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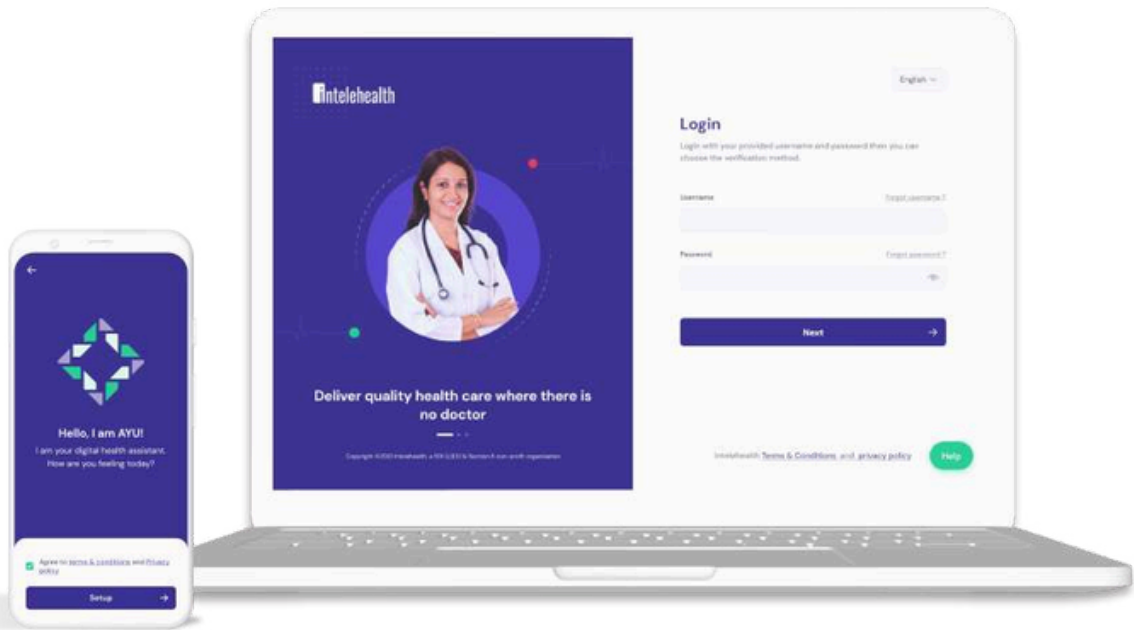
TELEMEDICINE REGULATION

IN ASIA



A comparative evaluation report of
laws and policies regulating
Telehealth & Telemedicine
in Asian countries

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Intellehealth is a tech-non-profit that works to improve access to quality healthcare where there is no doctor through telemedicine. We help governments, NGOs and hospitals with technology and implementation services to set up telemedicine programs that improve health access for hard-to-reach communities. <https://intellehealth.org/>

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Executive Summary

I. Overview

Telemedicine is generally understood as the delivery of healthcare services using information and communication technologies for diagnosis, treatment, and prevention of diseases and injuries. During the COVID-19 pandemic, telemedicine turned into an indispensable service, in order to avoid contagion between healthcare professionals and patients. While telemedicine serves as the perfect alternative for situations where in-person care is not feasible, the privacy, ethical and legal concerns involved need to be addressed through appropriate regulations and guidelines.

With the aim of mapping regulatory status surrounding telemedicine across the Asian continent, a detailed study was undertaken to understand the presence or absence of binding law as well as recommendatory policies and guidelines, their implementation, key components and scope, and limitations on a country-by-country basis.

II. Research Methodology

Fifty one Asian countries (including special administrative regions) were included in the analysis – Afghanistan, Armenia, Azerbaijan, Bahrain, Bangladesh, Bhutan, Brunei, Cambodia, China, Cyprus, East Timor, Georgia, Hong Kong, India, Indonesia, Iran, Iraq, Israel, Japan, Jordan, Kazakhstan, Kingdom of Saudi Arabia, Kuwait, Kyrgyzstan, Laos, Lebanon, Macau, Malaysia, Maldives, Mongolia, Myanmar, Nepal, North Korea, Oman, Pakistan, Palestine, Philippines, Qatar, Singapore, South Korea, Sri Lanka, Syria, Taiwan, Tajikistan, Thailand, Turkey, Turkmenistan, United Arab Emirates, Uzbekistan, Vietnam and Yemen. To determine these nations, we followed the United Nations' List M49 mechanism ([UNSDG – Methodology](#)). When grouped by the World Health Organization (WHO) region to which they belong, these include all 11 countries from the South East Asian Region (SEAR), 11 countries from the Western Pacific Region (WPR), 14 countries from the Eastern Mediterranean Region (EMR), 11 countries from the European Region (EUR) and 4 non-member states.

We identified which of these countries had issued regulations governing telemedicine and Intelhealth through available documents published by the relevant regulatory body. The findings for the study are primarily derived from a country's telemedicine law or recommended guidelines and policies as issued by their respective health ministries and similar regulatory bodies. Best efforts have been undertaken to access verifiable documents for the study and where primary legal sources were unavailable, findings have been based on public information available on regulator's website, reputed news articles, blogs, and research papers.

For evaluation of telemedicine regulations, this study took into account following key parameters: (i) scope and presence of the binding or non-binding regulatory; (ii) persons who may provide and avail telemedicine services; (iii) training requirements for healthcare professionals; (iv) provision for reimbursement and financing; (v) permissible information communication systems for conducting consultations; (vi) limitations; (vii) norms for patient

consent; (viii) restrictions on drug prescriptions; (ix) technological standards; (x) data privacy requirements; (xi) recommended codes of practice; (xii) quality standards; and (xv) penalties and consequences.

We could not obtain the official copies or the English translated copies of the telemedicine guidelines of 9 countries: (i) Armenia, (ii) Bahrain, (iii) Indonesia, (iv) Israel, (v) Japan, (vi) South Korea, (vii) Turkmenistan (viii) Thailand and (ix) Turkey. Consequently, for these countries we have relied on information that was available in various legal articles and other public sources. Additionally, it is important to underscore that there is a lack of updated information for telemedicine initiatives in various geographies, which is a hurdle for comparative analysis.

III. Key Findings

Following are the key finding of the study:

- Out of a total of 51 Asian countries, only 23 countries (45%) have some form of telemedicine law/policy/regulation/guidelines, with varying degrees of depth and breadth.
- Out of these 23, 18 countries have a binding telemedicine law - Armenia, Bahrain, Bangladesh, China, India, Israel, Kazakhstan, Kyrgyzstan, Maldives, Nepal, Saudi Arabia, Singapore, Sri Lanka, Taiwan, Thailand, Turkey, United Arab Emirates, and Vietnam. The remaining 5 countries either have a non-binding guideline, or those which were only in effect during the pandemic.
- The use of telemedicine was quite limited in most Asian countries before the pandemic, combined with regulatory barriers. In early 2020, due to pandemic driven disruption, governments moved quickly to promote the use of telemedicine. Many governments have adopted telehealth reforms within a matter of weeks, which may otherwise have taken years to be considered and introduced.
- Some common themes observed across the laws/guidelines are as follows:
 - a. telemedicine services can only be provided by registered/licensed healthcare professionals in the respective countries;
 - b. an array of communication tools, including WhatsApp, SMS, telephone etc., can be deployed for providing teleconsultations;
 - c. teleconsultations can only take place with the patient's consent;
 - d. all healthcare professionals providing telemedicine services are mandated to comply with ethical standards and medical codes of conduct; and
 - e. compliance with applicable data protection laws for ensuring integrity and confidentiality of patient's health data is mandatory.
- In the countries that have a binding law, healthcare professionals may be punished for any negligence, gross misconduct, or compromising patient's privacy. If found guilty, the penalties may range from suspension or cancellation of license, monetary fines, or imprisonment.

- In many countries that lack a telemedicine law, the implementation of telemedicine services has been listed as an objective in the respective country's national strategy for health. However, there is no information on the status of implementation.
- It was observed that in most countries which do not have a law or policy/guideline, there is some form of telemedicine system/network in place, operated by either non-government entities or private parties. These initiatives are either funded by or carried out in collaboration with local government, international organizations, and/or charities, trusts, and overseas hospitals.
- The WHO Consolidated Telemedicine Implementation Guide [1] released in November 2022 sets some basic parameters that should be encompassed within telemedicine regulations. *Although telemedicine guidelines and regulations are still emerging, they should generally contain information on the following:*
 - *Authority responsible for regulating telemedicine in the country*
 - *When telemedicine is considered to be an appropriate standard of care*
 - *Which entities would be involved in the telemedicine services and the types of health workers that can provide telemedicine-based treatment (e.g. doctors, nurses, midwives, community health workers, paramedics, therapists, counsellors, practitioners of alternative medicine)*
 - *Responsibility and accountability for patient outcomes*
 - *Patient consent that includes an explanation of the risks, benefits and limitations of telemedicine*
 - *Data privacy and security standards*
 - *Technology standards for hardware, software and interoperability*
 - *Training requirements and certifications*
 - *Quality assurance and quality control measures*
 - *Reimbursement of health services delivered via telemedicine.*
- However, existing laws may not cover all these parameters, and they also vary in scope and definition. While each country must take into account its unique needs, more efforts are needed to arrive at generally acceptable standards and best practices when regulating telemedicine in line with available global evidence.

IV. Conclusions

For most countries in Asia, telemedicine laws are a work in progress. There is no “one-size-fits-all” standard when it comes to telemedicine regulation as a lot is dependent on country specific healthcare infrastructure, technology and levels of advancement, financial means for implementation, and similar factors.

¹ World Health Organization. “Consolidated telemedicine implementation guide.” (2022).<https://www.who.int/publications/i/item/9789240059184> (Accessed March 1, 2023)

4	China	WPR	Chinese measures - (i) Administrative Measures for Internet-based Diagnosis; (ii) Administrative Measures for Internet Hospitals; & (iii) Good Practices for Telemedicine Services (Chinese Measures)	2018
5	Hong Kong	Non-member	The Ethical Guidelines on Practice of Telemedicine	2019
6	India	SEAR	Telemedicine Practice Guidelines	2020
7	Indonesia	SEAR	(i) IMC Regulations; and (ii) Ministry of Health Decree No. HK.01.07/MENKES/4829/2021 on Guideline on Telemedicine Healthcare Services During COVID-19 Pandemic	2020 and 2021
8	Israel	EUR	Circular on Criteria for Operating Telemedicine Services	2019
9	Japan	WPR	新型コロナウイルス感染症の拡大に際しての電話や情報通信機器を用いた診療等の時限的・特例的な取扱いについて "Medical treatment using telephones and information communication equipment during the spread of new coronavirus infections"	2020
10	Kazakhstan	EUR	Code of the Republic of Kazakhstan on Public Health and Healthcare System	2020
11	Kingdom of Saudi Arabia	EMR	(i) Governing Rules of Telehealth in the Kingdom of Saudi Arabia, 2021; (ii) Legal Regulations for Telehealth Services, 2021; & (iii) General Guidelines for Practice of Telehealth in the Kingdom of Saudi Arabia, 2021	2021
12	Kyrgyzstan	EUR	The Ordinance on the Approval of the Regulation on the Provision of Medical and Sanitary Care	2024
13	Malaysia	WPR	Malaysian Medical Council Advisory on Virtual Consultation (during the Covid19 pandemic)	2020
14	Maldives	SEAR	Telemedicine Guidelines for Health Care Professionals	2024
15	Nepal	SEAR	The Telemedicine Guidelines for Registered Practitioners in Nepal	2020
16	Philippines	WPR	Guidelines on the use of Telemedicine in COVID-19 response eHealth Systems & Services Act (2019), draft	2020

17	Singapore	WPR	National Telemedicine Guidelines	2015
18	Sri Lanka	SEAR	Telemedicine Guidelines for Sri Lanka	2024
19	Taiwan	Non-member	Rules of Medical Diagnosis and Treatment by Telecommunications	2018
20	Thailand	SEAR	Guidelines for telemedicine and online clinics	2020
21	Turkey	EUR	Regulation on the Delivery of Remote Health Service	2022
22	United Arab Emirates	EMR	(i) Cabinet Resolution No. (40) of 2019 – Controls and Requirements for providing Remote Health Services; (ii) The Standards for Telehealth Services, 2021 applicable to Dubai; and (iii) Standard on Telemedicine, 2020 applicable to Abu Dhabi	2019, 2020 & 2021
23	Vietnam	WPR	Circular No. 49/2017/TT-BYT	2017

VI. List of countries without a telemedicine law

No.	Country	WHO Region	Status of development of telemedicine law, policy or strategy
24	Afghanistan	EMR	Included in The Ministry of Health's National Health Strategy 2016-2020
25	Azerbaijan	EUR	Government telemedicine projects and initiatives have been implemented
26	Bhutan	SEAR	Included in the national eHealth strategy
27	Brunei	WPR	Government and private sector initiatives for telemedicine services have been initiated
28	Cambodia	WPR	Included in the Ministry of Health's master plan 2016-2020
29	Cyprus	EUR	Included in the national eHealth infrastructure
30	East Timor	SEAR	Government telemedicine projects and initiatives have been implemented
31	Georgia	EUR	Not known
32	Iran	EMR	Not known
33	Iraq	EMR	Certain telemedicine initiatives have been taken by NGOs and private bodies
34	Jordan	EMR	Included in the Ministry of Health's strategic plan 2018-2022. Government telemedicine initiatives have been implemented.

35	Kuwait	EMR	Permitted under the Medical Practice Law but necessary guidelines are yet to be enforced.
36	Laos	WPR	Government telemedicine initiatives have been carried out in the country
37	Lebanon	EMR	Included in the National eHealth Program, 2013
38	Macau	Non-member	Not known
39	Mongolia	WPR	Government telemedicine projects and initiatives have been implemented
40	Myanmar	SEAR	Government & private sector projects have been implemented
41	North Korea	SEAR	Included in the government's agenda for 2016-2020
42	Oman	EMR	Included in the Ministry of Health's Health Vision 2050. Private sector telemedicine projects implemented
43	Pakistan	EMR	Draft national level policy guideline has been developed, but not yet ratified. However, the government of Sindh Province in Pakistan has passed a legislation on telemedicine and telehealth for the Province in December 2021 which can be accessed at: http://sindhlaws.gov.pk/setup/publications_SindhCode/PUB-NEW-23-000066.pdf
44	Palestine	Non-member	Private sector telemedicine projects implemented
45	Qatar	EMR	Included in the National Health Strategy 2018-2022. Private sector telemedicine projects are implemented
46	South Korea	WPR	Ministry of Health temporarily allowed doctors to offer medical services via telemedicine on a temporary & limited basis. There is a fierce opposition to telemedicine and this is the only country where telemedicine is technically illegal
47	Syria	EMR	Telemedicine projects implemented by NGOs
48	Tajikistan	EUR	Included in the National Health Strategy 2010-2020
49	Turkmenistan	EUR	Article 34 of the Law on Protection of Citizen's Health
50	Uzbekistan	EUR	Government and private sector telemedicine projects implemented
51	Yemen	EMR	Private sector telemedicine projects implemented

I. ARMENIA

Telemedicine has been referred to under the Law of the Republic of Armenia About Medical Care and Servicing of the Population, as amended in 2022. [2] The law defines telemedicine as medical practice of implementation of remote consultation between doctors, and also between the doctor and the patient with use of information technologies. On the ground, NGOs such as the Armenian Association of Telemedicine, are involved in implementation of telemedicine initiatives across the country.

II. BAHRAIN

Telemedicine in Bahrain is regulated by the Supreme Council of Health's Decision No. 2 of 2019 relating to the Technical and Engineering Requirements of Health Care Facilities, along with the National Health Regulatory Authority's **(NHRA)** Guideline on the Health Requirements, Technical Standards and Safety Requirements applicable to healthcare facilities. [3] Further, the NHRA has issued a telemedicine dispensing procedure, which regulates the dispensation of medicines. [4] It categorises medicines into three types:

- List P (Pharmacy only) comprising medicines which can be prescribed through tele-consultation and do not need prescription such as ORS, cough lozenges;
- List POM (Prescription only medicines) comprising medicines which require prescription such as medicines for asthma, diabetes and hypertension.
- Prohibited List comprising medicines which cannot be prescribed through tele-consultation.

Additionally, Bahrain is set to launch a national digital platform with the aim of streamlining medical infrastructure where every medical facility in the country shall have its dedicated page on the platform thereby allowing it to track applications, reports etc. [5]

III. BANGLADESH

(a) What is scope of telemedicine and telehealth? Telemedicine Guidelines, 2020 of Bangladesh [6] **(Bangladesh Guidelines)** define telemedicine as the delivery of health care services, where distance is a critical factor, by all healthcare professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation, and for the continuing education of healthcare providers, all in the interests of advancing the health of individuals and their communities.

