization of eHealth;

*d)* eHealth greatly helps people’s life as the result of long time ITU efforts,

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 receiving these services in their daily life. 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 universality regardless of conditions;

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

*c)* when collaborating with medical industry representatives, the following matters must be kept in mind:

*i)* the state of medical services in developing countries, especially in remote locations, cannot be ameliorated to the equal level as that of medical services in developed countries;

*ii)* legal systems that stipulate the medical exams be rendered using records written on paper or face-to-face must be respected to the extent possible. However, the following exceptions must be taken into consideration:

* Use of ICT when in urgency due to disasters or for the case of 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-born babies, infants, and psychological disorders;
* Medical diagnoses for non-face-to-face medical exams based on artificial intelligence connected to a network;

*iii)* awareness, promotion and ICT use for elderly people’s health care among specific community groups such as families or neighborhoods;

*iv)* 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;

*v)* financial support for autonomous, sustainable eHealth implementation (including operating costs) and the corresponding mechanisms;

*vi)* programs for training personnel in developing countries, including staff and expert personnel, and improvements in ICT literacy of users,

resolves to instruct BDT to

1 work jointly with World Health Organization (WHO), 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 non-communicable diseases using mobile terminals;

- Support for women and children using ICT;

- Managing communicable diseases and preventing pandemics using ICT;

2 work jointly with WHO, to assist member states to create policy and eHealth guidelines to promote the social acceptability of eHealth, with the goal of achieving autonomous and sustainable eHealth implementations;

3 work jointly with WHO to promote eHealth standardization for developing countries;

4 work jointly with WHO and make efforts for financial and technical support to perform eHealth pilot projects in developing countries;

5 work jointly with WHO to compile the results of eHealth projects and reports on lessons learned on a regular basis;

6 work with ITU-T and ITU-R to promote eHealth in developing countries with a focus on eHealth standardization and related technical issues,

invites

1 Member States to cooperate with the healthcare sector for the financial support mechanisms needed for sustainable eHealth services;

2 the international financial institutions and donor agencies to assist developing eHealth applications and projects etc. for developing countries.

**Reasons:**

The purpose of this new Resolution is to call upon BDT to collaborate with the WHO with regards to e-Health, particularly in the areas of:

• Smoking cessation activities using mobile terminals;

• Control of non-communicable diseases using mobile terminals;

• Support for women and children using ICT;

• Managing communicable diseases and preventing pandemics using ICT.

It further calls upon the BDT to:

• Support promotion of eHealth particularly among developing countries towards achieving SDGs;

• Support the development of eHealth legal system and economical solutions in developing countries;

• Support the rollout of eHealth pilot projects by developed countries for developing countries technically and financially to demonstrate the social effectiveness;

• Support the development of new business by fully utilizing emerging information and communication technologies such as AI-deep learning and medical big data as it relates to E-Health.

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