PCC.III/RES. 131 (XIX-01)[1]

DRAFT INTER-AMERICAN PROPOSAL FOR THE 2002 WORLD TELECOMMUNICATION DEVELOPMENT CONFERENCE TO PROPOSE THE IMPLEMENTATION OF THE PROJECT CALLED "INTER-AMERICAN TELEHEALTH NETWORK"

The XIX Meeting of the Permanent Consultative Committee III: Radiocommunications,

RECOGNIZING:

a) That in resolution COM/CITEL RES. 85 (VIII-99) a Working Group was established to prepare CITEL for the 2002 ITU Plenipotentiary Conference (PP-02);

b) That in order to avoid duplicating efforts, it was considered convenient that the Working Group responsible for preparing CITEL for PP-02 be in charge of preparing the World Telecommunication Development Conference (WTDC-02);

c) That due to the above, the resolution COM/CITEL RES.103 (IX-00) was issued which establishes that the Working Group for the preparation of CITEL for PP-02 be responsible for preparing for the WTDC-02 through the coordination of its chapters on "regional presence" and "Telecommunications development sector", with the objective, among others, of preparing common proposals and/or recommendations for the work of the Conference, and also that each Permanent Consultative Committee establishes an Ad Hoc Group to prepare contributions for the WDTC, and

d) That resolution PCC.III/RES 111 (XVII-01), adopted during the Seventeenth Meeting of the CITEL Permanent Consultative Committee III: Radiocommunications (PCC.III), resolved to establish an Ad Hoc Group to develop, from the point of view of PCC.III, inputs on those items deemed important to the PCC.III area of responsibility,

CONSIDERING:

a) That the topic "Drawing up plans for the development of telecommunications in rural areas and in urban low-income areas" was included in the list of priority topics in the resolution COM/CITEL RES.103 (IX-00);

b) That in the Declaration "Connecting the Americas", participating countries made a commitment to expand access to global knowledge and provide full integration to the knowledge-society, particularly among rural and vulnerable groups, as well as to encourage the development of the telecommunications infrastructure needed to

[1] Document PCC.III/doc.2121/01

support all sectors of society and strengthen the application of information technologies for human development;

c) That said Declaration provides that it is by encouraging all members of society to access information and communication technologies, enabling them to play a greater role in the political, economic and social development of their respective societies, that makes it possible to face the transition to a knowledge-based society;

d) That in this regard, as telecommunications are a major element for the development of rural and low-income communities, telecommunication development plans must fully achieve their goals in a proper framework that takes the specific needs of these populations into account;

e) That the Plan of Action for the Americas includes a commitment to narrow the gap between rural and urban populations in the countries in the region, by offering universal access to the new information and communication technologies;

f) That, moreover, the Plan of Action also stresses increased competitiveness and productivity in all sectors by using applications such as telemedicine, and

g) That the ITU Americas Regional Preparatory Meeting for the 2002 World Telecommunication Development Conference, also identified this topic in the list of priority topics to be included in the next Plan of Action of the Bureau of Telecommunication Development,

RESOLVES:

1. To approve the attached draft as a Draft Inter-American Proposal to be submitted for the consideration of the Working Group of the COM/CITEL to prepare CITEL for the Plenipotentiary Conference and the World Telecommunication Development Conference of the ITU in 2002.

2. To forward this resolution to the COM/CITEL Working Group to prepare CITEL for the Plenipotentiary Conference and the World Telecommunication Development Conference of the ITU, for approval as an Inter-American Proposal of CITEL, if appropriate.

INSTRUCTS THE EXECUTIVE SECRETARY:

To carry out the steps necessary to comply with *resolve 2* of the present resolution.

ANNEX

COORDINATING INSTITUTION: CITEL

SOCIAL APPLICATIONS OF THE TECHNOLOGIES Telemedicine

PROJECT: INTER-AMERICAN TELEHEALTH NETWORK

COUNTRIES INVOLVED:

1.- OBJECTIVE

- Find feasible alternatives for implementation of a comprehensive telehealth program for the Inter-American countries, specifying the best technologies for each situation, making it compatible with the various platforms, and with the value added of creating standards, policies and legal regulations applicable to TELEHEALTH.