Telehealth is defined as the delivery and facilitation of health and health-related services including medical care, provider and patient education, health information services, and self-care via telecommunications and digital communication technologies.

²See: <https://cis-legislation.com/document.fwx?rgn=3059> (accessed on May 30, 2022)

³See: <https://www.dlapiperintelligence.com/telehealth/countries/index.html?t=02-regulation-of-telehealth&c=BH> (accessed on May 30, 2022)

⁴See: https://www.nhra.bh/Departments/PPR/PharmaceuticalFacilities/GuidelinesProcedures/MediaHandler/GenericHandler/documents/departments/PPR/Pharmaceutical%20Facilities/PPR_Procedure_Telemedicine%20Dispensing%20Procedure_V1.1_20200723.pdf (accessed on May 30, 2022)

⁵See: <https://www.healthcareitnews.com/news/emea/bahrain-launch-national-digital-platform-health-facility-admin-services> (accessed on May 30, 2022)

⁶See: https://www.bmdc.org.bd/docs/BMDC_Telemedicine_Guidelines_July2020.pdf (accessed on January 24, 2022)

Telemedicine in Bangladesh includes teleconsultation between:

- patient and doctor;
- health workers and doctor; and
- doctor and doctor.

(b) Is there a binding law, policy document, recommended guideline for telemedicine / telehealth? The Ministry of Health and Family Welfare is responsible for framing health policies in Bangladesh. It issued the Bangladesh Guidelines in July, 2020 as an amendment to Bangladesh Medical and Dental Council Act, 2010 (BMDC Act) and consequently, it has the force of law.

(c) Who can provide and avail telemedicine/telehealth consultation? Telemedicine services can be availed by anyone residing in Bangladesh and only Registered Medical Doctor (RMD) can provide such services. RMD refers to a person who holds either a MBBS or BDS degree and is registered with Bangladesh Medical and Dental Council (BMDC) in accordance with BMDC Act.

(d) Do the healthcare providers have to undergo training? Bangladesh Guidelines state that the BMDC shall conduct a mandatory online training program for all RMDs that provide telemedicine services.

(e) Are there any norms for reimbursement and financing? The guidelines do not provide for any reimbursement or financing requirements.

(f) What are the permissible information communication systems for conducting consultations? RMDs can use any telemedicine tool suitable for carrying out technology-based patient consultation i.e., telephone, video, devices connected over LAN, WAN, internet, mobile or landline phones. Chat platforms such as WhatsApp and Facebook Messenger, or internet based digital platforms like e-mail or Skype can also be used.

(g) Are there limitations on treatment and consultations that can be offered? Consultations by RMDs outside of Bangladesh are not covered under Bangladesh Guidelines. Further, RMDs can provide:

- health education such as imparting health promotion and disease prevention messages such as related to diet, physical activity, contagious infections and so on;
- counselling such as advice about food restrictions, do's and don'ts for anti-cancer drugs, proper use of a hearing aid, advice for new investigations that need to be carried out before the next consult; and
- prescribe medicines.

(h) Are there specific norms for patient consent? Explicit consent from the patient is necessary for any teleconsultation as per Bangladesh Guidelines.

(i) Are there restrictions on drugs prescription through tele consultations? Bangladesh Guidelines provide the categories of medicines that can be prescribed via telemedicine.

These are:

- List O such as paracetamol, ORS, antihistamines and other over the counter medicines.
- List A such as antifungal medications, medicines for diabetes. They can be prescribed during the first consult which is a video consultation and are eligible for re-fill in case of follow-up.
- List B which consists of medications which are used to optimize an existing condition such as hypertension or blood pressure.

Medicines which are covered as narcotic and psychotropic substance or other medicines that have a high potential of abuse and could harm the patient or the society at large if used improperly cannot be prescribed.

(j) What is the obligation to maintain patient and data privacy? RMDs are required to fully abide by BMDC Code of Professional conduct, Etiquette and Ethics along with the provisions of Information and Communication Technology Act, 2006 and other data protection and privacy laws for protecting patient's privacy and confidentiality as well as handling of personal information.

(k) Are there any specific technological standards? The guidelines do not provide technological standards required for providing telemedicine services to patients.

(l) Are there any recommended codes of practice? Bangladesh Guidelines provide that RMDs must uphold and practice the principles of medical ethics, professional norms for protecting patient privacy and confidentiality as per the BMDC Act. They have to also abide by the provisions of the BMDC Code of Professional conduct, Etiquette and Ethics

(m) Are there any specifications on quality standards? RMDs must exercise their professional judgment to decide whether a technology-based consultation is sufficient, or an in-person review is needed. Further, they have to exercise proper discretion and not do anything that may compromise on the quality of care.

(n) What are the consequences and penalties for non-compliance? RMDs can be held guilty of misconduct if they violate the provisions of Bangladesh Guidelines or their actions compromises patient's privacy or confidentiality, or violates any prevailing laws. In such an event disciplinary proceeding shall be launched against the RMD which may lead to actions such as censure, suspension or expulsion of his name from the register of BMDC.

IV. CHINA

(a) What is scope of telemedicine and telehealth? The Chinese Measures use the term Internet-based diagnosis to denote telemedicine activities. Internet-based diagnosis means that medical institutions, together with their registered doctors, use the internet or other information technology to offer re-diagnoses of common and chronic diseases and provide internet and family doctor signing service. This includes the following circumstances:

- Medical activities in which a medical institution (Inviter) directly sends an invitation to another medical institution (Invitee), and the Invitee uses the communication, computer or network technology to provide technical support for diagnosis of the Inviter's patients. The two parties shall specify their rights and obligations of both parties through an agreement; and
- Medical activities in which the Inviter or a third-party organization sets up a telemedicine service platform, with which the Invitees are registered as an organization, and after the Inviter issues a demand via the platform, the matched Invitee or other medical institution actively responds to the demand and uses the communication, computer or network technology to provide technical support for diagnosis of the Inviter's patients. The Inviter, the platform operation and the Invitee shall specify their rights and obligations through an agreement.

(b) Is there a binding law, policy document, recommended guideline for telemedicine/telehealth? The National Health Commission (**NHC**) is responsible for regulating the practice of telemedicine. NHC in 2018 promulgated three administrative measures: (i) Administrative Measures for Internet-based Diagnosis; (ii) Administrative Measures for Internet Hospitals; and (iii) Good Practices for Telemedicine Services (**Chinese Measures**) [7] to regulate telemedicine. These Chinese Measures have force of law and are binding on all telemedicine service providers.

(c) Who can provide and avail telemedicine/telehealth consultation? Telemedicine services in China can be availed by any Chinese resident. Further, telemedicine services can only be provided by licensed doctors and licensed medical institutions.

(d) Do the healthcare providers have to undergo training? The Chinese Measures state that a medical institution shall formulate and implement training plans for its personnel involved in telemedicine services to make them gain the professional knowledge required in their work. It shall also establish the systems and records for upgrading of its technicians' professional knowledge and maintenance and cultivation of professional skills, and implement the relevant management systems and work standards.

(e) Are there any norms for reimbursement and financing? The Chinese Measures do not provide for any reimbursement or financing requirements.

(f) What are the permissible information communication systems for conducting consultations? The Chinese Measures do not provide a list of permissible information communication system.

(g) Are there limitations on treatment and consultations that can be offered? The Chinese Measures state that the telemedicine services shall be provided on subjects that are approved by the administrative department of the medical facility.

⁷See: http://www.gov.cn/gongbao/content/2019/content_5358684.htm (accessed on May 25, 2022)

(h) Are there specific norms for patient consent? The Chinese Measures state that medical institution or the doctor must explain to the patients the content of telemedicine services, obtain their written consent, and ensure that an informed consent form is signed by the patients. If it is inappropriate to explain to the patients their medical conditions, the written consent of their guardians or close relatives is to be obtained. It is important to highlight here that China has recently enacted its Personal Information Protection Law which has detailed data protection requirements and must be factored for augmenting the patient consent requirements.

(i) Are there restrictions on drugs prescription through tele consultations? The Chinese Measures states that any prescription issued online shall be signed by the doctor with the electronic signature, and after the prescription is reviewed by a pharmacist, the medical institution or medicine manufacturer may entrust a qualified third-party organization to deliver the medicine on the prescription. Further, medical institutions shall not issue prescriptions on narcotic drugs, psychotropic drugs or other drugs under special management. Additionally, before issuing prescriptions on pediatric drugs for young children (under the age of 6), medical institutions shall confirm that the children are accompanied by their guardians or relevant specialist physicians.

(j) Are there any specific technological standards? The Chinese Measures states that medical institutions must have no less than two sets of servers, uninterruptible power supply, high-speed internet connection, and a data access system. They must also have at least two audio and video communication systems (including necessary software system and hardware equipment) for the purpose of telemedicine services. If conditions permit, the medical institutions can also have a dedicated internet circuit or Virtual Private Network, so as to ensure the quality of transmitted medical data.

(k) What is the obligation to maintain patient and data privacy? Chinese Measures provides that the medical institutions shall strictly comply with the laws and regulations on information security and medical data privacy, keep the patient information properly, and shall not illegally sell or divulge any patient information. In case it is discovered that the patient information or medical data is divulged, the medical institution shall promptly report to the administrative department and immediately take effective responsive measures.

(l) Are there any recommended codes of practice? Chinese Measures state that medical institutions providing telemedicine services must abide by the requirements provided in the Regulation on Medical Records Management in Medical Institutions and the Basic Standard for Electronic Medical Records (for Trial Implementation) while handling patient's medical records. They must also comply with the Law on Licensed Doctors, the Administrative Regulations on Medical Institutions, the Regulations on Handling Medical Accidents or the Nurses Regulation that deal with health services administration in China.

(m) Is there any specifications on quality standards? The Chinese Measures state that medical institution providing telemedicine services shall:

- establish a medical quality management system and put it into practice, abide by the relevant rules and standards, apply real-name management of its patients, and constantly improve its medical quality.
- participate in the work of medical quality management and control organized by telemedicine service centers, and accept the guidance and supervision of the administrative departments of health and quality control centers.
- implement various rules and systems for the daily management work, and conduct regular inspection of its telemedicine services.
- routine maintenance of telemedicine equipment to ensure their normal operations.
- telemedicine service center providing medical examination services shall be staffed with health care technicians with appropriate qualifications, and carry out its work according to the relevant rules.
- establish a good patient-doctor communication mechanism, ensure the patients' right to informed consent, and safeguard the patients' legitimate rights and interests.
- It shall, in strict accordance with the relevant rules and requirements, use and manage medical equipment, medical consumables, disinfectant instruments and medical supplies.

(n) What are the consequences and penalties for non-compliance? Chinese Measures state that in case of violations by medical institutions or doctors, they shall be dealt in accordance with laws or regulations such as Law on Licensed Doctors, the Administrative Regulations on Medical Institutions, the Regulations on Handling Medical Accidents or the Nurses Regulation. Some of the sanctions include suspension and revocation of licence, fines of up to Yuan 100,000 on doctors.

V. HONG KONG

(a) What is scope of telemedicine and telehealth? The Ethical Guidelines on Practice of Telemedicine [8] (**EGPT**) defines telemedicine as the practice of medicine over a distance, in which interventions, diagnoses, therapeutic decisions, and subsequent treatment recommendations are based on patient data, documents and other information transmitted through telecommunication systems. It, however, does not mention anything about telehealth. Further, the EGPT states that telemedicine embraces a wide spectrum of activities including but not limited to:

- Tele-treatment of patients;
- Collaboration between practitioners and/or with other healthcare professionals through telecommunication systems;
- Monitoring of patients through telecommunication systems; and
- Dissemination of service information and/or health education to the public (including patients) through telecommunication systems.

⁸See: https://www.mchk.org.hk/files/PDF_File_Ethical_Guidelines_on_Telemedicine.pdf (accessed on May 12, 2022)

(b) Is there a binding law, policy document, recommended guideline for telemedicine / telehealth? The Ministry of Health is responsible for regulating the practice of telemedicine. Currently, telemedicine in Hong Kong is regulated by EGPT which are intended to only be used as a guide and does not have the force of law.

(c) Who can provide and avail telemedicine/telehealth consultation? EGPT is silent on whether telemedicine services can be availed by anyone residing inside and outside of Hong Kong. It can only be provided by medical practitioners who are registered with the Hong Kong Medical Council under the Medical Registration Ordinance.

(d) Do the healthcare providers have to undergo training? EGPT is silent on the training requirement of practitioners.

(e) Are there any norms for reimbursement and financing? EGPT is silent on reimbursement and financing.

(f) What are the permissible information communication systems for conducting consultations? All forms of telecommunication such as telephone, email, SMS, WhatsApp, Facebook and other means of electronic communication are permitted.

(g) Are there limitations on treatment and consultations that can be offered? EGPT does not specify any limitation on the kinds of treatment or consultation that may be offered through telemedicine. However, the practitioners must be aware of the limits of telemedicine applications and should not attempt to provide a service which puts the patient's safety at risk. Further, the practitioner needs to be aware of the inherent risks and limits of telemedicine and should advise the patient accordingly. Additionally, if there are technical and environmental limitations then teleconsultation must be terminated and alternatives must be considered.

(h) Are there specific norms for patient consent? The FAQs [9] to EGPT provides that specific consent of the patient must be taken before initiating telemedicine consultation. Even though the consent is obtained verbally, a practitioner must record the consent in the patient's medical record. Further, the patient is to be provided with all necessary information regarding the telemedicine interaction including how it works, its limitations and adequacy to meet the desired standard of care, other suitable alternatives available, and privacy concerns.

(i) Are there restrictions on drugs prescription through tele consultations? EGPT provides that practitioners can issue prescriptions to patients via telemedicine only when they have adequate knowledge of the patient's health, and are satisfied that the medicine serves the patient's needs. They should also consider (a) the limitations of the medium; (b) the need for physical examination or other assessments; and (c) access to patient's medical records before prescribing medicines. The FAQs also advise the practitioners to abide by the provisions of:

⁹See: https://www.mchk.org.hk/files/Questions_and_Answers_to_the_Ethical_Guidelines_on_Practice_of_Telemedicine.pdf (accessed on May 12, 2022)

- Good Dispensing Practice Manual issued by the Hong Kong Medical Association that lays down the manner in which medicines are to be stored and dispensed; and
- Guidelines on Proper Prescription and Dispensing of Dangerous Drugs that applies to the prescription and dispensing of psychoactive substance.

Additionally, it is advisable that the practitioner has an in-person consultation before prescribing medicines for the first time to the patient. The practitioner should also make sure that any instructions related to administration or monitoring are understood by the patient and/or the caregiver. Any practitioner that is prescribing to an overseas patient should also have regard to differences in a product's licensed name, indications and recommended dosage.

(j) Are there any specific technological standards? EGPT is silent on the technological standards applicable to telemedicine consultation.

(k) What is the obligation to maintain patient and data privacy? EGPT provides that the practitioner owes professional responsibility in respect of medical record keeping and patient confidentiality. They have to follow the requirements as stated in section 1 of Part A of Hong Kong Medical Council's Code of Professional Conduct (Code) which are as follows:

- All medical records should be kept secure. This includes ensuring that unauthorized persons do not have access to the information contained in the records and that there are adequate procedures to prevent improper disclosure.
- Medical records should be kept for such duration as required by the circumstances of the case and other relevant requirements.
- Practitioner should have due regard to their responsibilities and liabilities under the Personal Data (Privacy) Ordinance (Cap. 486), in particular, patient's rights of access to and correction of information in the medical record and the circumstances under which practitioners may refuse to entertain such requests.

(l) Are there any recommended codes of practice? EGPT states that practitioners should abide by the Code, WMA Statement on the Ethics of Telemedicine, Good Dispensing Practice Manual and Guidelines on Proper Prescription and Dispensing of Dangerous Drugs while providing telemedicine services.

(m) Is there any specifications on quality standards? EGPT states that practitioners should ensure that a patient is properly evaluated and treated. Further, practitioner must be satisfied that the patient is suitable for a telemedicine interaction and that the standard of care delivered via telemedicine is not be less compared to an in-person consultation.

(n) What are the consequences and penalties for non-compliance? EGPT stated that any contravention of the guidelines may render a practitioner liable to disciplinary proceedings which may result in suspension or revocation of license to practice.

