|  |  |
| --- | --- |
| World Telecommunication Standardization Assembly (WTSA-20) Geneva, 1-9 March 2022 |  |
|  |  |
|  |  |
| PLENARY MEETING | Addendum 19 to Document 37-E |
|  | **16 September 2021** |
|  | **Original: English** |
|  | |
| Asia-Pacific Telecommunity Member Administrations | |
| Proposed modification of Resolution 78 | |
|  | |
|  | |

|  |  |  |
| --- | --- | --- |
| **Abstract:** | New and emerging telecommunication / information and communication technologies (ICTs) will provide effective solutions for e-health. This includes e-health for the ageing people, for people in remote areas and for public health emergencies. WTSA Resolution 78 (Rev. Hammamet, 2016) is proposed to be amended to consider the new and emerging technologies in addressing health emergencies, and to request for a coordination study of ICT in addressing public health emergencies. | |
| **Contact:** | Mr. Masanori Kondo  Secretary General  Asia-Pacific Telecommunity | Tel: +66 2 5730044 Fax: +66 2 5737479 E-mail: [aptwtsa@apt.int](mailto:aptwtsa@apt.int) |

Introduction:

The e-health services are crucial for rural, inaccessible, and remote communities as well as for ageing and person with disability. In general, the accessibility and availability of affordable health services in the rural and remote areas are far behind than urban areas. Health professionals including doctors and paramedic staff are generally reluctant to live and work in such areas, due to various constraints and availability of limited facilities. With the help of modern ICT services, especially satellite broadband services, e-health applications can be reached to these places, in a cost-effective manner, expeditiously. Economies of scale would make the system more cost‑effective.

ICTs play a critical role in supporting health professionals in containing and fighting this pandemic. The great potential of ICTs has been recognized to contribute to the fight against health emergency like COVID-19, including rapid screening of early symptoms, identifying risk via chatbots, assisting diagnosis with suggestions/reference, monitoring patients’ vital signs, facilitating remote care, supporting treatments and vaccines, predicting the evolution and potential mutations of viruses, optimizing hospital operations and providing information to the public in a rapid and widespread manner, etc. All digital means at our disposal are expected to be used to accelerate progress in prevention and control in a safe, reliable, and evidence-based way.

Proposal:

APT Member administrations propose to refine Resolution 78, as shown below.

MOD APT/37A19/1

RESOLUTION 78 (Rev. Geneva, 2022)

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

(Dubai, 2012; Hammamet, 2016; Geneva, 2022)

The World Telecommunication Standardization Assembly (Geneva, 2022),

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 healthcare 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: To ensure healthy lives and promote well-being for all, at all ages;

*b)* that population around the world are ageing rapidly (World Health Organization, 2016);

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

*d)* that ICTs are transforming the delivery of healthcare through low-cost e-health applications that provide healthcare 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 healthcare and health information systems 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 healthcare and health information systems 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 healthcare services, health surveillance, health literature, and health education, knowledge and research";

*c)* that the WHO approved Resolution WHA71.7 in May 2018 on digital health underscoring: “…the need to ensure that digital health solutions complement and enhance existing health service delivery models, strengthen integrated, people-centred health services and contribute to improved population health….”;

*d)* 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;

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

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

*g)* the importance of maintaining momentum so that the potential advantages of telecommunication/ICT technologies in the healthcare 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, and Focus Group on "Artificial Intelligence for Health";

*c)* that ICT standards for healthcare 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 healthcare 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 ISO TC 215, in the area of e-health,

recognizing further

*a)* the importance of interoperability between healthcare information systems to realize the full potential of ICTs in strengthening health systems;

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

c) that, satellite broadband can help in providing a quality e-health services to rural and remote areas in an expeditious and cost effective manner;

d) that emerging telecommunication/ICTs can continue to play a significant role in addressing challenges in public health emergencies;

e) that there is a need for standardization of various digital platform used for e-health service to ensure their interoperability to make health care more inclusive, particularly in the rural, remote and inaccessible areas of developing countries where there is an acute shortage of physical infrastructure, medical resources and personnel;

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/ICT, 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 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 to coordinate the studies on the ICTs that could help in addressing public health emergencies such as COVID-19;

5 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 and authentication) relating to e-health, taking into account *recognizing e),*

invites Member States

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, including increased use of digital technologies to address public health emergencies, within the scope of Resolution 130 (Rev. Dubai 2018) of the Plenipotentiary Conference,

encourages Member States, Sector Members, Associates and academia

to participate actively in ITU‑T studies on e-health including effective digital solutions on addressing public health emergencies, and e-health technologies for the ageing population and persons with disabilities and 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)