COMMITTEE ON THE PEACEFUL USES OF
OUTER SPACE
Scientific and Technical Subcommittee
Forty-first session
Vienna, 16-27 February 2004
Item 6 of the provisional agenda[*]
**Implementation of the recommendations of
the Third United Nations Conference on
the Exploration and Peaceful Uses of Outer
Space (UNISPACE III)**

Summary of the findings, recommendations and actions taken
by the Action Team on Public Health

The attached document has been submitted by the Action Team on Public Health and replaces Annex IV of document A/AC.105/C.1/L.272/Add.4, "Draft report of the Committee on the Peaceful Uses of Outer Space on the implementation of the recommendations of the Third United Nations Conference on the Exploration and Peaceful Uses of Outer Space (UNISPACE III)."

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[*] A/AC.105/C.1/L.270

Annex IV

Action Team on Public Health

Action team number: 6	*Chairperson*: Jim Hamilton (Canada)
	Secretariat: Space Generation Advisory Council (SGAC)

1. *Membership*

    (a) *Countries*: Australia, Bulgaria, Cuba, France, Hungary, Iran, Iraq, Italy, Japan, Kazakhstan, Pakistan, Philippines, Portugal, Saudi Arabia, South Africa, Syria, Turkey, United States of America ;

    (b) *Organizations*: Economic and Social Commission for Asia and the Pacific, World Health Organization, Manila Observatory, Philippine Astronomical Society, Space Generation Advisory Council (Telesat Canada, Memorial University, International Development Research Centre)

2. *Brief mission statement*:

To improve public health services by expanding and coordinating space-based services for telemedicine.

3. *Findings*:

   a) There is a legitimate need for such services, whether in G8 countries or in the less developed world.
   b) In addition to Tele-medicine, space-based technologies have other applications to improve public health. They include, but are not limited to:
      i) Identification and monitoring of situations conducive to introduction of specific diseases;
      ii) Surveillance at a national level to identify and monitor spread of infectious diseases;
      iii) Maintaining of data on best medical practices, and dissemination of this information on a global basis;
      iv) Use of space-based technologies for continuing education for the general public and for medical professionals.
   c) Services listed above are specifically applicable to disease monitoring and mitigation in addition to improving general public health.

4. *Recommendations for further action*: Three key recommendations are made to fill these gaps:

   a) Establishment of a cardio-vascular disease knowledge management network;

   b) Holding of an international global telemedicine UN conference for telemedicine specialists and government officials (e.g. best practices; experience in providing tele-medicine services);

   c) Compilation of a report on the status and potential of telemedicine world wide, that would:

      - examine the range of telemedicine initiatives worldwide;
      - identify most promising areas for implementation;
      - examine need for telemedicine, especially in developing countries; and
      - propose steps and develop recommendations for decision makers.

5. *Implementation already initiated*: The following action plan is proposed for each recommendation:

   1) Cardio-vascular network idea is at a stand-still due to lack of funding. Efforts are still being made to identify seed funding, thereby allowing feasibility studies/pilot projects to be initiated.

   2) There have been a number of offers to hold a telemedicine workshop on the margins of established conferences, and an offer to have a full conference hosted by the Syrian Minister of Health. Presentation opportunities include Med-e Tel, Luxembourg, EURISY, Morocco and a Cardiovascular conference in Milan. Options are under consideration at this time.

   3) The Organisation for Economic Cooperation and Development (OECD) has drafted a report on the global status of telemedicine and circulated it among national health authorities for comments. Once the final report of OECD is published, the SGAC has agreed to expand that report to cover any points from 4 (c) that are not addressed (see above).

   4) The Scientific and Technical Subcommittee has agreed to include a 3-year workplan in its work from 2004 to 2006 for member States to share their experiences/views on telemedicine. This should complement the report being prepared by OECD and SGAC.

6. *Indication of impediments to implementation*:

There are two main impediments to implementing the actions described above:

   i) Inability to secure funding for initial project idea of establishing a cardio-vascular disease knowledge management network.

   ii) While Canada had offered to lead the cardio-vascular network effort, participating members were invited to complete the other two actions (conference and report). **

** Morocco has agreed to include telemedicine in a conference taking place in July 2004 (chair of the Action Team is assisting this effort); various additional offers were also received (as stated under point 5.2)

** No member of the Action Team has offered to lead the compilation of the report. However, as stated in 5.3 above, OECD and SGAC report should satisfy this specific action item.

7. *Benefits to be derived from the implementation*:

   a) Overall improvement to the well being of the global population.

   b) Better disease monitoring and management at both national and global levels.

   c) Improved education opportunities for the general public and for medical professionals.

8. *Progress made by the Action Team*:

    a) Little progress has been made to date. The cardio-vascular disease knowledge management network concept is still "on hold" due to lack of funding.

    b) Chair of Action Team is now working directly with organizers of the conference in Rabat to have an element of telemedicine included. Other invitations for a tele-health conference are under consideration.

Note: It is recommended that the Action Team pursue a new project or focus on the Scientific and Technical Subcommittee's workplan.