VI. INDIA

(a) What is scope of telemedicine and telehealth? Telemedicine Practice Guidelines, 2020 (India Guidelines) [10] defines telemedicine as the delivery of health care services, where distance is a critical factor, by all healthcare professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation, and for the continuing education of healthcare providers, all in the interests of advancing the health of individuals and their communities.

On the other hand, telehealth is defined as the delivery and facilitation of health and health-related services including medical care, provider and patient education, health information services, and self-care via telecommunications and digital communication technologies.

Telemedicine in India can be:

- Direct consultation between a registered medical practitioner enrolled in a state medical register or the Indian medical register under the Indian Medical Council Act, 1956 (RMP) and patient.
- Indirect consultation between RMP and patient through a caregiver such as where the patient is a minor or is incapacitated. However, the caregiver needs to have formal authorization or a verified document that establishes their relationship with the patient.
- Consultation with RMP through health workers, who facilitate consultation for a patient in a public or private health facility. This takes place only after the health worker has already seen the patient and is satisfied that consultation with RMP is required. Health worker is responsible for collecting the details of the patient, their health problems, examining them, and conveying the findings to RMP for their diagnosis.
- Consultation between RMP and RMP amongst themselves for the diagnosis, management, and prevention of diseases of the patient. The RMP seeking consultation shall be responsible for the treatment and other recommendations given to the patient. The types of consultations include: (i) Tele-radiology such as sending x-rays, PET scans, MRI scans, ultrasound reports from one location to another; (ii) Tele-pathology such as sending pathology data to distant locations for diagnosis, education, and research; and (iii) Tele-ophthalmology such as providing access to eye specialists for patients in remote areas, including ophthalmic disease screening, diagnosis, and monitoring.

(b) Is there a binding law, policy document, recommended guideline for telemedicine / telehealth? The Ministry of Health and Family Welfare (MoHFW) is responsible for governing matters related to health and family planning, and it issued the India Guidelines in March 2020 to govern the practice of telemedicine in India. These have been added as an amendment to the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 (Ethics Regulations) and consequently, have the force of law.

Furthermore, MoHFW issued similar guidelines for Homoeopathy, [11] Ayurveda, Siddha and Unani practitioners. [12]

¹⁰See: <https://egazette.nic.in/WriteReadData/2020/219374.pdf> (accessed on January 17, 2022)

¹¹See: <https://www.ayush.gov.in/docs/126.pdf> (accessed on January 17, 2022)

¹²See: https://www.ayush.gov.in/docs/CCIM_Telemedicine_Guidelines.pdf (accessed on January 17, 2022)

(c) Who can provide and avail telemedicine/telehealth consultation? Telemedicine can be availed by anyone residing in India and only RMPs can provide these services. Thus, India Guidelines do not apply to healthcare organisations, but are binding on RMPs.

(d) Do the RMPs have to undergo training? India Guidelines state that a mandatory 3-year online course in telemedicine shall be conducted by the Board of Governors of the Indian Medical Council for RMPs. However, in the interim period RMPs can practice telemedicine by following the provisions of India Guidelines.

(e) Are there any norms for reimbursement and financing? India Guidelines do not provide for any reimbursement or financing requirements.

(f) What are the permissible information communication systems for conducting consultations? RMP can use any information communication tool suitable for carrying out technology-based patient consultation i.e., telephone, video, devices connected over LAN, WAN, internet, mobile or landline phones, chat platforms like WhatsApp, Facebook Messenger, mobile applications or internet based digital platforms such as Skype or email. The use of different tools is dependent on the context, seriousness, urgency, and stage of consultation. Note that India Guidelines do not provide the technological standards required for telemedicine.

(g) Are there any limitations on treatment and consultations that can be offered? RMPs can provide teleconsultation to patients from any part of India and consultations by RMPs outside of India is outside the scope of India Guidelines. Additionally, RMPs can provide:

- health education such as providing health promotion and disease prevention information, which includes messages related to diet, physical activity, cessation of smoking, contagious infections, advice on immunizations.
- counselling on do's and don'ts for a patient, proper use of a hearing aid, advice for new tests, home physiotherapy; and
- prescribe Medicines

(h) Are there specific norms for patient consent? Patient consent is mandatory prior to initiation of teleconsultation. India Guidelines provide that if teleconsultation is initiated by the patient, the consent is said to be implied whereas if teleconsultation is initiated by the caregiver, health worker or an RMP, the consent is said to be explicit.

(i) Are there any restrictions on drugs prescription through tele consultations? RMPs can prescribe medicines only after adequate and relevant information about the patient's age and medical conditions has been collected. In case a physical examination is necessary, RMPs are barred from prescribing medicines until the examination is arranged. Additionally, they state that RMPs have to provide the patient with a copy of the signed prescription and can send the prescription directly to a pharmacy on the explicit consent of patient. Further, there is a limit on the kind of medicines that can be prescribed via telemedicine. The medicines that can be prescribed are:

- List A medicines such as for hypertension and skin problems, and here, the patient can also ask for their re-fill through teleconsultation;
- List B medicines to a patient who is undergoing follow-up consultation, where these medicines are in addition to those which have been prescribed during in-person consult for the same medical condition.

Medicines that have a high potential of being abused such as those listed in Schedule X of Drug and Cosmetic Act, 1940 or any Narcotic and Psychotropic substance listed in the Narcotic Drugs and Psychotropic Substances, Act, 1985 cannot be prescribed via telemedicine.

(j) What is the obligation to maintain patient and data privacy? It is the responsibility of the RMP to be cognizant of the current data protection and privacy laws and uphold patient privacy and confidentiality at all times. Further, RMPs have to be mindful of the practices regarding the handling and transfer of personal information of the patient. Nevertheless, RMP will not be held responsible for breach of confidentiality if there is reasonable evidence to believe that patient's privacy and confidentiality has been compromised by a technology breach or by a person other than RMP.

(k) Any there any specific technological standards? India Guidelines do not provide the technological standards that need to be used by RMPs for providing telemedicine.

(l) Are there any recommended codes of practice? India Guidelines state that RMPs must uphold and practice the principles of medical ethics, and professional norms for protecting patient privacy and confidentiality as per the Indian Medical Council Act, 1956. They must abide with and follow the Ethics Regulations, provisions of the Information Technology Act, 2000 including Information Technology (Reasonable security practices and procedures and sensitive personal data or information) Rules, 2011 while providing telemedicine services.

(m) Are there any specifications on quality standards? RMPs should exercise their professional judgment to decide whether a telemedicine consultation is appropriate in a given situation or an in-person consultation is needed in the interest of the patient. Further, they should not compromise on the quality of care and must consider the mode/technologies available before choosing to proceed with teleconsultation.

(n) What are the consequences and penalties for non-compliance? RMPs can be held guilty of misconduct for all actions that wilfully compromises patient's care or privacy, or violates any prevailing law. A patient, who suffers due to misconduct, has the right to complain to the respective state Medical Council where the RMP is registered. If RMP is found guilty of the misconduct, they may be reprimanded, or their registration may be suspended or cancelled.

VII. INDONESIA

(a) What is scope of telemedicine and telehealth? The **Indonesian Medical Council (IMC) Regulation** [13] on Authorized Clinical and Medical Treatments Through Telemedicine during COVID-19 Pandemic (**IMC Regulations**) defines telemedicine as a long-distance medical service provided by doctors and dentist, using information and communication including the exchange of information on diagnosis, treatment, prevention of illness and injury, research and evaluation, as well as the continuing education for health service providers for the benefit of improving individual and community health. The IMC Regulations does not mention anything about telehealth.

(b) Is there a binding law, policy document, recommended guideline for telemedicine telehealth? The Ministry of Health is responsible for regulating the practice of telemedicine. Currently, there are two regulations regulating telemedicine in Indonesia:

(a) IMC Regulations and **(b)** Ministry of Health Decree No. HK.01.07/MENKES/4829/2021 on Guideline on Telemedicine Healthcare Services During COVID-19 Pandemic (**Decree**) [14]. They are not binding but act as a reference for the Indonesian government, doctors, healthcare facilities, and related stakeholders in relation to the organisation of telemedicine services. [15] The IMC Regulations and Decree are valid during the pandemic and shall expire when the Indonesian government declares that COVID-19 is no longer a public health emergency.

(c) Who can provide and avail telemedicine/telehealth consultation? Telemedicine services in Indonesia can be availed by all Indonesian residents and is provided by all licensed doctors and dentists that are registered with IMC. Additionally, the Decree states that the following healthcare facilities can provide telemedicine services:

- Hospitals
- Public healthcare centres
- Clinics
- Independent practice facilities of general practitioners, medical specialists and dentists
- Medical laboratories
- Pharmacies

(d) Do the healthcare providers have to undergo training? The IMC Regulations states that doctors, dentists and medical specialists are obligated to obtain additional knowledge about telemedicine through training material issued by collegiums, professional organizations, universities, and Ministry of Health.

¹³See: <https://peraturan.go.id/common/dokumen/terjemah/2020/Per%20KKI%2074%202020%20English.pdf> (accessed on May 28, 2022)

¹⁴See: <https://conventuslaw.com/report/indonesia-telemedicine-guidelines-for-covid-19/> (accessed on May 28, 2022)

¹⁵See: <https://insightplus.bakermckenzie.com/bm/healthcare-life-sciences/indonesia-new-indonesian-medical-council-regulation-on-telemedicine-services-during-covid-19-pandemic> (accessed on May 28, 2022)

(e) Are there any norms for reimbursement and financing? The IMC Regulations state that doctors and dentists who provide telemedicine services are entitled to compensation stipulated by the healthcare facility. However, there are no financing requirements under the IMC Regulations or Decree.

(f) What are the permissible information communication systems for conducting consultations? The IMC Regulations state that all online modes of text, voice and/or video communication systems are allowed. Additionally, the Decree stated that healthcare facilities can provide telemedicine services either through their own online platforms, or, in cooperation with privately-owned electronic system providers or using the platforms provided by the government. [16]

(g) Are there limitations on treatment and consultations that can be offered? The IMC Regulations provide that telemedicine services provided by doctors and dentists are subject to some limitations which are as follows:

- they cannot initiate teleconsultation without any involvement of a healthcare facility
- they cannot provide misleading, non-ethical and inadequate information and/or explanation to patients or their families
- they cannot diagnose and treat patients outside of their competence
- they cannot require patients to conduct unnecessary additional medical assessments
- they cannot conduct immoral, intimidating and reprehensible actions against the patients
- they cannot conduct invasive actions through teleconsultation
- they cannot impose additional costs outside costs settled by the healthcare facility
- they cannot provide a certificate of health via telemedicine

(h) Are there specific norms for patient consent? The IMC Regulations state that patients desirous of obtaining telemedicine are required to give their consent to the doctor. However, it does not elaborate on the context in which consent needs to be taken.

(i) Are there restrictions on drugs prescription through tele consultations? The IMC Regulations allow doctors and dentists to prescribe medicines except for narcotics and psychotropic substances to patients. The Decree on the other hand states that pharmaceutical facilities can offer electronic prescription services, communicate with prescribing doctors in order to confirm or provide recommendations to the patient. Additionally, pharmaceutical preparations, medical devices, medical consumables and health supplements can be delivered to patients or their families by pharmaceutical facilities.

(j) Are there any specific technological standards? Both IMC Regulations and Decree are silent on the required technological standards.

¹⁶See: <https://www.mondaq.com/operational-impacts-and-strategy/1112748/general-overview-on-legal-aspects-of-telemedicine-service-business-in-indonesia-during-covid-19-pandemic> (accessed on May 28, 2022)

(k) What is the obligation to maintain patient and data privacy? There is no specific privacy or data protection requirements provided in IMC Regulations and the Decree. However, this requirement must be read in conjunction with medical confidentiality principles and doctors, dentists and healthcare facilities are obligated to keep medical records of the patient confidential.

(l) Are there any recommended codes of practice? The IMC Regulations and Decree do not provide any code of practice to be followed by doctors and dentist.

(m) Is there any specifications on quality standards? Both IMC Regulations and Decree are silent on the required quality standards while providing telemedicine services.

(n) What are the consequences and penalties for non-compliance? The IMC Regulations or the Decree do not provide any penalties or other consequences for violations. However, doctors and dentists may face sanctions under Law on Healthcare Professionals. This legislation provides the practice norms and professional standards of any healthcare professional. Some of the sanctions include written warning, revocation of license or registration and suspension.

VIII. ISRAEL

The Israel Ministry of Health has issued the Circular on Criteria for Operating Telemedicine Services which sets out the principles relating to the provision of telemedicine services. [17] According to the circular, it is the responsibility of the medical institution to prescribe conditions for the operation of telemedicine services. No approval from the Ministry is required. The medical institution providing telemedicine services shall also be responsible for the quality and safety of the telemedicine services and must ensure that they are at par with face-to-face consultations.

IX. JAPAN

The Japanese Ministry of Health, in response to the COVID-19 pandemic, developed guidelines to promote telemedicine. [18] The guidelines regard telemedicine as a supplementary tool to in-person treatment and provide for remote care for chronic diseases. Further, the Ministry of Health is currently deliberating on developing detailed set of telemedicine guidelines and a certain level of consensus in relation to its content, including detailed lists of patients and conditions that are suitable for telemedicine has been reached with the stakeholders. [19]

X. KAZAKHSTAN

(a) What is scope of telemedicine and telehealth? The Code of the Republic of Kazakhstan on Public Health and Healthcare System, 2020 [20] (**Kazakhstan Code**) defines telemedicine as the provision of medical services for the purpose of diagnosis, treatment, medical rehabilitation and prevention of diseases and injuries, conducting research and assessments using digital technologies, providing remote interaction of healthcare professionals with one another, with individuals and/or their legal representatives, identification of these persons, as well as documenting their actions.

¹⁷See: <https://www.lexology.com/library/detail.aspx?g=3f164d16-10f1-433f-aa61-3aa86b5d5b47> (accessed on May 29, 2022)

¹⁸See: <https://www.mhlw.go.jp/content/000620995.pdf> (accessed on February 13, 2023)

¹⁹See: <https://apcoworldwide.com/blog/the-challenges-and-growth-of-telehealth-in-japan/> (accessed on May 27, 2022)

²⁰See: <https://adilet.zan.kz/eng/docs/K2000000360> (accessed January 28, 2022)

Telehealth includes telemedicine as well as other non-clinical functions such as disease prevention, health promotion, public health support, health education and scientific medical research.

Telemedicine services under the Kazakhstan Code broadly encompass the following facets of remote healthcare:

- giving advice by specialists and foreign clinics;
- expedient referral of a patient for an in-person consultation at higher levels of medical assistance;
- receiving practical assistance from specialists of higher levels;
- evaluating effectiveness of treatment and diagnostic measures, medical observation of the patient's health status;
- clarification of the diagnosis, and determination of further tactics of patient management and prescription of therapy-diagnostic measures;
- determining the possibility of transporting a patient to higher levels of medical assistance, including the feasibility of using medical aviation equipment; and
- electronic consultations; and
- medical rehabilitation services.

(b) Is there a binding law, policy document, recommended guideline for telemedicine / telehealth? Kazakhstan Code serves as a comprehensive, binding law governing all aspects of healthcare services including telemedicine. The code also mandates the formation of an authorized body which is in charge of determining the organisation, procedure, and payment for telemedicine services. Additionally, in the Kazakhstan Strategy 2050, the government has highlighted the goal of harnessing new technology to introduce smart medical care, remote diagnosis and electronic medical care. [21]

(c) Who can provide and avail telemedicine/telehealth consultation? Under Kazakhstan Code, medical services in the country are available for all citizens, foreigners, refugees, and stateless persons. Telemedicine services can be provided by doctors, or in the case of medical rehabilitative services, by a specialist.

(d) Do the healthcare providers have to undergo training? There is no specific training prescribed for practising telemedicine.

(e) Are there any norms for reimbursement and financing? The code is silent with respect to reimbursement and financing.

²¹See: <https://kazakhstan2050.com/2050-address> (accessed January 28, 2022)

(f) What are the permissible information communication systems for conducting consultations? Kazakhstan Code does not prescribe any specific information communication systems for conducting consultations. However, it requires the opinion of doctors providing telemedicine services to be entered in the patient's electronic health passport using the electronic digital signature of the doctor. The electronic health passport is a repository of health data of an individual.

(g) Are there limitations on treatment and consultations that can be offered? Kazakhstan Code does not specify any limitation on the kinds of treatment or consultation that may be offered through telemedicine.

