

Description of the basis for the Objection (Article 3.3.1 of the Guidebook and Article 8 of the Procedure) - Factual and Legal Grounds

(Description of the basis for the Objection, including: a statement giving the specific ground upon which the Objection is being filed, and a detailed explanation of the validity of the Objection and why it should be upheld.)

Community

The first element required to be demonstrated by an objector for it to succeed in its objection of an applicant's application for a gTLD, is that the objector (or the community it seeks to represent) can be regarded as a clearly delineated community.

The International Medical Informatics Association (IMIA ; www.imia.org) plays a major global role in the application of information science and technology in the fields of healthcare and research in medical, health and bio-informatics. The IMIA's basic goals and objectives are to:

- promote informatics in healthcare and research in health, bio and medical informatics;
- advance and nurture international cooperation;
- to stimulate research, development and routine application;
- move informatics from theory into practice in a full range of health delivery settings, from physician's office to acute and long term care;
- further the dissemination and exchange of knowledge, information and technology;
- promote education and responsible behaviour; and
- represent the medical and health informatics field with the World Health Organization and other international professional and governmental organizations.

IMIA is an independent organization established under Swiss law in 1989. IMIA was originally established in 1967 as Special Interest Group of the International Federation for Information Processing (IFIP - www.ifip.org) and in 1979, it became a fully independent organization. IMIA also has close ties with the World Health Organization (WHO - <http://www.who.int/>) as a NGO (Non Government Organization), and with the International Federation of Health Information management (IFHIMA). The WHO is the directing and coordinating authority for health within the United Nations system since 1948. The IFHIMA supports national associations and health record professionals to implement and improve health records and the systems since 1968.

As per its goal of international cooperation, membership of IMIA comprises Member Societies from 57 countries active in areas ranging from Health or Medical or Healthcare Informatics to Telemedicine and Biomedical Engineering; 6 Corporate Institutional Members, 44 Academic Institutional Members from around the world; and (individual) Corresponding Members residing in 31 countries that do not have an appropriate organization eligible to become an IMIA Member Society.

<http://www.imia-medinfo.org/new2/node/13>)

IMIA acts as a bridge organisation in the pursuit of:

- moving theory into practice by linking academic and research informaticians with care givers, consultants, vendors, and vendor-based researchers;
- leading the international medical and health informatics communities throughout the 21st century;
- promoting the cross-fertilization of health informatics information and knowledge across professional and geographical boundaries; and
- serving as the catalyst for ubiquitous worldwide health information infrastructures for patient care and health research.

Considering the elements above, IMIA can be regarded as the representative of the global community of medical and health informatics professionals from public, private and academic sectors, which constitutes a clearly delineated community in the sense of Article 3.5.4 of the Guidebook (AGB). Moreover it should be noted that through its goals and objectives the IMIA community has strong ties to the global health community in general, understood as the individuals and entities who provide health-related services and the beneficiaries of health care. The application of information science and technology in the fields of healthcare and research in medical, health and bio-informatics ultimately benefits the entire global health community, and the Internet in particular enables members of this community to communicate, to transact products and services, to inform and educate.

Substantial Opposition

The second distinct element for an objector to prove in order for it to succeed in its objection is there must be substantial opposition by a significant portion of the relevant community. Some, but not “substantial” opposition will not suffice - AGB Article 3.5.4.

An interpretation of “significant portion” requires its context to be put in perspective. Aside from “how many”, the question of “who” raises the objection is equally, if not, more important, depending on the context - AGB p.3-23.

As demonstrated in the description of the Community element above, IMIA membership includes organisations representing medical and health informatics professionals at national level, corporations and academic institutions, as well as individuals. IMIA stature and expertise is recognised by its designation as NGO in Official Relations with WHO and the partnerships closed with IFHIMA and IFIP, as well as the status of Liaison organisation for Health informatics technical committee of the International Organisation for Standardization (ISO).

IMIA's history - from original establishment in 1967 as a Special Interest Group of the International Federation for Information Processing (IFIP - www.ifip.org) and evolution into a fully independent organization in 1979 and finally as an independent organization established under Swiss law in 1989 - along with its broad based membership also lend credence to it having a highly accepted and recognized stature which commands the support and attention of the community it represents.

Acknowledging the extensiveness and diversity of IMIA's membership, the objection by IMIA, in speaking for all its members, would constitute significant expression of opposition relative to the community it represents, which is taken to be the global network of professionals working in the science of processing data for storage and retrieval of health knowledge. Such representation renders unnecessary for each of its members to submit an objection to [dot Health Limited's application](#) for the .health gTLD. The fact that it boasts and represents members operating in several sectors (i.e. public, private, academic and individual persons) spread across numerous countries makes it a legitimate representative in expressing significant opposition to the present application.

Therefore, IMIA in being regarded as the established network for global community of medical and health informatics professionals, presents as a clearly significant portion, if not all, of the global medical and health informatics community.

It should be noted that other institutions have shared our concerns over dot Health Limited's application for the .health gTLD. By way of background:-

(a) GAC early warnings had been submitted by the Governments of [France](#) and [Mali](#) against dot Health Limited's application for the .health gTLD. The GAC early warning by the Government of Mali is supported by GAC member Argentina.

