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| PROPOSED MODIFICATIONS TO RESOLUTION 78 |
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| **Abstract:** | This contribution proposes to update WTSA Resolution 78 in order to ask Member States to facilitate access to digital identity platforms to enhance e‑health applications and services. |
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Introduction

The access to the digital identity platforms might be restricted by complicated legislative frameworks for the sake of protecting personal information. We add a new clause to the Resolution asking Member States to facilitate access to digital identity platforms.

Proposal

The proposed modifications are highlighted below in the main body of WTSA Resolution 78**.**

MOD ATU/35A20/1

RESOLUTION 78 (Rev. New Delhi, 2024)

Information and communication technology applications and standards for improved access to e-health services

(Dubai, 2012; Hammamet, 2016; Geneva, 2022; New Delhi, 2024)

The World Telecommunication Standardization Assembly (New Delhi, 2024),

recalling

*a)* Resolution 183 (Rev. Busan, 2014) of the Plenipotentiary Conference, on telecommunication/information and communication technology (ICT) applications for e-health;

*b)* Resolution 65 (Rev. Dubai, 2014) of the World Telecommunication Development Conference, on improving access to health-care services by using ICTs;

*c)* United Nations General Assembly Resolution 70/1, on transforming our world: the 2030 Agenda for Sustainable Development,

recognizing

*a)* Goal 3 of the Sustainable Development Goals (SDG 3): To ensure healthy lives and promote well-being for all, at all ages;

*b)* that in many countries the population is ageing rapidly;

*c)* that innovative approaches, using advances in ICTs, can also greatly facilitate the implementation of SDG 3, particularly for rural, remote and underserved areas, and in developing countries[[1]](#footnote-1)1;

*d)* that ICTs are transforming the delivery of health care through low-cost e-health applications that provide health-care access for the poor;

*e)* the importance of safeguarding patients' rights and privacy;

*f)* that there are national legislative and regulatory discussions relating to e‑health and e‑health applications and that this is an area of rapid evolution,

considering

*a)* that the World Summit on the Information Society, which was held in two phases (Geneva, 2003 and Tunis, 2005), included e‑health in the Geneva Plan of Action as one of the important ICT applications, and stated the following: "Promote collaborative efforts of governments, planners, health professionals, and other agencies along with the participation of international organizations for creating a reliable, timely, high-quality and affordable health care and health information systems and applications and for promoting continuous medical training, education, and research through the use of ICTs, while respecting and protecting citizens' right to privacy. … Encourage the adoption of ICTs to improve and extend health care and health information systems and applications to remote and underserved areas and vulnerable populations, recognizing women's roles as health providers in their families and communities";

*b)* that the World Health Organization (WHO) approved in May 2005 Resolution WHA58.28 on e‑health, stressing: "… that e-health is the cost-effective and secure use of information and communication technologies in support of health and health-related fields, including health-care services, health surveillance, health literature, and health education, knowledge and research";

*c)* that WHO and ITU have a key role in strengthening coordination between interested parties in all technical areas for the standardization of e-health applications and uses of e-health protocols;

*d)* the pressing need for the provision of safe, prompt, efficient and effective health care through the use of ICT in e-health;

*e)* that e-health applications and the ICT applications supporting them are already extensive, but far from fully optimized and integrated, especially for rural, remote and underserved areas;

*f)* the importance of maintaining momentum so that the potential advantages of telecommunication/ICT technologies in the health-care sector are supported by appropriate and secure regulatory, legal and policy frameworks in both the telecommunication and the health sectors,

noting

*a)* ongoing work and studies in Study Group 2 of the ITU Telecommunication Development Sector (ITU‑D) under Question 2/2, on information and telecommunications/ICT for e-health;

*b)* ongoing work and studies in Study Group 16 of the ITU Telecommunication Standardization Sector (ITU‑T) under Question 28/16, on multimedia framework for e-health applications;