(h) Are there specific norms for patient consent? The norms for consent prescribed under Kazakhstan Code are applicable to all healthcare activities. It mandates the patient's informed consent to receive medical assistance. The consent must be a written voluntary confirmation to receive medical care. The patient must be provided all information about his medical care that is significant for their decision making. The patient must be informed about any audio and (or) video surveillance and recording. Consent is not necessary for persons who are in a state of shock, or with diseases that pose a threat to others, or with severe mental disorders, or persons with mental disorders who committed a socially dangerous act.

(i) Are there restrictions on drugs prescription through tele consultations? The Kazakhstan Code is silent on the type of medicine/drugs that can be prescribed through telemedicine.

(j) Any specific requirement for technological standards? Kazakhstan Code is silent on the type of technological standards that can be used to provide telemedicine services.

(k) What is the obligation to maintain patient and data privacy? Doctors must comply with the Code of the Republic of Kazakhstan on Personal Data and their Protection, 2013 [22] and the Code of Honour for Medical and Pharmaceutical Workers in the Republic of Kazakhstan, 2020. [23] Doctors must generally ensure that patient's personal data are kept confidential and consent forms the basis of all processing.

Health data of patients are stored as part of electronic medical records which are transferred to the national electronic health passport by public healthcare organisations. The activity of storing health data is deemed to form a part of medical assistance for which a patient provides consent. The right to access the health data of patients with their consent is granted to the following categories:

- providers of medical and pharmaceutical services;
- organizations responsible for reimbursing expenses related to health services delivery;
- local public health authorities of regions, cities of republican significance and the capital, territorial units of the authorized body for social protection of the population, state bodies exercising state control in the field of medical services (assistance), sanitary-epidemiological welfare of the population, distribution of medicines and medical products;

²²See: <https://adilet.zan.kz/eng/docs/Z1300000094#:~:text=The%20Law%20of%20the%20Republic,94%2DV.&text=This%20Law%20regulates%20the%20public,and%20protection%20of%20personal%20data>, (accessed January 28, 2022)

²³See: <https://adilet.zan.kz/eng/docs/V2000021890> (accessed January 28, 2022)

- military-medical (medical) units of central executive bodies and other central state bodies in relation to the served contingent;
- legal entities that collect, process, store, protect and provide personal health data in accordance with the legislation of the Republic of Kazakhstan.

(l) **Are there any recommended codes of practice?** All healthcare professionals must follow the Code of Honour for Medical and Pharmaceutical Workers in the Republic of Kazakhstan, 2020.

(m) **Any specifications on quality standards?** There are no specific quality standards for telemedicine services. But Kazakhstan Code prescribes general conditions such as consistent improvement of quality standards, delivering medical services in accordance with qualifications, referring patients, where necessary, for advice to specialists of other profile or higher qualification.

(n) **What are the consequences and penalties for non-compliance?** Kazakhstan Code states that for any violation, healthcare professionals would be liable under the laws of Kazakhstan. Liability of healthcare providers may be civil, criminal, or disciplinary depending on the severity of the offence. [24]

XI. KINGDOM OF SAUDI ARABIA

(a) **What is scope of telemedicine and telehealth?** The Governing Rules of Telehealth in the Kingdom of Saudi Arabia, 2021 (**Governing Rules**) define both telemedicine and telehealth in a similar fashion. It means remote healthcare practice facilitated by the use of electronic means of information and communication technology. Additionally, telehealth is also defined under the Legal Regulations for Telehealth Services [25] which were effective till March 31, 2022, as the use of telecommunications technology to deliver health-related services and information that support patient care, administrative activities, and health education. Please note that there are no updates on whether the legal regulations have been extended further.

(b) **Is there a binding law, policy document, recommended guideline for telemedicine / telehealth?** The Ministry of Health regulates telehealth and telemedicine. The law is contained in the Governing Rules, along with the General Guidelines for the practice of Telehealth in the Kingdom of Saudi Arabia, 2021 (**General Guidelines**), collectively referred as **Arabian Law** which are binding on the service providers.

(c) **Who can provide and avail telemedicine/telehealth consultations?** Telemedicine and telehealth services can be provided by a healthcare professional including physicians, nurses, and allied professionals registered with the Saudi Commission for Health Specialties (**HCP**) or a healthcare facility licensed by the Ministry of Health (**HCF**). Arabian Law is silent on who can avail telemedicine consultations, and it appears that any person requiring such services can avail them.

²⁴See: https://www.morganlewis.com/-/media/files/publication/lawflashclient-alert/business-and-finance-lawflash/bf_if_medicalmalpracticeliabilitykazakhstanlawandpractice_07feb14.pdf (accessed February 01, 2022)

²⁵See: <https://www.moh.gov.sa/en/Ministry/Rules/Documents/Legal-Regulations-for-Telehealth-Services.pdf> (accessed February 02, 2022)

(d) Do the healthcare providers have to undergo training? The Governing Rules mandate training of HCPs before practising. Telehealth related aspects must be included in the study of medicine.

(e) Are there any norms for reimbursement and financing? Arabian Law is silent on reimbursement and financing

(f) What are the permissible information communication systems for conducting consultations? The Governing Rules permit all communication modes including video, audio, picture, text, data. Further clarity is provided in the General Guidelines, which require that a teleconsultation may be conducted by video only, or a combination of video, audio, and chat, but not through audio solely, unless there are no other means to communicate with a patient.

(g) Are there limitations on treatment and consultations that can be offered? There are no stipulations on what treatment and consultations can or cannot be offered.

(h) Are there specific norms for patient consent? The General Guidelines and Governing Rules specify that informed consent in written or digital format must be taken before commencing any telemedicine and telehealth activity. Such consent must be recorded in the patient's medical records and the patient also has the right to withdraw their consent any time with providing any explanation. In case an HCP records telehealth activities for scientific research and development purposes, the patient's informed consent must be obtained separately.

(i) Are there restrictions on drugs prescription through tele consultations? The Arabian Law is silent on the type of medicine/drugs that can be prescribed through telemedicine and telehealth.

(j) Any specific requirement for technological standards? As per the Governing Rules, telehealth activities are governed by the Saudi Health Information Exchange Policy [26] **(SeHE)**. SeHE does not apply to HCPs and HCFs but to health information exchanges. It requires them to ensure that system components conform to ISO 27799:2008, Health informatics – Information security management in health using ISO/IEC 27002, and the exchange infrastructure system is audited and maintained as per ISO 27000, and SAS70/ SSAE 16.

(k) What is the obligation to maintain patient and data privacy? According to the Governing Rules, HCPs and HCFs are obligated to maintain the privacy and data security. Additionally, SeHE lays down certain parameters which are applicable to health information exchanges such as using encryption for exchange of electronic health information, implementing intrusion detection n measures, and designation of a privacy/security officer. It is also noteworthy that Saudi Arabia has issued its first personal data protection Law which will become effective from March 2023. [27]

(l) Are there any recommended codes of practice? All HCPs in Saudi Arabia are required to follow the Code of Ethics for Healthcare Practitioners. [28]

²⁶See: <https://www.moh.gov.sa/en/Ministry/eParticipation/Policies/Pages/Policy.aspx?PID=3> (accessed February 01, 2022)

²⁷See: <https://iapp.org/news/a/how-to-prepare-for-saudi-arabias-personal-data-protection-law/> (accessed May 07, 2022)

²⁸See: <https://www.iau.edu.sa/sites/default/files/resources/5039864724.pdf> (accessed February 02, 2022)

(m) Any specifications on quality standards? The General Guidelines provide steps that may be taken for a successful telehealth consultation. These steps include proper introduction by the HCP before the service, assessment of the suitability of the patient for the purpose of teleconsultation, etc. It also states that the patient must be informed of the medical conclusion and provided access to the prescription and other relevant documents.

(n) What are the consequences and penalties? The penalty is under a separate law called Law of Practising Healthcare Professionals, 2005. It provides disciplinary penalties for HCPs who violate relevant codes of practice or act contrary to professional conduct or ethics. The penalties include warning, fine not exceeding ten thousand riyals, and cancellation of license. Criminal and monetary penalties are also prescribed for certain violations.

XII. KYRGYZSTAN

(a) What is scope of telemedicine and telehealth? The Regulation on the Provision of Medical and Sanitary Care using Telemedicine Technologies dated October 31, 2023 (“**Kyrgyz Regulations**”) [29] defines telemedicine technologies as information technologies that ensure remote interaction of medical professionals among themselves, with patients and/or their legal representatives, identification and authentication of these persons, documentation of their actions during consultations, monitoring of the patient’s health status. Further, the term remote communication is defined as the process of interaction between participants in the process of health care delivery using telemedicine technologies at a distance by means of information technology, while maintaining all the inherent components of health care.

(b) Is there a binding law, policy document, recommended guideline for telemedicine / telehealth? The Kyrgyz Ministry of Health is responsible for framing laws on public health. The Kyrgyz Regulations serve as a comprehensive, binding law governing telemedicine.

(c) Who can provide and avail telemedicine/telehealth consultation? Under the Kyrgyz Regulations, telemedicine services can be provided by physicians registered under the Law On the Protection of Public Health in the Kyrgyz Republic (Kyrgyz Health Law). Telemedicine services can be availed by all patients residing in Kyrgyzstan. However, the law does not specify whether the patients outside the country can avail telemedicine.

(d) Do the healthcare providers have to undergo training? There is no specific training prescribed for practicing telemedicine by the Kyrgyz Regulations.

(e) Are there any norms for reimbursement and financing? Costs for telemedicine services can be covered through:

- co-payment funds contributed by the population
- the budget of the Mandatory Insurance Fund under the Ministry of Health
- patient’s own money
- funds of the republican and local budgets, and
- funds of individuals and legal entities.

²⁹See: <https://med.kg/pressCenter/news/b1b365f7-1746-413d-8bed-3a57ecbbfc89> (accessed on April 2, 2024)

(f) What are the permissible information communication systems for conducting consultations?

The Kyrgyz Regulations do not prescribe any specific information communication systems for conducting consultations but the Kyrgyz Health Law allows all forms of information and communication technologies for the purposes of telemedicine.

(g) Are there limitations on treatment and consultations that can be offered? The Kyrgyz Regulations specifies that telemedicine technologies can be used in the provision of (i) primary medical and sanitary care, including emergency medical care; (ii) specialised medical care; and (iii) palliative care.

(h) Are there specific norms for patient consent? The Kyrgyz Regulations do not specify any norms for patient consent; however, the Kyrgyz Health Law provides that no medical process can take place without the informed and voluntary written consent of the patient.

(i) Are there restrictions on drugs prescription through tele consultations? The Kyrgyz Regulations and Kyrgyz Health Law are silent on the type of medicine/drugs that can be prescribed through telemedicine.

(j) Any specific requirement for technological standards? The Kyrgyz Regulations is silent on the type of technological standards that can be used to provide telemedicine services.

(k) What is the obligation to maintain patient and data privacy? The Kyrgyz Regulations is silent on this aspect but the Kyrgyz Health Law provides that the collection, processing and storage of personal medical data of patients shall be with the informed consent of the patient and within the framework of the provision of medical care. Entities carrying out activities in digital health are required to store, protect electronic medical records in accordance with the prescribed rules.

(l) Are there any recommended codes of practice? All physicians providing telemedicine must comply with the provisions of Kyrgyz Health Law.

(m) Any specifications on quality standards? There are no specific quality standards specified for telemedicine services under the Kyrgyz Regulations.

(n) What are the consequences and penalties for non-compliance? The Kyrgyz Regulations states that the physicians shall be responsible in accordance with Kyrgyz Health Law which shall be established in accordance with the civil and criminal law of the Kyrgyz Republic

XIII. MALAYSIA

(a) What is scope of telemedicine and telehealth? Malaysian Medical Council Advisory on Virtual Consultation (during the Covid19 pandemic) **(Advisory)** [30] defines telemedicine as a medical service provided remotely via information and communication technology. The Advisory does not mention anything about telehealth.

³⁰See: https://mmc.gov.my/wp-content/uploads/2020/04/MMC_virtualconsultationADVISORY.pdf (accessed on May 12, 2022).

(b) Is there a binding law, policy document, recommended guideline for telemedicine telehealth?

The Ministry of Health is responsible for regulating healthcare ecosystem in Malaysia. It enacted the Telemedicine Act in 1997 to provide for the regulation and control of the practice of telemedicine but it never came into force and as such, has no force of law. During the pandemic, the Malaysian Medical Council issued the Advisory which was expressed as being applicable only during the pandemic period. As a result, the Malaysian Ministry of Health is engaged with the relevant stakeholders to develop an Online Healthcare Services Regulatory Framework [31], with a view to rationalising the existing legal framework. However, no progress has been made so far.

(c) Who can provide and avail telemedicine/telehealth consultation? The Advisory is silent on whether only the Malaysian citizens residing within the country or anyone outside the country can avail telemedicine. The Advisory mentions both physicians and registered medical practitioners and it is unclear as to who can provide telemedicine services in Malaysia.

(d) Do the healthcare providers have to undergo training? The Advisory states that physicians must possess adequate training and competency to manage patients through telemedicine. However, the Advisory is silent on the kind of training they must undergo.

(e) Are there any norms for reimbursement and financing? The Advisory does not provide any reimbursement and financing requirements.

(f) What are the permissible information communication systems for conducting consultations? The Advisory does not specify the permissible information communication systems required for telemedicine consultations.

(g) Are there limitations on treatment and consultations that can be offered? The Advisory does not specify any limitation on the kinds of treatment or consultation that may be offered through telemedicine.

(h) Are there specific norms for patient consent? The Advisory provides that telemedicine can take place only with valid informed consent of the patient. The physician should ensure that his identity, place of practice and registration status is made known to the patient, and the identity of the patient is confirmed at each consultation.

(i) Are there restrictions on drugs prescription through tele consultations? There is no stipulation on the type of medicine/drugs that can be prescribed through telemedicine.

(j) Are there any specific technological standards? The Advisory is silent on the technological standards required for telemedicine.

³¹See: <https://rajadarrylloh.com/wp-content/uploads/2021/10/chambers-partners-digital-healthcare-2021.pdf> (accessed on May 12, 2022)

(k) What is the obligation to maintain patient and data privacy? The Advisory provides that the physician must comply with legal requirements regarding privacy and security of patient information. While it does not specify the relevant legislation, we are of the view that the requirements under Malaysian Personal Data Protection Act, 2010 need to be complied by the physicians.

(l) Are there any recommended codes of practice? The Advisory states that physicians should comply with Malaysian Medical Council's Code of Professional Conduct 2019 which contains the practice norms for physicians.

(m) Is there any specifications on quality standards? The Advisory states that consideration is to be given to the safety and maintenance of patients.

Physicians have to:

- consider whether the telemedicine affords adequate assessment, and if not, arrange for a timely in-person assessment.
- explain the appropriateness, limitations, and privacy issues related to telemedicine to the patient.
- provide an appropriate medical assessment based on the current symptoms or condition, past history, medications and limited examination possible.
- create and maintain medical records of the consultation, in accordance with professional and legal requirements.
- ensure patients have access to their medical records and that medical records are available to other health care professionals for the provision of ongoing patient care.

(n) What are the consequences and penalties for non-compliance? The Advisory does not provide the penalties for non-compliance. However, it is likely that the physician shall have to face penalties under the Malaysian Medical Council's Code of Professional Conduct 2019 if physician does not comply with norms stipulated therein, including disciplinary proceedings, investigations and suspension of practice license.

XIV. MALDIVES

(a) What is scope of telemedicine and telehealth? Telemedicine Guidelines for Health Care Professionals dated February 14, 2024 (**Maldives Guidelines**) [32] defines telemedicine as the delivery of health care services, where distance is a critical factor, by all healthcare professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation, and for the continuing education of healthcare providers, all in the interests of advancing the health of individuals and their communities.

³²See: <https://health.gov.mv/storage/uploads/MwLKbyor/valxdgp6.pdf> (accessed on Mar 28 2024)

(b) Is there a binding law, policy document, recommended guideline for telemedicine / telehealth? The Ministry of Health is responsible for governing matters related to health. It issued the Maldives Guidelines in February 2024 which serve as a guideline for doctors and allied health professionals to effectively deliver patient care via teleconsultation.

(c) Who can provide and avail telemedicine/telehealth consultation? Telemedicine services can be availed by anyone residing in Maldives from registered health facilities and registered healthcare professionals (RHP). RHP should have a practicing license with the Maldives Medical and Dental Council and also be registered with the licensed health facility where teleconsultation is being held or independently registered with the Ministry of Health to deliver teleconsultation services.