(b) Twenty-four comments were received and published on the Application Comments Forum, twelve of which were submitted by entities and/or individuals affiliated with those entities, which/who mostly comprise health care professionals, and which/who expressed either an objection or reservation to dot Health Limited's application for the .health gTLD based on community objection grounds. *Concerns* were raised by (1) [Save the Children](#), (2) [The Cochrane Collaboration](#), (3) [Drugs for Neglected Diseases initiative \(DNDi\)](#), (4) [Medicus Mundi International Network](#), (5) [Health Innovation in Practice](#), (6) [International Society for Telemedicine](#)

[and eHealth \(ISfTeH\)](#), (7) [Health On the Net Foundation](#), (8) [World Federation of Public Health Associations](#), and (9) [ISQua - International Society for Quality in Health Care](#); while an *objection* was raised by (10) [American Hospital Association](#). The eleventh comment was an *objection* received from the (11) [Association of Corporate Counsel](#), a global bar association that promotes the common professional and business interests of in-house counsel serving the professional and business interests of lawyers who practice in private sector legal departments, and the twelfth comment was an *objection* from (12) [IMIA](#).

Therefore it is the opinion of the new gTLD Review Group that IMIA's objection has satisfied the "Substantial Opposition" test.

Targeting

Under the third element, an objector must show a strong association between the community and the applied-for string. Whereas the first two elements focus on the objector's ties to and involvement with a particular community and which have been demonstrated above, this third element is concerned with the extent to which the .health gTLD is associated with, or targets, the community on whose behalf the objection is being raised. The targeting can be voluntary, as for example explicit statements in the application or other public media, or the targeting can be inferred, based upon the public's perception of the string and who or what it would most likely be associated with.

As mentioned earlier, the community represented by IMIA consists of international medical and health informatics communities who use and provide information technology tools for the benefit of the health sector, thereby involving and impacting on the global health community in general. Such aim is also pursued by the applicant dot Health Limited, the subsidiary of Domain Venture Partners PCC Limited. In its updated application dated 19 January 2013, Point 18(a) it defines the .health string domain as a "space for the health sector", targeting "all stakeholders within the sector".

A review of [dot Health Limited's application](#) reveals, inter alia, references being made to the applicant's mission and purpose as "to create an Internet space whose central function is to provide a platform for creating, producing and disseminating informative, creative and innovative content that is easily recognizable as pertaining to its stakeholder group" and that the applicant would somehow engage with "the sector's key global stakeholders" by establishing a "Governance Council ("GC")" which would serve as its advisory body, presumably in operating the .health gTLD.

Further, there is no mention of any association with other partners or endorsement of specific stakeholders in the global health community. In this respect, and given the sensitivity of the .health gTLD, we are guided by the [French Government](#)'s argument that it would not be in the public interest to entrust the responsibility for operating .health gTLD to an entity which is not affiliated with, endorsed by, or otherwise formally connected to the global health community.

As a result, we opine dot Health Limited to be an applicant without sufficient legitimate interest in the .health gTLD.

Detriment

The final element requires that the application create a likelihood of material detriment to the rights or legitimate interests of a significant portion of the community to which the string may be explicitly or implicitly targeted. No matter the showing on the other elements, if granting the application will not cause any real cognizable harm, the objection becomes immaterial and will be rejected. The likelihood of detriment is an independent element of the objection that must be proven by the objector. If the objector cannot prove the likelihood of detriment then there would be no reason to keep an applicant with a legitimate interest in the gTLD from succeeding in its application.

Types of harm that a community may cite in support of material detriment include (1) damage to the reputation of the community; (2) that applicant will not act in accordance with the interest of the community including that the applicant will not use effective security protection for Internet uses; (3) interference with core activities of the community including core activities that depend upon the DNS; and; (4) concrete or economic damage to the community.

According to IMIA, dot Health Limited's application for the .health gTLD creates the likelihood of material detriment to the legitimate interests of the global public health community because health is a highly-regulated sector having safeguards that include, for example, licensing, monitoring and enforcement, and the strings associated with regulated sectors are likely to invoke a level of implied consumer trust. Consumer protection in health is particularly important within the online realm, as national or international rules cannot be effectively enforced to provide complete protection, thereby creating new risks for consumers, industry and governments. The reputation of the community represented by the objector is based on the professionalism of the IMIA membership and its affiliation with other well-known international entities, WHO included, which supports the consumers' trust in the medical and health informatics products, services and research provided by the IMIA members.

IMIA considers that 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, and that a commercial entity without links to the global public health community should not be entrusted with this responsibility.

It is IMIA's view that the present application for .health does not provide sufficient guarantees to safeguard the public interest. dot Health Limited intends to market the gTLD to consumers and other health stakeholders but have validation processes which, according to IMIA, are insufficient. Without a clearer link to the community and the appropriate governance and policies, IMIA believes dot Health Limited will perpetuate a status quo that has already proved detrimental and costly to the global public health community.

IMIA considers that the .health gTLD should only be delegated to an entity endorsed by the health community and only after a broad-based consultation of the community has taken place, where the rights, rules and responsibilities for the operation of the domain have been properly elaborated. IMIA proposes that there be at least one trusted place on the Internet for health and that .health should be considered for this purpose as a global asset for health. In other words, .health should have some sort of special, protected status, given the significance of the .health string to the health community and to the public welfare.

IMIA's position goes much further such that any delegated .health string needs to be the subject of an externally imposed set of rules that safeguards the public interest. It is IMIA's position that applicants cannot be trusted to self-police the .health domain space.

If, in fact, the successful applicant fails to adequately secure the .health namespace against the promotion of illicit goods and services and the dissemination of false, misleading, and/or inaccurate health information, it is reasonably certain that public welfare will be harmed, health and life could be endangered, and the reputation of the health industry damaged. Further, if the successful applicant of the .health gTLD places commercial interests before public welfare interests, which seems more than likely in the case of a commercial applicant, it is reasonable to expect that those wanting to communicate important public service health information to consumers through the Internet via the .health gTLD will be de-prioritized in favour of income-generating subscribers which publicise health related goods and services.