

Overview: Community Objection Grounds for .health (5 applications)

The objection is filed on behalf of the *global public health community*. This document is provided for preliminary information. More detailed information can be provided as needed.

Community

The global public health community is vast and diverse, with public and private sector actors. It is authoritative and publicly recognized by virtue of its role, goals, and common values. With 194 governments, hundreds of nongovernmental organizations, professional associations and societies, it also encompasses innumerable health institutions, public interest groups and other entities around the world committed to protecting and improving health at the local, national and global levels.

For example, it includes stakeholders such as health systems development actors, health services delivery entities¹, and those involved in maintaining health security, overseeing medical education, and developing and advocating policies to protect patients' and consumers' rights and safety. The global public health community is a global network of networks linked by common goals for global and national health, with members' representatives coming together every year at the World Health Assembly, which has met annually for over 60 years.

The scope of global public health is enormous and many entities can be counted among its stakeholders. The "community" itself can nevertheless be understood in concrete terms to include those entities related to the health sector having a public mandate, civic responsibility, or social concern to act first and foremost in accordance with the public interest and health and consumer protection, rather than for private or commercial gain only.

The types of activities undertaken by the community include identifying and addressing global, regional and national threats to health as well as addressing health priorities that require broad consultation and coordinated action in the public interest. An example is the extensive multi-stakeholder consultation undertaken over several years to draft and agree the Framework Convention on Tobacco Control². The landmark agreement was achieved by the global public health community despite the many stakeholders, extreme diversity of views, and the complex and often highly controversial nature of the topic.

In the context of the health Internet, examples of *current practices demanding the attention of and action by the global public health community* are the illegal promotion and sale of medicines and counterfeit drugs; dubious and fraudulent commercial practices targeted at consumers, in particular to children and people with low health literacy; and ongoing and emerging threats to data privacy, patient confidentiality and online safety.

For decades, the global public health community has contributed to health development. Since 2000 the Internet has become a key asset for the community, given the role of the Internet in health security, health and medical education and its far-reaching implications for public health, eHealth and health promotion. It has also been instrumental in bringing together the global public health community and expanding its impact and reach. The paradox is that some members of the community are not yet fully able to use the potential of the Internet, nor do they have the capacity to protect consumers such as through investigating fraud and enforcing regulations. Access to and the assurance of a trusted online environment is in the

¹ Besides being responsible for health policy, the public sector is the main provider of health care in developing countries.

² FCTC www.who.int/fctc

public interest, including in developing countries for which the Internet is an increasingly critical resource and a vital source of health information for the public.

Substantial opposition

In 2012 the community took initial action in line with the processes established by ICANN to assure that .health, in all the UN languages, could remain a global asset. Through letters to GAC and ICANN, public comments and Early Warnings, the community has notified ICANN of its concerns.

As a network of networks the global health community reflects the Internet itself, with public and private members (including small and medium-sized private, non-profit members), a pluralism of approaches, some having been in existence for decades, and with some not imposing leadership, coordination or representation (i.e., the membership bearing the overall responsibility for the network and its activities).

A number of NGOs wrote letters to the GAC and posted 90 public comments regarding the need to ensure that the .health TLD is managed in the interests of global public health. Several spoke at the WHO Executive Board meeting in January 2013; these NGOs alone represent hundreds of thousands of members and over 100 member societies in medicine and public health, in over 80 countries.

As indicated by the ten Early Warnings by the governments of Mali and France and the letter to ICANN by the European Commission representing 27 countries, the .health string is considered sensitive based on the importance of health as a regulated sector where, in the physical world, safeguards at the national and regional level protect consumers and the public interest. In January 2013 government representatives from Europe, Africa and the Middle East, representing nearly 100 countries, spoke at the World Health Organization Executive Board meeting regarding the need to protect the public interest online.

The topic will be taken up by the full World Health Assembly in May 2013, and there are ongoing discussions regarding what further actions should be taken by the community.

Targeting

There is a clear association between the applied-for TLD string and the global public health community. All the .health applications intend to market their TLD both broadly and specifically to those constituencies and beneficiaries that the global public health community is responsible to protect and serve. Even given that direct association, the community has not been consulted by the applicants regarding the appropriateness of their policies for the gTLDs. All seek to aggressively market their TLD and to promote a level of trust and credibility that will not be possible to ensure. This takes advantage of the target market's implicit trust in the community, despite the applicants having no affiliation with the community. It is primarily for this reason that the community objects to the applications for .health.

Statements in the applications and in related marketing materials (websites) support this conclusion. The applicants plan open and generic TLDs with markets described, for example, as “all (those) feeling affinity with health and associated content; those key stakeholders, providers or receivers of health products, programs and services...” and “all those interested in promoting human and animal wellness, public health, eradication of disease, and healthy lifestyles. It serves those delivering and/or seeking formal or informal health services”. Statements from one applicant on their website promotes “a safe, trustworthy, trusted and secure space for healthcare, wellness and wellbeing”.

A domain name is associated with a site's brand, origin, content or quality. The sites that fall under .health are likely to be considered as the ultimate online source of information and advice on health. Following the WHO application in 2000 for .health, which was not successful, there has been an association by the public that the .health brand would be a trusted entity. Evidence of this has appeared over the years with sites such as "dotHealth.com" and other, similar sites promoting products and services to the community.

Detriment

The current .health applications create the likelihood of material detriment to the legitimate interests of the global public health community. As noted by the GAC, the strings associated with regulated sectors are likely to invoke a level of implied consumer trust, which is particularly problematic when it comes to health.

Health is a highly-regulated sector in every country, where safeguards at the national and regional level are designed to protect consumers and the public interest. Such safeguards include for example, licensing, monitoring and enforcement mechanisms to ensure compliance with laws, regulations and policies across a broad range of activities, practices, products and services related to the health marketplace and health services delivery in all settings. Consumer protection in health is particularly important online, where national rules cannot be effectively enforced, creating new risks for consumers, industry and governments.

A .health gTLD with insufficient measures to address these risks will undermine consumer trust and confidence and harm legitimate enterprise, competition and the growth of the health industry. *No single government or authority can, acting alone, expect to protect the public interest or protect consumers in the online environment.* Likewise, a commercial entity without links to the global public health community should not be entrusted with this responsibility.

A safe, viable and reliable online health market managed in the public interest depends on trust, which requires appropriate rules and their fair enforcement. The current applications for .health do not provide sufficient guarantees in that regard. As noted in their applications, they intend to market the TLD to consumers and other health stakeholders despite having limited or no validation processes, an intent to handle requests for registration primarily on a first-come basis, with validation process only at the Sunrise period and an auction of premium names. The representations are superficial at best, misleading at worst. Without a link to the community and the appropriate governance and policies, they will perpetuate a status quo that has already proved detrimental and costly to the global public health community.

The community has argued to ICANN and the GAC that .health should not be attributed until a broad-based consultation of the community has taken place, and the rights, rules and responsibilities for the operation of the domain had been elaborated. It is vital that there is at least one trusted place on the Internet for health. In the same way that the Internet is a global public good, .health can be considered as a global asset for health. We must strike a balance between realizing the potential of the Internet for health, while also protecting people, and ensuring that everyone benefits.