(d) Do the healthcare providers have to undergo training? Maldives Guidelines requires RHPs to have the necessary education and training in the use of technology tools and limitations of teleconsultation.

(e) Are there any norms for reimbursement and financing? Maldives Guidelines do not provide any reimbursement and financing norms.

(f) What are the permissible information communication systems for conducting consultations? All audio-video conferencing applications, messaging applications such as WhatsApp, Telegram, Google meet and telephone are permitted.

(g) Are there limitations on treatment and consultations that can be offered? Maldives Guidelines provide that teleconsultations cannot be used for the following:

- assessing patients with potentially serious, high-risk and life-threatening conditions;
- for carrying out an internal examination such as gynaecological or colorectal procedure;
- when patients are unable to use the technology, and cannot be supported; and
- when there is lack of availability of aids and devices for enabling teleconsultation.

(h) Are there specific norms for patient consent? Maldives Guidelines specifies that before telemedicine services are provided to a patient all the necessary details regarding the service such as security, privacy, confidentiality, limitations, prescription procedure and referral must be provided. Based on this information, the patient is required to give its express consent to the telemedicine service. The consent can be taken through consent forms prepared by the health facility or RHP.

(i) Are there restrictions on drugs prescription through tele consultations? Maldives Guidelines allows RHPs to prescribe drugs over teleconsultation. However, it does not list out the type of drugs that can be prescribed. Prior to prescribing drugs, RHP should be satisfied that they have assessed the patient appropriately to be able to make a diagnosis or change the therapeutic management. The prescription should include RHP's name and license number and a record of all electronic prescription should be kept with Food and Drug Authority of Maldives in the prescribed manner.

(j) Are there any specific technological standards? Maldives Guidelines states that dedicated software with integrated services such as video consultations are to be used for providing telemedicine. For video consultations, the camera should be of good resolution of at least 5 megapixels on all devices. Further, high-speed and stable internet connection of adequate bandwidth (at least 10-15 Mbps) must be present.

(k) What is the obligation to maintain patient and data privacy? Maldives Guidelines requires healthcare facilities and RHP to ensure confidentiality of patient information and records as per Health Service Act and Regulation No. 10170-2019-R (Medical Records Regulation). If patient information is stored physically, it should be kept under lock and key whereas if stored electronically, it should be password protected and accessible to authorized personnel only. Further, healthcare facilities must ensure that all hardware are password protected, mitigate vulnerabilities such as theft of hardware, take steps to prevent data breaches and undertake cybersecurity measures.

(l) Are there any recommended codes of practice? Maldives Guidelines states that RHPs should abide by Maldives Medical and Dental Council code of conduct and Good Medical Practice Guidelines. Additionally, they should also follow provisions of the Health Professionals Act, 2015, Health Services Act and any other law on protecting the privacy and confidentiality of the patient.

(m) Is there any specifications on quality standards? Maldives Guidelines state that RHP must ensure that the standard of care must be reasonable as determined by the clinical context, clinical objectives, existing clinical practice guidelines and it should be part of a structured and well-organized system. It also lists out certain components for an effective teleconsultation service which include identification and verification, communication with patients and caregivers, consent, patient evaluation and exchange of information etc.

(n) What are the consequences and penalties for non-compliance? The Maldives Guidelines do not provide any penalties or other consequences for violations. However, RHPs may face sanctions under the Health Services Act and Healthcare Profession Act. Some of the sanctions include suspension of license to practice, fine and imprisonment depending upon the nature of offence.

XV. NEPAL

(a) What is scope of telemedicine and telehealth? The Telemedicine Guidelines for Registered Medical Practitioners in Nepal (**Nepal Guidelines**) [33] define telemedicine as the delivery of healthcare services from distance, a benefit brought about by the use of information and communication technology. It does not define telehealth.

Telemedicine can take place between:

- patient and medical practitioner;
- local healthcare professional and medical practitioner; and
- medical practitioner and medical practitioner.

³³See: <https://nmc.org.np/files/4/Telemedicine%20guidelines%20for%20registered%20medical%20practitioners%20in%20nepal.pdf> (accessed on February 3, 2022)

(b) Is there a binding law, policy document, recommended guideline for telemedicine/telehealth? The Nepal Medical Council (NMC) is responsible for regulating medical education and registration of doctors in Nepal. It issued Nepal Guidelines in May 2020 for regulating telemedicine in Nepal and is applicable and binding on all medical practitioners, group and specialty practices, hospitals and health care systems, and other healthcare providers.

(c) Who can provide and avail telemedicine/telehealth consultation? Nepal Guidelines state that medical practitioner (Practitioner) i.e., a person who is registered under Nepal Medical Council Act 1964 and has obtained a valid license from NMC is entitled to provide tele consultation to patients from any part of Nepal.

(d) Do the healthcare providers have to undergo training? Nepal Guidelines provide that NMC shall develop a short course on telemedicine for all Practitioners.

(e) Are there any norms for reimbursement and financing? There are no such requirements.

(f) What are the permissible information communication systems for conducting consultations? Nepal Guidelines provide that any information communication tool such as telephone, video, devices connected over LAN, WAN, internet, mobile or chat platforms like WhatsApp, Facebook Messenger, can be used by Practitioner to provide teleconsultation to patients.

(g) Are there limitations on treatment and consultations that can be offered? Nepal Guidelines provide that teleconsultation can be used by Practitioner to:

- Provide health education on matters such as disease prevention, diet, physical activity;
- Provide counselling on various health issues such food restrictions, do's and don'ts for a patient on anticancer drugs, proper use of a hearing aid; and
- Prescribe medicines.

(h) Are there specific norms for patient consent? Nepal Guidelines specify that explicit consent of the patient must be taken before providing teleconsultation. Further, the patient must be provided with all the necessary details such as objective of teleconsultation, its risks and benefits before teleconsultation starts.

(i) Are there restrictions on drugs prescription through tele consultations? The guidelines provide that Practitioners can prescribe medicines only after appropriate diagnosis of the medical condition of the patient is done. The medicines that can be prescribed are:

- Category B such as antibiotics, hormones; and
- Category C such as paracetamol, ibuprofen.

However, any Category A medicines i.e., narcotic and poisonous medicines cannot be prescribed by Practitioner through telemedicine.

(j) Any specific requirement for technological standards? Nepal Guidelines do not provide any technological standards for telemedicine.

(k) What is the obligation to maintain patient and data privacy? The guidelines provide that Practitioners must take all measures to protect the privacy and confidentiality of the patients. They must have confidentiality policy in place and must comply with the Consumer Protection Act 1998, Electronic Transaction Act 2004, National Information and Communication Technology Policy 2015, Privacy Act 2018 and other applicable regulations on data protection. Additionally, patient's identification, medical history details and other documented data, must be encrypted and stored in a secure location to prevent breach. For this purpose, Practitioners may employ methods such as multi-factor authentication, inactivity timeout function, and a passphrase or re-authentication. Practitioners shall not be held responsible for breach of confidentiality if there is reasonable evidence to believe that patient's privacy and confidentiality has been compromised by a technology breach.

(l) Are there any recommended codes of practice, if any? Nepal Guidelines state that Practitioners must follow the professional, ethical norms and standards listed in NMC's Code of Ethics, 2009 and Nepal Medical Council Act, 1964.

(m) Any specifications on quality standards? Nepal Guidelines provide that any telemedicine service must be structured and well-organized with the overall standard of care equal to conventional in-person service. Further, the healthcare provider must be satisfied that the clinical condition is suitable for telemedicine and that the standard of care delivered via telemedicine is reasonable considering the circumstances of the case. Healthcare organizations must assure the safety and quality of care during telemedicine and address critical issues such as informed consent, privacy/confidentiality, documentation, proper instruments.

(n) What are the consequences and penalties for non-compliance? Any breach by the Practitioner will result in initiation of disciplinary actions as per the Nepal Medical Council Act 1964 and by laws. The punishment ranges from a notice of attention, warning, probation (not be allowed to work independently/ should work under supervision), suspension and/or permanent removal from NMC's register or cancellation of medical licence.

XVI. PHILIPPINES

(a) What is scope of telemedicine and telehealth? The Guidelines on the use of Telemedicine in COVID-19 response (**Philippines Guidelines**) [34] defines telemedicine as the practice of medicine by means of electronic and telecommunications technologies such as phone call, chat or short messaging service (SMS), audio- and video-conferencing to deliver healthcare at a distance between a patient at an originating site, and a physician at a distant site. The Philippines Guidelines do not mention anything about telehealth.

³⁴See: <https://www.privacy.gov.ph/wp-content/uploads/2020/10/DOH-mc2020-0016.pdf> (accessed on May 15, 2022)

(b) Is there a binding law, policy document, recommended guideline for telemedicine / telehealth? The Ministry of Health is responsible for regulating the practice of telemedicine. Currently, telemedicine in Philippines is regulated by Philippines Guidelines which are intended to only be used as a guide and does not have the force of law. In 2019, the eHealth System and Services Act was introduced in the Philippines Parliament to institutionalize the healthcare system by providing access to quality health information and services through telemedicine. However, it is yet to be passed by the Philippines Parliament. [35]

(c) Who can provide and avail telemedicine/telehealth consultation? Telemedicine services in Philippines can be availed by all Philippines residents who are vulnerable to COVID-19. The telemedicine services can be provided by all public and private, national and local healthcare providers regulated by the Department of Health and Philippine Health Insurance Corporation. These include individuals authorized under the Medical Act, 1959 (Medical Act) to practice medicine and public and private health facilities.

(d) Do the healthcare providers have to undergo training? The Philippines Guidelines are silent on this.

(e) Are there any norms for reimbursement and financing? The Philippines Guidelines do not provide for any reimbursement or financing requirements.

(f) What are the permissible information communication systems for conducting consultations? Phone call, chat or SMS, audio- and video-conferencing methods are some of the permissible information communication systems permitted.

(g) Are there limitations on treatment and consultations that can be offered? Philippines Guidelines state that emergency and serious conditions, where face-to-face assessment and physical contact are most essential, should not be managed via telemedicine.

(h) Are there specific norms for patient consent? Philippines Guidelines specify that proper informed consent of the patient must be taken along with providing information about **(a)** how telemedicine works; **(b)** how referral is to be done; **(c)** privacy concerns; **(d)** risk of technology failure including confidentiality breach; **(e)** a policy on care coordination. It is important to highlight here that Philippines has detailed data protection requirements under the Data Privacy Act, 2012 that must be factored for augmenting the patient consent requirements.

(i) Are there restrictions on drugs prescription through tele consultations? The Philippines Guidelines allow healthcare providers to provide E-prescription to patients. They must conform to FDA Guidelines such as the prescription must contain name of patient and drug dosage and digital signature of the healthcare provider. It, however, is silent on the type of medicine/ drugs that can be prescribed through telemedicine.

³⁵See: https://legacy.senate.gov.ph/lis/bill_res.aspx?congress=19&q=SBN-1787 (accessed on Feb 13, 2023)

(j) Are there any specific technological standards? The Philippines Guidelines do not provide any specific technological standards.

(k) What is the obligation to maintain patient and data privacy? The Philippines Guidelines state that telemedicine activities shall adhere to the requirements provided under the Data Privacy Act, 2012. Healthcare providers shall also implement organizational, physical and technical security standards and measures as set by the National Privacy Commission and the Department of Information and Communications Technology, Philippines.

(l) Are there any recommended codes of practice? The Philippines Guidelines do not provide any recommended codes of practice for healthcare providers.

(m) Is there any specifications on quality standards? The Philippines Guidelines state that any teleconsultation should take place with full knowledge of the patient's medical history and a physical examination. Any telemedicine service must follow the standards prescribed under the Medical Act and its rules and regulations. The interaction should be founded on mutual trust and respect and the participants should identify themselves during a telemedicine consultation keeping in mind the respect for principles such as ethics, legal standards and privacy. Additionally, healthcare providers should also obtain informed consent and at all times, ensure that patient confidentiality, privacy, and data integrity are not compromised.

(n) What are the consequences and penalties for non-compliance? The Philippines Guidelines do not provide any penalties or other consequences for violations. However, healthcare providers may face sanctions under the Medical Act. Some of the sanctions include suspension, revocation of registration, fine and imprisonment of up to 5 years.

XVII. SINGAPORE

(a) What is scope of telemedicine and telehealth? The National Telemedicine Guidelines, 2015 [36] (**NTG**) defines telemedicine as the systematic provision of healthcare services over physically separate environments via information and communications technology. There are four main dimensions/domains of telemedicine identified by NTG:

- Tele-collaboration: Interactions between (facility-based or mobile) onsite and remote healthcare providers for clinical purposes for e.g., referral, co-diagnosis, supervision or case review. Here, healthcare providers are involved at both ends of the interaction with/without the involvement of the patient, such as interaction between radiologist clinician or consultant-junior.
- Tele-treatment: Interactions between healthcare providers and patients/caregivers for the purposes of direct clinical care for e.g., obtaining medical history, examination, diagnosis and treatment including robotic surgery from a remote location. The patient or caregiver is involved directly at one end of the interaction and this creates a professional-patient relationship.

³⁶See: moh-cir-06_2015_30jan15_telemedicine-guidelines-rev.pdf (accessed November 22, 2021)

- **Tele-monitoring:** Refers to biomedical and other forms of data collection directly from patients or through caregivers, which is then used by healthcare providers for clinical purposes such as monitoring vital signs and home nursing and used in remote chronic disease management like management of hypertension (blood pressure), diabetes (blood glucose) and coronary heart disease (weight, ECG). Here, healthcare provider is engaged at one end with the patient or the caregiver sending the health data collected. Tele-monitoring does not create (or presuppose the existence of) a professional-patient relationship even though the healthcare organisation as a whole might owe a duty of care to the patient.
- **Tele-support:** Refers to the use of online services for non-clinical (i.e., educational and administrative) purposes to support the patient, and caregiver such as health education, care administration, etc.

(b) Is there a binding law, policy document, recommended guideline for telemedicine / telehealth? The Ministry of Health is responsible for regulating the practice of telemedicine. Currently, telemedicine in Singapore is governed by NTG. It is intended to only be used as a guide and does not have the force of law. The Singapore Parliament has recently passed the Healthcare Services Act, 2020 that will replace the Private Hospitals and Medical Clinics Act, 1980. Under the Healthcare Services Act, the Ministry of Health shall be empowered to issue licences to telemedicine service providers. The was due to be implemented in three phases, from early 2021 to end 2022. However, the new timeline is March 2023 due to the pandemic. [37]

(c) Who can provide and avail telemedicine/telehealth consultation? Telemedicine services in Singapore can only be provided by licensed healthcare providers registered with the Singapore Medical Council (SMC) under the Medical Registration Act, 1997. Additionally, all licenced healthcare providers providing telemedicine services to patients outside Singapore must adhere to the licensing requirements imposed by the country that the patient is residing in.

(d) Do the healthcare providers have to undergo training? NTG requires healthcare providers to have necessary education and training/orientation for the safe provision of telemedicine services. Accordingly, healthcare organisations are required to have in place orientation and structured on-the job training programmes for their professionals and personnel involved in telemedicine services.

(e) Are there any norms for reimbursement and financing? NTG states that organisations offering telemedicine services should have strategies to retain their staff by providing compensation that is fair and equitable. There are no financing requirements.

(f) What are the permissible information communication systems for conducting consultations? All audio-video conferencing applications, messaging applications such as WhatsApp, iMessage and telephone, SMS are permitted.

³⁷See: <https://www.trade.gov/market-intelligence/singapore-licensing-telemedicine> (accessed on November 22, 2021)

(g) Are there limitations on treatment and consultations that can be offered? NTG does not specify any limitation on the kinds of treatment or consultation that may be offered through telemedicine. However, any telemedicine service must be structured and well-organized and the overall standard of care must not be any less compared to face-to-face consultation. The healthcare provider should satisfy that the patient is suitable for a telemedicine interaction and familiarise patients and caregivers with the telemedicine communication protocols before engaging them in the interaction. Healthcare providers should also obtain informed consent before starting any service and a face-to-face evaluation/consultation must be done either before or soon after commencement of telemedicine services.

(h) Are there specific norms for patient consent? NTG specifies that similar to a traditional face-to-face consultation, the patient must be provided with all the necessary details regarding their care and patient's informed consent must be taken before telemedicine service commences, although the same could be implied or expresses. Furthermore, explicit consent should be obtained from the patient for medical processes that would normally require explicit consent in the traditional health care setting (for e.g., video or audio recording of the sessions, use of data for research or educational purposes). It is important to highlight here that Singapore has detailed data protection requirements under the Personal Data Protection Act, 2012 that must be factored for augmenting the patient consent requirements as provided under NTG.