*c)* that ICT standards for health care were deemed to be an issue of major importance at the 13th session of the Global Standards Collaboration (GSC-13);

*d)* that ICT standards relating to health care have to be adapted as needed to suit the conditions in each Member State, and this will require strengthening of capacity building and increased support;

*e)* ongoing work in ITU‑D to reduce the digital divide in the area of e-health;

*f)* ongoing work and studies in ITU‑T Study Group 20, related to e-health;

*g)* ongoing work in relevant standards-development organizations, including the International Organization for Standardization Technical Committee on health informatics (ISO TC 215), in the area of e-health,

recognizing further

*a)* the importance of telecommunication/ICT standardization in e-health services to promote interoperability to make health care more inclusive and to realize the full potential of ICTs in strengthening health-care systems and applications;

*b)* that, for health-care providers, system interoperability between information systems is critical and fundamental, in particular in developing countries, for delivering quality health care and reducing its costs;

*c)* that telecommunications/ICTs play significant roles in providing quality e-health services to rural, remote and underserved areas, and in addressing challenges in public health emergencies,

resolves to instruct the Director of the Telecommunication Standardization Bureau, in collaboration with the Director of the Telecommunication Development Bureau and the Director of the Radiocommunication Bureau

1 to consider with priority the enhancement of telecommunication/ICT initiatives in e‑health and to coordinate their related standardization activities;

2 to continue and further develop ITU activities on telecommunication/ICT applications for e-health in order to contribute to the wider global efforts concerning e-health;

3 to work collaboratively with WHO, academia and other relevant organizations on activities related to e-health in general and to this resolution in particular;

4 to organize seminars and workshops on e-health for developing countries and gauge the needs of the developing countries, which are the countries with the greatest need for e-health applications,

instructs Study Groups 16 and 20 of the ITU Telecommunication Standardization Sector, each according to its mandate, in collaboration with the relevant study groups, particularly Study Groups 11 and 17 of the ITU Telecommunication Standardization Sector

1 to identify and document examples of best practice for e-health in the field of telecommunications/ICTs, for dissemination among ITU Member States and Sector Members;

2 to coordinate activities and studies relating to e-health among the relevant study groups, focus groups and other relevant groups in ITU‑T, the ITU Radiocommunication Sector (ITU‑R) and, the ITU Development Sector (ITU‑D), in order in particular to foster awareness of telecommunication/ICT standards pertaining to e-health;

3 for ensuring the broad deployment of e-health services in diverse operating conditions, to study communication protocols relating to e-health, especially among heterogeneous networks;

4 within the current mandate of the ITU‑T study groups, to give priority to the study of security standards (e.g. for communications, services, network aspects and service scenarios for databases and record handling, identification, integrity authentication, and patients’ rights and privacy) relating to e-health, taking into account *recognizing e),*

instructs the Director of the Telecommunication Standardization Bureau to collaboratively work with the Director of the Telecommunication Development Bureau

to develop awareness\campaign programs that sensitize the use of e-health applications such as Telemedicine in developing countries.

invites Member States

1 to consider, as appropriate, the development and/or enhancement of frameworks, which may include legislation, regulations, standards, codes of practice and guidelines, to enhance the development of telecommunication/ICT services, products and terminals for e-health and e-health applications, particularly to address public health emergencies, within the scope of Resolution 130 (Rev. Dubai, 2018) of the Plenipotentiary Conference;

2 to facilitate the integration of e-health applications and services with Digital Identity Platforms for easier access to e-health services without compromising patients’ rights and privacy,

encourages Member States, Sector Members, Associates and Academia

to participate actively in ITU‑T studies on e-health, including effective solutions for addressing public health emergencies, and to support e-health services for ageing populations, persons with disabilities and persons with specific needs, through the submission of contributions and by other appropriate means.

1. 1 These include the least developed countries, small island developing states, landlocked developing countries and countries with economies in transition. [↑](#footnote-ref-1)