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| COMMITTEE 4 | | Document DT/118-E | |
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| Convener of Drafting Group | | | |
| Draft revised Resolution 78 - Information and communication technology applications and standards for improved access to e-health services | | | |
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| **Convener:** Mr Ramy Ahmed (Egypt) | | | |

# Drafting Group Meeting Report on Resolution 78

The Drafting Group meeting was conducted on drafting RESOLUTION 78 to finalize the text of Resolution 78 and resolve any differing groups. The meeting was held today (Nov 1st 2016) during lunch time. The text of the proposal was presented. The meeting was attended by different members from different regions. The parties kept their positions with respect to the Digital Object Architecture and the Handle system.

One alternative main proposal was expressed, from the floor, as an alternative text to the reference to the Handle system in “d) under *recognizing further”.* The purpose of the alternative text was advocated to provide a generalization of any references to the Handle system, in order to refer to identification, assignment and resolution technologies in general. The advocates of the original proposal (i.e. the original proposed text), however presented a counter argument. They argued, that the Handle system, was based on DOA; and hence, references to such a technology was essential. This was due to the perceived premise that health information systems are advised to be interoperable in order to realize the full potential of ICTs in strengthening health systems.

The proposed alternative text reads as follows:

“d) the importance of a system which provides unique identification, assignment and resolution of digital objects , including the use of handles and abstract references.”

And it was meant to replace “*d) under recognizing further*” which reads as:

*“d)* that the Handle System, which is a component of the DOA, has many key features including security, integrity, privacy of data, interoperability of heterogeneous systems, quality of information and its scalability,”

The final text is presented for the COM4 meeting for a decision on a way forward.

I would finally like to thank all the members who participated in the drafting session. In addition I would like to thank the secretariat, MR Stefano Polidori, and the whole TSB for its Support.

MOD ADHOC/118/1

RESOLUTION 78 (HAMMAMET, 2016)

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

(Dubai, 2012; Hammamet, 2016)

The World Telecommunication Standardization Assembly (Hammamet, 2016),

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)* UNGA Resolution A/70/1 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 innovative approaches, using advances in ICTs, can also greatly facilitate the implementation of Goal 3, particularly in developing countries;

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

*d)* the importance of safeguarding patients’ rights and privacy;

*e)* 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 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 healthcare to the sick 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;

*f)* 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 14-3/2, 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 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 Study Group 20 of the ITU Telecommunication Standardization Sector (ITU-T), related to e-health;

*g)* ongoing work in relevant standards development organizations, including the 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 the information systems is critical and fundamental, in particular in developing countries, for delivering quality healthcare and reducing its costs;

*[c)* that Recommendation ITU-T X.1255, provides a framework for discovery of identity management information;]

that Council 16 confirmed that the study of technical aspects of DOA is a matter of the relevant ITU study groups

*[d)*

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[[1]](#footnote-1)1 and gauge the needs of the developing countries, which are the countries with the greatest need for e-health applications,

instructs ITU-T Study Group 16 and ITU-T Study Group 20, each according to its mandate, in collaboration with the relevant study groups, particularly ITU-T Study Groups 11 and 17

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, [taking into account the use of the Handle System];

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 and authentication) relating to e-health, taking into account *recognizing d) [and recognizing further c) and d)]*,

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, within the scope of Resolution 130 (Rev. Guadalajara, 2010) of the Plenipotentiary Conference,

encourages Member States, Sector Members and academia

to participate actively in ITU-T studies on e-health, through the submission of contributions and by other appropriate means.

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