(i) Are there restrictions on drugs prescription through tele consultations? NTG is silent on the type of medicine/drugs that can be prescribed through telemedicine.

(j) Are there any specific technological standards? NTG states that all organisations should adhere to the latest reliable standards and guidelines for telemedicine equipment and technology. It provides certain examples such as IEC 60601, 61010 for medical and laboratory equipment, interoperability standards such as ISO/TR 16056, and ISO/TS 16058.

(k) What is the obligation to maintain patient and data privacy? NTG provides that healthcare providers and organisations must comply with the provisions of Personal Data Protection Act, 2012, the SMC Ethical Code and Ethical Guidelines 2016, and Handbook on Medical Ethics to ensure that patient's health data is protected and their privacy expectations are honoured. Healthcare organisations must ensure that patient information and records are protected with appropriate information technology security measures, and suitable confidentiality policies, standards and processes are put in place. Some of the IT security technical controls that can be considered in telemedicine setting are:

- authentication to identify the users
- end-to-end security design to ensure the confidentiality and integrity of patient communications and
- audit trails on all telemedicine consultations for record keeping purposes

XVIII. SRI LANKA

(a) What is scope of telemedicine and telehealth? The Telemedicine Guidelines for Sri Lanka, 2024 [38] (**Sri Lankan Guidelines**) defines telemedicine as the process of exchanging medical information from one site to another via electronic communications to improve a patient's clinical health status. On the other hand, telehealth is defined as the delivery of healthcare at a distance using telecommunication technologies including health education, health promotion, research, continuous medical education, professional training and administrative meetings.

(b) Is there a binding law, policy document, recommended guideline for telemedicine / telehealth? The Ministry of Health is responsible for regulating the practice of telemedicine. In April 2024, the Ministry issued the Sri Lankan Guidelines which serve as best practice and guidance for healthcare providers, platforms providing telemedicine and patients availing telemedicine services in Sri Lanka. However, they do not have the force of law.

(c) Who can provide and avail telemedicine/telehealth consultation? Telemedicine services in Sri Lanka can be provided by resident and non-resident doctors registered with Sri Lanka Medical Council (SLMC) or Sri Lanka Nursing Council (SLNC). Further, all government institutes providing telemedicine services are required to register themselves and their telemedicine platform in the register maintained by the Ministry of Health. Similarly, all private telemedicine providers must register themselves with the Private Health Services Regulatory Council of the Ministry of Health.

(d) Do the healthcare providers have to undergo training? Sri Lankan Guidelines provides that platforms providing telehealth services must train their staff. The training and criteria can be developed by each platform or institution, following the guidance of health officials or relevant authorities.

(e) Are there any norms for reimbursement and financing? Sri Lankan Guidelines do not provide for any reimbursement or financing requirements.

(f) What are the permissible information communication systems for conducting consultations? All audio-video conferencing applications, telephone, radio, fax, email, and satellite-based communications are allowed for telemedicine.

(g) Are there limitations on treatment and consultations that can be offered? Sri Lankan Guidelines state that healthcare providers should establish criteria to determine which patients are suitable for Telemedicine. The patient or their authorized caregiver must be willing and able to participate in Telemedicine care. Further, before using telemedicine, factors such as continuity of care, technology, local clinical support, and specialist availability, ability of patient to travel, work, and cultural considerations must be considered. Additionally, the Sri Lankan Guidelines do not provide for:

³⁸See: <https://www.health.gov.lk/wp-content/uploads/2023/11/Telemedicine-Guidelines-Final-9.05.2024-for-MoH-Web-site.pdf> (accessed August 1, 2024)

- management of patients with potentially serious, high-risk emergency medical conditions;
- patients requiring internal examination;
- patients suffering from co-morbidities that affect their ability to use technology;
- treatment of children under 2 years of age.

(h) Are there specific norms for patient consent? Sri Lankan Guidelines provide that the patient must provide informed consent at various stages. The first instance is when the patient installs the telemedicine application. Thereafter, consent for each consultation can be implied if the patient starts the telemedicine consultation. However, if a health practitioner initiates a telemedicine consultation, the patient must provide explicit consent. Furthermore, if the telemedicine session is videotaped, the patient should provide written consent. These recordings can be used only for instructional or assessment purposes.

(i) Are there restrictions on drugs prescription through tele consultations? Sri Lankan Guidelines provide that all drugs that can be prescribed over physical consultation are permissible under telemedicine. However, certain controlled substances listed by the National Medicinal Regulatory Authority, an independent authority in the Ministry of Health, having high potential for abuse are not allowed to be prescribed via teleconsultation.

Further, the medical professional should only prescribe medicine when they have gathered adequate information about the patient's condition and believe the prescribed medicine is in the patient's best interest. The prescription can be provided via photo, scan, digital copy, or online format, and must include details such as patient's name, age, date, generic name of medications, healthcare provider's name, registration number, qualifications, signature, and contact details. Additionally, patient must consent to have their prescription sent directly to a pharmacy.

(j) Are there any specific technological standards? Sri Lankan Guidelines states that all healthcare providers and platforms should adhere to the standards provided in applicable laws such as Information and Communication Technology Act, 2007, Personal Data Protection Act, 2022 and Electronic Transactions Act, 2006. Additionally, the guidelines prohibit technology platforms based on AI/Machine Learning from providing diagnosis or prescribing drugs.

(k) What is the obligation to maintain patient and data privacy? Sri Lankan Guidelines provide that healthcare providers and platforms must comply with the provisions of Personal Data Protection Act, 2022, to ensure that patient's health data is protected.

(l) Are there any recommended codes of practice? Sri Lankan Guidelines states that healthcare providers must follow the following guidelines while providing telemedicine services (i) SLMC Guidelines on Ethical Conduct, 2009, (ii) National Digital Health Guidelines and Standards 2016, (iii) Health Information Policy 2016, (iv) National Health Policy 2016-2025, (v) Information Security Guideline for Healthcare Institutions 2021 and (vi) National Digital Health Blueprint, 2023.

(m) Is there any specifications on quality standards? Sri Lankan Guidelines states that telemedicine consultations should follow best practices and apply the standards similar to face-to-face consultations. This includes providing information to patients about the role of telemedicine and its limitations, verifying medical professionals' identity, and protecting patient privacy.

(n) What are the consequences and penalties for non-compliance? Sri Lankan Guidelines do not provide any penalties or other consequences for violations. However, as per SLMC Guidelines on Ethical Conduct, on receipt of any complaint against a medical practitioner, the SLMC shall then hold an inquiry and decide on the necessary course of action which may include cancellation of registration, suspension of registration, and/ or issue of a reprimand or warning.

XIX. TAIWAN

(a) What is scope of telemedicine and telehealth? Rules of Medical Diagnosis and Treatment by Telecommunications (**Taiwan Rules**) do not provide any definition of telemedicine or telehealth. However, Telemedicine activities include:

- disease history-taking
- diagnosis
- issuance of prescriptions
- issuance of medical advice
- adjustment of original prescriptions or advice
- health education

(b) Is there a binding law, policy document, recommended guideline for telemedicine / telehealth? The Ministry of Health is responsible for regulating healthcare ecosystem in Taiwan. The Rules were added by amending the Physician Act in 2018 and as a result have force of law.

(c) Who can provide and avail telemedicine/telehealth consultation? Telemedicine services in Taiwan can be carried out by all physicians and medical institutions. Physicians must pass the exam conducted by the health ministry and obtain a physician license in accordance with the Physician Act. While the Taiwan Rules do not specify as to who can avail telemedicine services, the Physician Act provides treatment for both Taiwanese and foreign nationals.

(d) Do the healthcare providers have to undergo training? The Taiwan Rules is silent on whether physicians have to undergo training before providing telemedicine consultation. There are no recommendations on this regard either.

(e) Are there any norms for reimbursement and financing? The Taiwan Rules do not provide for any reimbursement or financing requirements.

(f) What are the permissible information communication systems for conducting consultations? The Taiwan Rules state that telemedicine can be implemented by means of land-line or mobile communications, the Internet, and other communication devices or methods that enable communications.

(g) Are there limitations on treatment and consultations that can be offered? The Taiwan Rules do not specify any limitation on the kinds of treatment or consultation that may be offered through telemedicine.

(h) Are there specific norms for patient consent? The Taiwan Rules provide that except for urgent circumstances, informed consent of patients must be obtained in advance through consent forms before starting telemedicine services.

(i) Are there restrictions on drugs prescription through tele consultations? There is no stipulation on the type of medicine/drugs that can be prescribed through telemedicine. The Taiwan Rules leave it up to the medical institution to formulate a telemedicine implementation plan and obtain approval from competent authorities.

(j) Are there any specific technological standards? The Taiwan Rules do not provide for any technological standards for telemedicine.

(k) What is the obligation to maintain patient and data privacy? The Taiwan Rules state that physicians shall protect the privacy of patients in the course of the telemedicine service. Further, medical records shall be produced according to Medical Care Act along with indicating that the diagnosis and treatment are performed by means of communications.

(l) Are there any recommended codes of practice? The Taiwan Rules are silent on this; however, the Physician Act provides that the physician must abide by the Code of medical ethics which contains the practice norms.

(m) Is there any specifications on quality standards? The Taiwan Rules do not provide for any quality standards.

(n) What are the consequences and penalties for non-compliance? The Taiwan Rules do not provide any penalties or other consequences for violations. However, it is likely that penalty can be imposed under the Physician Act if telemedicine physician does not comply with norms stipulated therein, including investigations, suspension of professional license, and monetary penalty.

XX. THAILAND

(a) What is scope of telemedicine and telehealth? The Guidelines for telemedicine and online clinics (**Thailand Guidelines**) [39] defines telemedicine as the transmission or communication of data on modern medicine from a medical practitioner, including from a health facility, in the public and/or private sector, from one place to another place by electronic means in order to provide advice, recommendations to other medical practitioners, or any other person, for a medical procedure within the scope of the medical profession, according to the state and existing circumstances of such medical data. The Thailand Guidelines does not mention anything about telehealth.

(b) Is there a binding law, policy document, recommended guideline for telemedicine / telehealth? The Ministry of Health is responsible for regulating the practice of telemedicine. Currently, telemedicine in Thailand is regulated by Thailand Guidelines which have the force of law. Additionally, the Ministry of Health has issued a notification in 2021 titled Standard of Service in respect of Health Facility via Telemedicine System which aims to further regulate the telemedicine business by introducing licences for health facilities wishing to provide telemedicine services. [40]

(c) Who can provide and avail telemedicine/telehealth consultation? Telemedicine services in Thailand can be availed by all Thailand residents. Telemedicine services can be provided by all licenced health facilities and healthcare providers fulfilling the criteria or guidelines prescribed by Thailand Medical Council.

(d) Do the healthcare providers have to undergo training? The Thailand Guidelines states that healthcare providers should learn the necessary techniques as well as the limitations of telemedicine to ensure patient safety.

(e) Are there any norms for reimbursement and financing? The Thailand Guidelines do not provide for any reimbursement or financing requirements.

(f) What are the permissible information communication systems for conducting consultations? The Thailand Guidelines do not provide a list of permitted information communication systems.

(g) Are there limitations on treatment and consultations that can be offered? Thailand Guidelines do not specify the kinds of treatment and consultations that can be offered. However, it states that medical facility and healthcare providers should be aware that not all diseases or conditions are fit for telemedicine.

³⁹See: <https://tmc.or.th/index.php/News/News-and-Activities/Telemedicine> (accessed on May 27, 2022)

⁴⁰See: <https://s3.amazonaws.com/documents.lexology.com/680c45c1-a35a-4519-83e0-dc4f4a0ae072.pdf?AWSAccessKeyId=AKIAVYILUYJ754JTDY6T&Expires=1653461224&Signature=LzKIKSsxFqj4A%2Faxqq6fKTFE5SE%3D>

<https://s3.amazonaws.com/documents.lexology.com/680c45c1-a35a-4519-83e0-dc4f4a0ae072.pdf?AWSAccessKeyId=AKIAVYILUYJ754JTDY6T&Expires=1653461224&Signature=LzKIKSsxFqj4A%2Faxqq6fKTFE5SE%3D> (accessed on May 27, 2022)

(h) Are there specific norms for patient consent? Thailand Guidelines does not explicitly specify any consent norms but state that the patient must be provided with information about their medical treatment and any other medical fact. It is important to highlight here that Thailand has detailed data protection requirements under the Personal Data Protection Act, 2019 that must be factored for augmenting the patient consent requirements.

(i) Are there restrictions on drugs prescription through tele consultations? Prescription over telemedicine is governed by Thailand Pharmacy Council notification titled Prescription of Standards and Procedures for Providing Tele-pharmacy (**Pharmacy Guidelines**). The Pharmacy Guidelines provide that:

- Only a licenced pharmacist shall prescribe medicines online
- There must be a patient registration system and records for keeping patients' profiles and the services provided to them
- There must be real-time audio and video recording during the provision of tele pharmacy services, as well as during the follow-up on the results of each patient's use of medicine
- A system for pharmaceutical care, including collection of information necessary for providing well as advice to patients or patients' relatives concerning medication must be provided
- Appropriate transportation conditions must be ensured to preserve the medicine's quality and stability. [41]

(j) Are there any specific technological standards? The Thailand Guidelines do not provide any specific technological standards.

(k) What is the obligation to maintain patient and data privacy? There is no specific privacy or data protection requirements provided in the Thailand Guidelines however, the provision of Personal Data Protection Act, 2019 shall be applicable to personal data collected during telemedicine services.

(l) Are there any recommended codes of practice? The Thailand Guidelines state that healthcare providers shall abide by the Declaration of Patient Rights and Duty which lays down the obligations of healthcare provider towards their patients.

(m) Is there any specifications on quality standards? The Thailand Guidelines state that healthcare providers should learn the necessary techniques as well as be aware of the limitations of telemedicine. They must provide complete information to the patient about the medical treatment and both parties must identify each other before initiation of the consultation.

⁴¹See: <https://www.kap.co.th/telepharmacy-the-future-of-digital-healthcare/> (accessed on May 27, 2022)

(n) What are the consequences and penalties for non-compliance? The Thailand Guidelines do not provide any penalties or other consequences for violations. However, healthcare providers may face sanctions under the Medical Council Act, 1982 for violations of the Thailand Guidelines. Some of the sanctions include suspension and revocation of licence. In case of violation by any medical facility, it shall be punished under the Medical Facility Act, 1998 which may include imprisonment of up to 1 year with up to 20,000 Thai Bhat.

XXI. TURKEY

Turkey has published the Regulation on the Delivery of Remote Health Services, 2022 (**“Regulations”**). [42] These Regulations have come into effect from February 10, 2022 and encompass the following aspects of telehealth: **(i)** introduction of a remote healthcare system enabling written, voice, and video consultations; **(ii)** provision of remote healthcare services including examinations, consultations, follow-ups of certain diseases, prescribing medicines and conducting invasive and surgical operations with the Ministry’s approval; and **(iii)** protection of patient privacy and storage of health data on the Ministry’s database. [43]

Turkey also has an operational digital healthcare application “e-pulse” system that allows users to access and share their health data and book appointments. [44] The application allows the government to track the performance of healthcare institutions. A teleradiology feature was integrated into the “e-pulse” system in 2018 allowing patients and doctors to access radiology images on the application. Further, in 2020, a virtual appointment service was introduced for actual or potential COVID-19 patients.

XXII. UNITED ARAB EMIRATES

(a) What is scope of telemedicine and telehealth? The Standards for Telehealth Services, 2021 applicable to Dubai [45] (**Dubai Standards**) define telehealth as the use of telecommunications and virtual technology to deliver healthcare services remotely outside of the traditional healthcare facility setting and without a physical presence and examination of the patient. They do not however define telemedicine. Additionally, the Standard on Telemedicine, 2020 applicable to Abu Dhabi [46] (**Abu Dhabi Standards**) defines telemedicine as including remote-based physician-to-patient consultation, physician-to-physician counselling, prescription, diagnostic, medical intervention and health monitoring services enabled by a range of telecommunications media such as, telephone, internet-based video, email and/or similar electronic-based communications. Telehealth has not been defined under the Abu Dhabi Standards.

