



WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD
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Proposal for “.health” Internet domain

Report by the Secretariat

1. This item has been placed on the agenda of the present session of the Executive Board at the request of the Government of the United States of America. This report outlines the current situation.
2. WHO's constitutional functions include providing health information and assisting in developing an informed public opinion on matters of health. New technologies, particularly the Internet, hold great potential for increasing the quality, relevance and delivery of information to health personnel and the general public.
3. Use of the Internet for health purposes is rising. Estimates of the number of health-related web sites range from 10 000 to more than 100 000, and a search for “health” on a common search engine today yields nearly 102 million pages. Health information and services now available through the Internet include, for example, information about symptoms and treatment, medical consultation, and prescription drug purchasing. The rapid proliferation of information and the nature of the Internet, however, make it particularly difficult for users to judge the quality of the health information and services they can access through the Internet.
4. Many groups, including industry, consumers, governments and professional associations, are discussing quality criteria and standards for health information on the Internet. In 1998 the Health Assembly adopted resolution WHA51.9 on medical products and the Internet. The resolution, *inter alia*, urged Member States to promote use of the Internet for obtaining scientific information about medical products, validated by competent health authorities to ensure the quality of this information. In that context, some organizations and governments have developed codes of conduct, based on self-regulation systems. Informal accreditation may be given by third-party evaluation or be based on a pledge to comply with a code of conduct. To date there is no reliable mechanism to ensure compliance with these codes.
5. In mid-2000, the Internet Corporation for Assigned Names and Numbers (ICANN)¹ adopted a policy for introducing new top-level domains and invited proposals for new names, with a closing date of 1 October 2000. As the purpose of introducing new top-level domains is to make information more easily identifiable and accessible to users, the WHO Secretariat recognized this expansion of the domain system as an opportunity to identify specialized bodies of information. To meet the need for

¹ The Internet's domain name system is managed by the Internet Corporation for Assigned Names and Numbers, a private sector non-profit corporation based in the United States of America. This system organizes the Internet by name (instead of by number, as done previously). It uses a hierarchical structure of names separated by dots. A top-level domain follows the last dot: for example, .com, .int, .ch. Each top-level domain is managed by a single organization or government.

identifying reliable health information and to take advantage of the opportunity of the new Internet naming structure, the Secretariat proposed the creation of .health as a new Internet domain name, with the aim of establishing an easily recognized label for health information.

6. ICANN did not make a decision on the proposal for .health in the first round of applications for new top-level domains in late 2000. The application is, however, still pending. In 2003, ICANN will approve another set of domain names and there will thus be an opportunity to reconsider the proposal.

7. ICANN has been advised that the management and operation of the top-level domain may be subject to approval by the Health Assembly. Current thinking in the Secretariat envisages an advisory board, with members primarily drawn from Member States, to oversee the process. One of the board's main roles would be to select accrediting entities, which would authorize the use of the .health domain name and subsequently review and monitor the accredited web sites. By working with accrediting entities that have transparent and well established processes, WHO would promote the importance of quality standards in Internet health information and provide support to organizations and governments aiming to formulate or adopt quality standards. The .health management process would also involve contracting an administrative body approved by ICANN.

8. The existence of a .health top-level domain would overcome a serious shortcoming of existing codes of conduct, by enabling these codes to be enforced. A domain name can be suspended or cancelled if conditions are not met, as determined by the accrediting organization. ICANN has adopted a standard dispute-resolution procedure in cases where the registration of a domain name is contested. As health information providers can voluntarily apply for their sites to be listed in the .health domain or use another domain name, the introduction of the new domain name would not restrict use of the Internet generally or otherwise censure the type of content that can be made available through the Internet.

9. To date WHO has invested staff time to prepare the .health application and preliminary operational plan, paid application fees and participated in selected ICANN meetings. The Secretariat has reviewed the application with experts following input received in the course of ICANN's public review process. If the new top-level domain name is granted, the administration of .health is expected to run on a cost-recovery basis, for which other sponsored top-level domain operations would serve as model.

10. The Executive Board was orally informed of WHO's application for a new top-level domain at its 107th session in January 2001 in response to a question by the member from the United States of America.¹ The Secretariat views the current process as part of the normal planning before bringing a policy issue to the Health Assembly.

ACTION BY THE EXECUTIVE BOARD

11. The Executive Board is invited to note the information contained in this document.

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¹ Document EB107/2001/REC/2, summary records of the sixth and seventh meetings.