2.- RESULTS EXPECTED

- Teleconsultations, telediagnosis and teleradiology
- Increased problem-solving capability for less complex medical units
- Reducing the cost of moving patients
- Tool for distance education and management of health projects outside the region
- Telemanagement of medical units, helping cut operating expenses and increase the budget for research and equipment, among other items.
- Support for disability programs
- Support for domestic emergencies
- Regional databases: medical centers, specialists, electronic for a

3.- BUDGET

- ESTIMATED COST OF PILOT TEST

STAGE **1.**
Two countries

ITEM	**COST**
Materials	US$ 10,000
Inputs	US$ 4,000
Cost of Renting Internet Channel	US$ 200
Travel and Per Diem (Coordinators)	US$ 8,000
TOTAL	**US$ 22,000**

STAGE 2.

Five countries

ITEM	**COST**
20 PC's Intel Pentium III 500MHz, 128 MB RAM, 19.6 GB Hard Disk, DVD-Rom, Fax-Modem, Network Card, 15" Monitor, Speakers, Windows 98, Office, HP 710 Color Printer	US$ 44,000
Inputs	US$ 10,000
Cost of Internet link Cost of Renting Internet channel	
Travel and Per Diem 2 Meetings / 2 Days / 1 Participant per country	US$ 30,000
TOTAL	**US$ 84,400**

STAGE 3.

Materials for Videoconferencing using existing platforms

ITEM	**COST**
Inputs	US$ 30,000
Cost of Videoconference Linkup **Cost of Renting ISDN Channel and/or Satellite 128 Kbps** **4 Carriers**	US$ 40,000
Travel and Per Diem 2 Meetings / 2 Days / 1 Participant per country	US$ 30,000
TOTAL	**US$ 100,000**

STAGE 4.

4 Months of pilot tests

ITEM	**COST**
Materials for International Videoconferencing, installed platforms	US$ 30,000
Cost of link infrastructure Cost of renting satellite channel C4 carriers - 256 Kbps	US$ 70,200
Travel and Per Diem 2 Meetings / 2 Days / 1 Participant per country	US$ 30,000
TOTAL	**US$ 130,200**

MISCELLANEOUS

ITEM	**COST**
Operating and Administrative Expenses (to be itemized)	US$ 23,000
GRAND TOTAL	**US$ 336,200**

4.- WORK PLAN

STAGE	**MONTH 1**	**MONTH 2**	**MONTH 3**	**MONTH 4**	**MONTH 5**	**MONTH 6**
I	Agreement Meeting	Installation	Tests	Tests	Tests	Tests and Conclusions
II	Agreement Meeting	Installation	Tests	Tests	Tests	Tests and Conclusions
III	Agreement Meeting	Installation	Tests	Tests	Tests	Tests and Conclusions
IV	Agreement Meeting	Installation	Tests	Tests	Tests	Tests and Conclusions

TECHNICAL PLAN

STAGE 1: Platform for first level of care to isolated communities with zone hospital, using installed platforms of the Internet, radio links, etc.
STAGE 2: Platform for first level of care from an area clinic to zone hospital. INTERNET platform. AND/ low capacity VSAT antennas
STAGE 3: Platform for second and third level care, using videoconferencing via ISDN and/or satellite .
STAGE 4: International. From domestic medical centers to international medical centers, videoconferencing with document camera, using a satellite offering inter-american coverage.

GOAL FOR STAGE 1: Improve the quality of number of cases resolved and drop in mortality and morbidity rates.
GOAL FOR STAGE 2: Reduce transfers from first-level to second-level care to a minimum of 30%.
GOAL FOR STAGES 3 AND 4: Support for advanced specialties and continuous medical education.

Each country will be responsible for managing its network. Given the content and international standards, a regulatory and administrative body will be needed. Each country, based on its domestic legal structure, must present proposals on how the program is to be implemented and any possible limitations. Mexico's experience with this program has produced a savings of US$3.3 million, or 30% of the budget allocated for transfers, plus more than 91 distance learning courses and improved hospital administration efficiency, among others.

It is important to point out that the Telehealth program in Mexico, the basis for this inter-American project, is the first one in Latin America and the first worldwide carried out among medical units. COFETEL placed it in the top 7% of national priorities, and it pays no charge for use of the satellite segment.