⁴²See: <https://www.resmigazete.gov.tr/eskiler/2022/02/20220210-2.htm> (accessed February 17, 2022)

⁴³See: <https://gun.av.tr/insights/articles/draft-telemedicine-regulation-published> (accessed February 03, 2022)

⁴⁴See: <https://www.dailysabah.com/business/tech/uk-interested-in-turkeys-award-winning-e-nabiz-healthcare-app> (accessed February 03, 2022)

⁴⁵See: <https://www.dha.gov.ae/en/uploads/112021/74c7d6c7-7128-4b51-ae89-fe2f85d68da6.pdf> (accessed February 03, 2022)

⁴⁶See: <https://www.doh.gov.ae/-/media/0272CB2B824D41D6B4A2A5C78EBD94F9.ashx> (accessed February 03, 2022)

(b) Is there a binding law, policy document, recommended guideline for telemedicine / telehealth? At the federal level, telehealth services are regulated by the Annexure to Cabinet Resolution No. (40) of 2019 – Controls and Requirements for providing Remote Health Services [47] **(Federal law)**. The Federal Law is the overarching norm applicable to all healthcare practitioners and healthcare facilities across UAE. At the state level, only Dubai and Abu Dhabi have enacted their individual telemedicine standards which govern telemedicine alongside the Federal Law. In case of conflict between the Federal Law and the respective standards, the Federal Law shall prevail. [48] Telemedicine services in other states are governed by the Federal Law.

(c) Who can provide and avail telemedicine/telehealth consultations? The Federal Law and Dubai Standards state that telehealth services must be provided by licensed doctors working in a facility licensed to provide telehealth services. Under the Abu Dhabi Standards, telemedicine services can be provided either by licensed healthcare professionals and/or by licensed healthcare facilities. Further, the Federal Law and the Dubai Standards are silent on who can avail telehealth consultations but it appears that any UAE resident can avail telemedicine services. The Abu Dhabi Standards are clear in this regard and expressly declare that all UAE residents can avail telehealth consultations.

(d) Do the healthcare providers have to undergo training? The Federal law along with the Dubai and Abu Dhabi Standards require all healthcare facilities to provide training to the healthcare practitioners and administrative staff on providing telehealth services.

(e) Are there any norms for reimbursement and financing? The Federal Law and the Dubai Standards are silent on these aspects whereas Abu Dhabi Standards require payments to be made in accordance with the standard provider contract and the Department of Health's mandatory tariffs. All three laws do not have any financing requirements.

(f) What are the permissible information communication systems for conducting consultations? The Federal Law is silent on the permissible information systems whereas Dubai Standards prescribe the use of an interactive voice response system or a web-based system for teleconsultations. The Abu Dhabi Standards simply require healthcare facilities to have appropriate equipment and devices for providing telemedicine services.

(g) Are there limitations on treatment and consultations that can be offered? The Federal Law does not state any limitation. The Dubai Standards excludes **(a)** emergency cases for immediate life threatening intervention or referral, and **(b)** prescribing of narcotic, controlled or semi-controlled medication from the purview of telehealth services. Under the Abu Dhabi Standards, **(a)** invasive clinical interventions, and **(b)** fitness or disability assessment are excluded from telehealth services.

⁴⁷See: https://www.ehs.gov.ae/app_content/legislations/php-law-en-79/mobile/index.html#p=8 (accessed February 03, 2022)

⁴⁸See: <https://www.lexology.com/library/detail.aspx?g=52833a99-fffc-42b0-8056-ebba47a18e2b> (accessed on May 28, 2022)

(h) Are there specific norms for patient consent? Under the Federal Law, the patient is required to provide consent to receive the telehealth services with specific consent required for recording the consultation and transfer of data. The Dubai Standards require the physician to obtain consent in electronic or paper form along with relevant identification details. Prior to obtaining consent, the patient must be informed of the potential benefits, risks, and the security measures undertaken. The patient must also be informed of their right to stop or refuse treatment. Additionally, the physician must also sign the consent form when procedures such as tele-ICU, telemonitoring, telesurgery are undertaken. Specific consent must be obtained for transfer of health data, audio recording, monitoring of health status. The Abu Dhabi Standards also require the patient's consent to be obtained verbally or electronically. For teleconsultations, verbal consent must be accompanied with obtaining confirmation of patient's identity. Consultations may only be recorded when determined to be necessary by the physician.

(i) Are there restrictions on drugs prescription through teleconsultations? The Federal law states that prescription of medicines is governed by the respective state law. As per the Dubai Standards, controlled, semi-controlled, and narcotic medications cannot be prescribed through teleconsultations. Under the Abu Dhabi Standards, medicines cannot be prescribed through teleconsultations for conditions that require emergency/urgent care, or physical examination.

(j) Are there any specific technological standards? There are no specific standards prescribed under the Federal Law or Abu Dhabi Standards. As per the Dubai Standards, telehealth platforms must have ISO 27001 certification.

(k) What is the obligation to maintain patient and data privacy? The Federal Law requires healthcare facilities to develop a system to protect patient's data and privacy and only authorized persons must be provided access. On the other hand, health data is protected under Dubai's Health Data Protection Regulation, 2013 [49] **(Regulation)** which requires physicians to employ reasonable security safeguards to protect against any unauthorized access. The Regulation provides detailed guidelines for storage, retention, collection, and access to health data. The Abu Dhabi Standards have a general mandate to protect the privacy and confidentiality of health data.

(l) Are there any recommended codes of practice? All healthcare professionals in the UAE must abide by the Code of Ethics and Professional Conduct for Health Professionals, 2017.

Additionally, healthcare professionals in Dubai and Abu Dhabi must abide by the respective State ethical standards along with the Federal Code. [50]

⁴⁹See: <https://www.dhcc.ae/frontend/images/docs/10-Health%20Data%20Protection%20Regulation.pdf> (accessed May 29, 2022)

⁵⁰See: <https://www.tamimi.com/law-update-articles/uae-ministry-of-health-and-prevention-2017-code-of-ethics-and-professional-conduct-for-health-professionals/> (accessed on May 29, 2022)

(m) Any specifications on quality standards? The Federal Law states that healthcare facility must have sufficient bandwidth, backup power system, and maintain high quality standards for telephone and call recording systems. Additionally, healthcare facilities should also provide alternate methods of communication between the doctor and the patient. The Dubai Standards require the use of high-quality audio-visual equipment and software for uninterrupted communication. The Abu Dhabi Standards on the other hand, require the telemedicine service providers to maintain a range of well-maintained equipment for the services, proper ICT policies and procedures to maintain confidentiality, standard procedures in place in the event of emergency to protect patient data.

(n) What are the consequences and penalties? The Federal Decree Law No. (4) of 2016 lays down the penalties for medical malpractices. The law provides varying degrees of punishments for different cases of medical negligence. For instance, in case of gross medical error the violator may be sentenced to maximum one year of imprisonment and a fine of 200,000 AED Dirhams.

XXIII. VIETNAM

(a) What is scope of telemedicine and telehealth? Circular No. 49/2017/TT-BYT (**Vietnam Circular**) [51] defines telemedicine as the exchange of information related to an individual's health between a medical professional and that individual, or between medical professionals at distant locations through the means of information technology and telecommunications. The said circular does not mention anything about telehealth. Telemedicine activities include:

- telemedicine consultation
- medical examination and treatment from afar
- remote imaging consultation
- remote pathology consultation
- remote surgical consultation and
- training and technology transfer for remote medical examination and treatment.

(b) Is there a binding law, policy document, recommended guideline for telemedicine/telehealth? The Ministry of Health is responsible for regulating healthcare ecosystem in Vietnam. Vietnam Circular is binding and regulates telemedicine in Vietnam. It is applicable to all medical facilities and agencies, organizations and individuals involved in telemedicine operations within the territory of Vietnam, as well as overseas organizations and individuals, when connecting telemedicine activities with medical facilities in Vietnam.

(c) Who can provide and avail telemedicine/telehealth consultation? Telemedicine services in Vietnam can only be carried out at medical facilities and treatment establishments licensed to operate in accordance with the applicable law. Anyone can avail them.

⁵¹See: <https://thuvienphapluat.vn/van-ban/The-thao-Y-te/Circular-49-2017-TT-BYT-on-telemedicine-374119.aspx?v=d>

(d) Do the healthcare providers have to undergo training? Vietnam Circular is silent on whether healthcare providers have to undergo training before providing telemedicine consultation. There are no recommendations on this regard either.

(e) Are there any norms for reimbursement and financing? Vietnam Circular states that all the operating costs of the information technology system and additional costs for telemedicine operations shall be as per applicable law. However, we have not found a specific law that prescribes operating costs. Further, Vietnam Circular does not provide for any financing requirements.

(f) What are the permissible information communication systems for conducting consultations? Vietnam Circular does not specify the permissible information communication systems required for telemedicine consultations.

(g) Are there limitations on treatment and consultations that can be offered? Vietnam Circular does not specify any limitation on the kinds of treatment or consultation that may be offered through telemedicine.

(h) Are there specific norms for patient consent? Telemedicine can take place with the consent of both parties involved. Any person seeking advice shall also decide and be responsible for the use of consulting contents by the consulting healthcare provider.

(i) Are there restrictions on drugs prescription through tele consultations? There is no stipulation on the type of medicine/drugs that can be prescribed through telemedicine.

(j) Are there any specific technological standards? Vietnam Circular provides that any information technology used for telemedicine must meet the following technical requirements:

- Information technology and network systems must have adequate bandwidth, speed, availability and ensure security of all data.
- Consulting party and the party seeking advice must ensure a smooth and continuous transmission line during telemedicine operations.
- Data logging system must have a storage capacity of at least 10 years.
- Information technology system must be operated by a person who has been trained or fostered in knowledge of its operation.
- Regulation on management of telemedicine activities must be approved by the head of the medical facility.

(k) What is the obligation to maintain patient and data privacy? Vietnam Circular refers to another Circular No. 53/2014/TT-BYT which lays down the requirements for provision of online healthcare services. According to Article 4 of this circular, online healthcare service provider platforms must:

- have measures to detect intrusions and prevent malicious activities;
- update system patches and equipment's configuration on a periodic basis;
- ensure information security when workstations are connected to network resources;
- ensure physical security at the location of the server systems;
- have a periodic plan for source code verification to prevent malicious codes and vulnerabilities;
- have regulations on protecting and granting privileges to access database resources;
- have access to database and actions performed on database configuration must be logged; and
- use encryption algorithms to ensure security and processing capacity of the system.

(l) Are there any recommended codes of practice? Vietnam Circular states that all telemedicine providers must also abide with Law on Medical Examination and Treatment, which contains the practice norms for physicians.

(m) Is there any specifications on quality standards? Vietnam Circular is silent on the quality standards.

(n) What are the consequences and penalties for non-compliance? Vietnam Circular does not provide any penalties or other consequences for violations. However, it is likely that penalty can be imposed under the Law on Medical Examination and Treatment if telemedicine physician does not comply with norms stipulated therein, including investigations, suspension of practice license, and penalty.

B

Countries without a Telemedicine Law

XXIV. AFGHANISTAN

Afghanistan does not have a telemedicine law, policy or regulation. As far back as 2007, Roshan (a telecom operator company) had started the first telemedicine system in Afghanistan in collaboration with CISCO, Aga Khan University Hospital, and FMIC Paris. [52] The system focused on providing hospitals in Afghanistan access to specialist diagnosis and treatment from overseas. The Ministry of Health's National Health Strategy 2016-2020 listed the introduction and implementation of e-health, mobile health, and telemedicine services as one of its objectives with special focus on hard-to-reach areas and certain population segments. [53] A few telemedicine networks initiated by non-government entities were in place prior to the Taliban offensive of 2021. However, the current status of these networks is not known.

XXV. AZERBAIJAN

Azerbaijan does not have a telemedicine law, guideline or policy. However, various telemedicine initiatives have been undertaken. For instance, the United Nations Development Program in collaboration with the Azerbaijan government created a digital platform during COVID-19 for providing telemedicine services. [54] Further, Salam Doktor, a telemedicine platform, was developed by Sphera Healthcare AZ in 2018. [55] Additionally, the Azerbaijan government has taken steps towards digitalising health services. In 2007, the government introduced an e-health card system where each card serves as a repository of digital health data, thus, making data accessible at all times to healthcare providers. [56]

XXVI. BHUTAN

As of date, there is no telemedicine law or guidelines in Bhutan. Instead, Bhutan government has developed a National eHealth Strategy (**Strategy**) that aims to improve health of its citizens by connecting them with health-care providers through technology and enabling data exchange for delivery of health services. [57] With support from the Asian Development Bank and the World Health Organization, the blueprint for the digital health information system has already been developed. The next phase of the Strategy will deal with management of health workforce, implementation of a master patient index, creation of health records, and improved access to patient health information shall be developed by 2023. [58]

⁵²See: <https://www.hcinnovationgroup.com/home/news/13015414/telemedicine-project-launched-in-afghanistan> (accessed on May 04, 2022)

⁵³ See: https://extranet.who.int/countryplanningcycles/sites/default/files/planning_cycle_repository/afghanistan/afghanistan_mophstrategy2016-2020_fi-nal09september201611201614508950553325325.pdf (accessed on May 04, 2022)

⁵⁴See: <https://sdgintegration.undp.org/countries/azerbaijan> (accessed May 19, 2022)

⁵⁵See: <https://salamdoktor.az/en/> (accessed May 19, 2022)

⁵⁶See: https://www.euro.who.int/__data/assets/pdf_file/0004/118156/E94132.pdf (accessed May 19, 2022)

⁵⁷See: https://www.moh.gov.bt/wp-content/uploads/ict-files/2020/12/National_eHealth_Strategy.pdf (accessed on February 2, 2022)

⁵⁸See: <https://apps.who.int/iris/rest/bitstreams/1256934/retrieve> (accessed on February 2, 2022)

XXVII. BRUNEI

As of date, Brunei does not have any law, policy or guideline for telemedicine/telehealth services. The Ministry of Health has created a “one patient, one record” information system. Under this system, all of Brunei’s four government hospitals, as well as 60 health centres and clinics are included, making health records readily accessible to physicians and other healthcare professionals. Additionally, Brunei Health Information and Management System, also referred as BRU-HIMS is another government application that aims to integrate services such as booking appointments, clinical care and outpatient management. The said app allows all Bruneians and their healthcare providers to access their healthcare information record. [59] The Ministry of Health has also introduced the Bru-health application to address all Covid-19 related healthcare needs, including providing online video consultations to patients. [60] Further, private stakeholders have also played a role in building telemedicine infrastructure. For instance, Meytec GmbH, a private company specialising in manufacturing medical products and systems for telemedicine operability, has created a telemedicine network connecting doctors in Frankfurt to patients in Brunei. [61]

XXVIII. CAMBODIA

Cambodia does not have any law, policy or guideline for telemedicine/telehealth services. On November 6, 2017, its Ministry of Health released a master plan for the period 2016-2020. The master plan outlined deployment of telemedicine systems and platforms across the country as one of the key goals. [62] Unfortunately, no progress in this regard has been made.

XXIX. CYPRUS

Cyprus does not have a telemedicine law, policy or guideline. Development of telehealth systems in Cyprus is at its nascent stage. However, the Ministry of Health has taken initiatives to deploy e-health infrastructure for **(a)** management of e-health records, **(b)** development of integrated health information systems for operation of digital infrastructure in hospitals such as electronic record keeping, billing, prescription, and **(c)** drugs information management system which is operational across all hospitals, pharmaceutical stores and health centres. Further, the ministry plans to create regional health networks for exchange of real time information between hospitals, health centres, regional clinics and private doctors. These will additionally offer easy access to patient records, creation of unified medical records for each individual, telecare and telemonitoring enabled assisted living. For creating the above networks, the ministry plans to issue clinical guidelines, treatment protocols, and appropriate administrative and management systems. [63]

⁵⁹ See <https://www.bahdigital.com/stories/e-health-in-brunei> (accessed on April 19, 2022)

⁶⁰ See: <https://www.moh.gov.bn/SitePages/bruhealth.aspx> (accessed February 17, 2023)

⁶¹ See: <https://www.vimed.de/de/referenzen/khnw.php?lang=en> (accessed on February 17, 2023)

⁶² See: <http://hismohcambodia.org/public/fileupload/carousel/HIS-MasterPlan-Nov2017.pdf> (accessed on April 19, 2022)

⁶³ See: https://www.moh.gov.cy/moh/cbh/cbh.nsf/page20_en/page20_en?OpenDocument (accessed April 29, 2022)

XXX. EAST TIMOR

East Timor does not have a telemedicine law, guideline or policy. However, some telemedicine projects and initiatives have been undertaken in the country. For instance, in 2013 Health Alliance International with the Ministry of Health of Timor-Leste and Catalpa International implemented a mobile phone-based mHealth program in 2013 known as Liga Inan. Liga Inan was designed as a sustainable and scalable effort that would support health ministry's efforts to improve maternal and new-born health care. [64] Similarly, in 2020 the East Timor Hearts Fund launched online telehealth clinics to provide care to cardiac patients in the country. [65]

XXXI GEORGIA

Georgia does not have a telemedicine law, policy, or guideline. There is no information of any telemedicine activities operational in the country.

XXXII. IRAN

Iran does not have a telemedicine law, policy, or guideline. There is no information of any telemedicine activities operational in the country.

XXXIII. IRAQ

Iraq does not have telemedicine law, policy or guideline. In 2004, an attempt was made to establish telemedicine services in cooperation with the Swinfen Charitable trust group and the Italian military. [66] The status of the initiative is not known. In 2014, the first telemedicine centre was established by Mercy Hands for Humanitarian Aid to provide support to healthcare professionals. [67] But, further developments are not known.

XXXIV. JORDAN

Jordan does not have a telemedicine law, guideline or policy. However, there are few telemedicine initiatives that are operational. In 2011, the Jordan Healthcare Initiative was established by the government in collaboration with CISCO to provide telemedicine services to the rural population. [68] Further, UNICEF in partnership with Altibbi, a digital healthcare start-up is providing telemedicine services to the younger population in Jordan. [69] Additionally, the Ministry of Health in its strategic plan 2018-2022 has also listed the development of digital infrastructure as a key objective. [70] However, no progress has been made in this regard.

XXXV. KUWAIT

Telemedicine is permitted in Kuwait under Article 24 of the Medical Practice Law No. 70 of 2020 . The said Article states that the Health Ministry shall establish the necessary conditions and requirements. However, no telemedicine law, guideline or policy has been formulated yet.

⁶⁴See: <https://pubmed.ncbi.nlm.nih.gov/31673341/> (accessed on May 13, 2022)

⁶⁵See: <https://onlinelibrary.wiley.com/doi/epdf/10.1111/imj.15753> (accessed on May 13, 2022)

⁶⁶See: <https://pure.coventry.ac.uk/ws/portalfiles/portal/31285815/Binder2.pdf> (accessed on May 04, 2022)

⁶⁷See: <https://www.ncciraq.org/en/ngos/ngo-announcements/item/13659-mercy-hands-launch-of-the-iraqi-telemedicine-center> (accessed on May 04, 2022)

⁶⁸See: <https://apolitical.co/solution-articles/en/telehealth-gives-rural-jordanians-appointments-specialists> (accessed on May 19, 2022)

⁶⁹See: <https://www.unicef.org/jordan/press-releases/unicef-and-altibbi-partner-provide-health-services-youth-jordan> (accessed on May 19, 2022)

⁷⁰See: <https://www.jordantimes.com/news/local/emergence-video-consultations-e-records-shows-rise-telehealth-kingdom> (accessed on May 19, 2022)

XXXVI. LAOS

Laos does not have any law, policy, or guideline for telemedicine/telehealth services. However, the Laos government has entered into a cooperation agreement with the government of Luxembourg to provide support to its health sector since 1997 (**Laos Cooperation**). In Phase II of the Laos Cooperation, digital transformation has taken place through development of e-health processes and distance learning. Alternative learning opportunities for health professionals has been made available in hospitals, universities and health departments, whereby teaching is undertaken remotely and on digital platforms. The Cooperation is also planning to introduce telemedicine in the three Laos provinces of Vientiane, Bolikhamxay and Khammouane. [71]

XXXVII. LEBANON

Lebanon does not have a law, policy or guideline. A national e-health program was introduced in 2013. [72] As per this, telemedicine is the use and exchange of medical information from a geographic location to another by electronic means of communication for providing diagnostic and therapeutic services to individuals, in particular to people living in remote areas and those with disabilities and elderly. The program was centred around improvement of e-health information systems, development of e-prescriptions, and adoption of m-health technology for providing health services. However, its implementation is pending.

XXXVIII. MACAU

Macau does not have a telemedicine law, guideline or policy. There is no information of any telemedicine activities operational in the country.

XXXIX. MONGOLIA

Mongolia does not have a telemedicine law, guideline or policy. However, various telemedicine projects and initiatives have been undertaken in the country. For instance, in 2002 a collaborative program between the National Centre for Maternal and Child Health, Mongolia and Children's Hospital, Los Angeles was launched that led to the development of a preliminary proposal for linking Mongolia's healthcare system with facility in Los Angeles. Similarly, in 2007, a humanitarian project called Swiss Mongolian Pediatric Project introduced Graf's method of hip ultrasound to Mongolia. The consultations took place over a web-based telemedicine network platform called mnObstetrics, which then expanded to all the provinces of Mongolia. [73]

⁷¹See <https://luxdev.lu/en/activities/project/LAO/027> (accessed on April 19, 2022)

⁷²See: <https://www.moph.gov.lb/en/Pages/6/2651/national-e-health-program#:~:text=The%20tasks%20of%20E%2D%20Health%20National%20Program%20shall%20include%20the%20following%3A&text=Ensure%20interoperability%20by%20exchanging%20information,different%20public%20administrations%20and%20syndicates> (accessed February 03, 2022)

⁷³ See: <https://link.springer.com/article/10.1007/s40124-021-00245-w> (accessed on April 19, 2022)

XL. MYANMAR

Myanmar does not have a telemedicine law, guideline or policy. However, various telemedicine initiatives have been undertaken in the country from time to time. For instance, in 2012, Apollo Group of Hospitals launched their telemedicine service in the country's capital Yangon. [74] The telemedicine network so established allows access to specialists, super-specialists, consultation, second opinion, post treatment follow-ups and other related services. Additionally, in 2017 Ooredoo Myanmar, a leading telecommunication service provider launched its own telemedicine services to facilitate consultations between patients and doctors. The services were scaled up during the pandemic which supported frontline healthcare workers in the pandemic response time as well as improving primary care delivery. [75]

XLI. NORTH KOREA

North Korea does not have a telemedicine law, guideline or policy. However, telemedicine has been part of the government's agenda for 2016-2020. Additionally, in 2019 the government and WHO successfully implemented a telemedicine network that covers four special municipalities and provinces of North Korea along with future plans to continue expanding the network's reach. [76]

XLII. OMAN

Oman does not have a telemedicine law, policy, or guideline. There are a few telemedicine networks operational in the country. For instance, a telemedicine centre was established in 2007 in collaboration with the Apollo Group of Hospitals. This was the first telemedicine service established in the country. [77] Additionally, the Ministry of Health has listed the implementation of telemedicine as an objective in its Health Vision 2050, [78] however not much progress has been made so far.

XLIII. PAKISTAN

Currently, Pakistan at a national level does not have a telemedicine guideline, law or policy. In July 2021, the Health Ministry of Pakistan released a draft policy guideline for practicing telemedicine in Pakistan, [79] but it is yet to be enforced. However, the government of Sindh province in December, 2021 enacted the Sindh Telemedicine and Telehealth Act that aims to facilitate and improve access to healthcare through telemedicine and counteract the shortage of both healthcare professionals and facilities in the province of Sindh. [80]

⁷⁴See: <https://economictimes.indiatimes.com/industry/healthcare/biotech/healthcare/apollo-enters-myanmar-with-telemedicine-service/article-show/17586100.cms?from=mdr> (accessed on May 25, 2022)

⁷⁵See: See: <https://www.nationthailand.com/business/30325851> (accessed on May 25, 2022)

⁷⁶See: <https://www.38north.org/2022/04/national-health-priority-trends-in-the-democratic-peoples-republic-of-korea/> (accessed on May 13, 2022)

⁷⁷See: <https://gulfnnews.com/world/gulf/oman/oman-sets-up-first-telemedicine-centre-1.194488> (accessed on May 29, 2022)

⁷⁸See: <https://www.moh.gov.om/documents/16506/119833/Health+Vision+2050/7b6f40f3-8f93-4397-9fde-34e04026b829> (accessed on May 29, 2022)

⁷⁹See: [https://www.nhsrsrc.gov.pk/SiteImage/Misc/files/FinalPolicy%20for%20Telemedicine%20in%20Pakistan%20\(1\)\(1\).pdf](https://www.nhsrsrc.gov.pk/SiteImage/Misc/files/FinalPolicy%20for%20Telemedicine%20in%20Pakistan%20(1)(1).pdf) (accessed on January 18, 2022)

⁸⁰See: http://sindhlaws.gov.pk/setup/publications_SindhCode/PUB-NEW-23-000066.pdf (accessed on February 13, 2023)

Despite the lack of regulations, the Health Ministry of Pakistan during COVID-19 first wave, launched free telehealth service through WhatsApp that allowed people to connect with domestic and overseas doctors to address COVID-19 related health concerns. [81] Additionally, the Pakistani government launched a COVID-19 emergency response telemedicine service called Yaran-e-Watan, that allows overseas Pakistani health professionals to offer medical services to patients in Pakistan. [82] Note that there are various healthcare/health tech companies such as Sehat-Kahan, Oladoc, Marham, and eDoctor providing telemedicine in Pakistan. [83]

XLIV. PALESTINE

Palestine does not have a telemedicine law, guideline or policy. There are telemedicine initiatives led by private entities that are operational in the country. For instance, Eceptionist Inc., a Houston based health-tech company software provider in collaboration with an Italian company Telbios has established the first telemedicine network in Palestine. The network makes telemedicine services available to 8 hospitals in Palestine. [84]

XLV. QATAR

Qatar does not have a telemedicine law, policy, or guideline. However, there are various private telemedicine initiatives operational in Qatar. For instance, Cerner, a health information service provider has partnered with Hamad Medical Corporation to set up telemedicine services for patient consultations. [85] Additionally, the government's National Health Strategy 2018-2022 lists the optimization of telemedicine as an objective. [86]

XLVI. SOUTH KOREA

South Korea does not have a telemedicine law, guideline or policy. During the COVID-19 pandemic, Ministry of Health and Welfare allowed doctors to offer medical services to patients via telephone on a temporary and limited basis. [87] This permission continued till the end of May, 2023. Thereafter, the government has allowed telemedicine services as a pilot programme in all hospitals across the country. The government is trying to amend the Medical Service Act to make telemedicine permanent but faces resistance from the medical community. Until then, telemedicine as a pilot project is expected to continue. [88]

XLVII. SYRIA

Syria does not have a telemedicine law, guideline or policy. There are few telemedicine initiatives such as by the Syrian American Medical Society, that have been undertaken across Syria since 2013. [89]

⁸¹See: <https://www.thenews.com.pk/print/661529-covid-19-telehealth-service-now-up-running> (accessed on January 18, 2022)

⁸²See: <https://tribune.com.pk/story/2206580/federal-govt-launches-yaran-e-watan-volunteer-services> (accessed on January 18, 2022)

⁸³See: <https://propakistani.pk/2020/04/15/these-telemedicine-companies-startups-are-providing-medical-services-in-pakistan/> (accessed on January 18, 2022)

⁸⁴See: <https://www.bizjournals.com/houston/stories/2006/04/03/story3.html> (accessed on May 20, 2022)

⁸⁵See: <https://www.cerner.com/ae/en/blog/providing-telehealth-in-qatar> (accessed on May 29, 2022)

⁸⁶See: <https://www.moph.gov.qa/Style%20Library/MOPH/Files/strategies/National%20Health%20Strategy%202018%20-%202022/NHS%20EN.pdf> (accessed on May 29, 2022)

⁸⁷See: <http://www.mohw.go.kr/react/al/sal0101vw.jsp?> (accessed on March 28, 2024)

⁸⁸See: <https://koreajoongangdaily.joins.com/news/2024-03-03/opinion/editorials/Ease-local-regulations-on-telemedicine/1993647> (accessed on Mar 28, 2024)

⁸⁹See: <https://www.ajmc.com/view/how-telemedicine-is-becoming-a-savior-in-syrian-refugee-crisis> (accessed on May 19, 2022)

XLVIII. TAJIKISTAN

Tajikistan does not have a telemedicine law, policy, guideline. The National Health Strategy 2010-2020 released by the Ministry of Health provided for the development of telemedicine and electronic health record systems as one of the objectives, with establishment of specialized city, regional and national health centres by 2020. [90] However, the current status is unknown. Tajikistan in collaboration with funding from the United Nations Multi-Partner Trust Fund Office has initiated telehealth programmes for providing reproductive health and family planning services to women. These consultations are carried out through applications such as WhatsApp, Viber, and IMO. [91]

XLIX. TURKMENISTAN

Turkmenistan does not have a dedicated law, policy or guideline for telemedicine. The Law on Protection of Citizen's Health, 2015 [92] provides scattered references to telemedicine across its text. This law applies to a variety of healthcare ecosystem stakeholders. It defines telemedicine as a complex of organizational, technological and financial measures, with the use of modern computer and telecommunication technologies for the exchange of medical information between specialists for improving quality and promptness of patient counselling, diagnosis, treatment. Article 34 specifically allows medical care to be provided through telemedicine in addition to the conventional means.

L. UZBEKISTAN

Uzbekistan does not have a telemedicine guideline/law/policy currently. In 2018, the government initiated the development of a Unified Telemedicine Network aimed at making all Uzbekistan medical institutions a part of it. [93] The network would assist in expanding the reach of healthcare services to remote locations and be supervised by a centre for unified medical information. A phased launch of this telemedicine system was scheduled for 2020, [94] but the current status of implementation is unknown.

Uzbekistan government has entered into an agreement with Glocal Healthcare, an Indian healthcare platform to set up 1,000 digital dispensaries over the course of the next 5 years. [95] In 2002, the first pilot telemedicine project was launched by the Tashkent state medical institute in collaboration with the Swinfen Charitable Trust (UK). [96]

LI. YEMEN

Yemen does not have a telemedicine law, guideline or policy. However, Educast, a Pakistani-Saudi health-tech platform has been operating its telemedicine services in Yemen since 2020. [97]

⁹⁰See: https://extranet.who.int/countryplanningcycles/sites/default/files/planning_cycle_repository/tajikistan/tajikistan_nhs_2020_eng.pdf (accessed April 29, 2022)

⁹¹See: <https://eeca.unfpa.org/en/news/ensuring-access-sexual-and-reproductive-health-services-during-covid-19-pandemic-tajikistan> (accessed April 29, 2022)

⁹²See: <https://www.ilo.org/dyn/natlex/docs/ELECTRONIC/102410/123810/F945462379/23%20May%202015.pdf> (accessed April 29, 2022)

⁹³See: <https://www.iphronline.org/wp-content/uploads/2020/12/UZB-report-3.12-1.pdf> (accessed January 25, 2022)

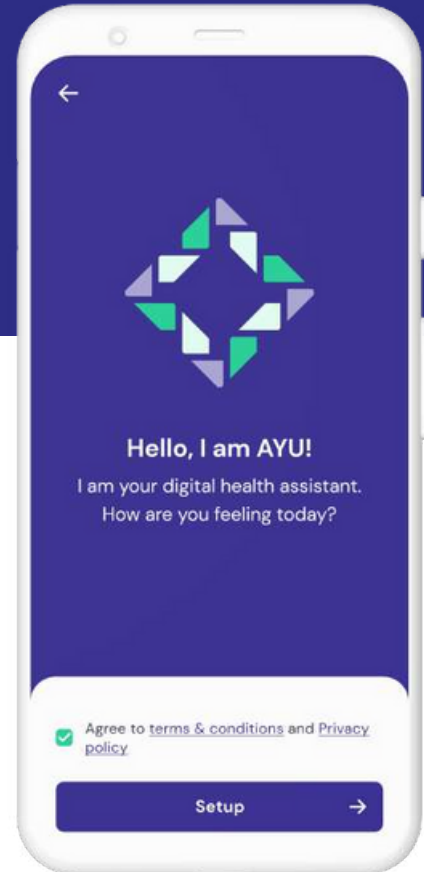
⁹⁴See: <https://kun.uz/en/94870062> (accessed January 25, 2022)

⁹⁵See: <https://kun.uz/en/news/2021/03/12/glocal-healthcare-to-create-first-digital-dispensaries-in-uzbekistan> (accessed on January 25, 2022)

⁹⁶See: https://jhmi.sums.ac.ir/article_42696_7e8ca6802694bb5790d8579562b18e6b.pdf (accessed on January 26, 2022)

⁹⁷See: <https://www.middleeastmonitor.com/20200828-pakistani-saudi-healthcare-platform-launches-service-in-yemen/> (accessed on May 19, 2022)

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