

## **Response to the draft WHO Global Strategy on Digital Health 2020-2024**

EuroHealthNet welcomes the draft WHO Global Strategy on Digital Health 2020-2024, which, overall, is a good overview of strategic approaches to digital health in-development. It offers an accurate description of both the needs and challenges of adopting digital technologies to improve health from inception to operation. In the context of rapidly-changing environments for health systems and delivery of care, this strategy can serve as a means of promoting equitable, affordable, and universal access to health, as well as fairer opportunities and wellbeing outcomes for all.

While EuroHealthNet supports such strategic approaches and forward-thinking, we believe that important equity-related issues should be addressed and further strengthened in the final Global Strategy on Digital Health 2020-2024.

1. In the context of large and persistent health inequalities between and within countries, digital health should serve as a means of closing the health gap by improving equity, affordability and accessibility of health(-enhancing) services and practice. Digital health is changing the way health systems are run, how health and care are co-created and delivered across populations. As with any other paradigm in the health field, it should not leave considerations of inequalities unchecked. Ensuring for fair distribution of opportunities, health and social wellbeing outcomes across social gradients should be put central to design and implementation of new digital health strategies. It should be reflected as such in this Strategy.
2. Indeed, risks associated with exacerbating health inequalities are not highlighted enough. While digital health can improve sustainability and quality of health systems, it also can generate health inequalities. Digital health can benefit individuals only if they are in a position to access it, afford it, and comprehend and utilise the knowledge gained properly (*health literacy* factor). Exclusion can reduce or nullify the benefits of digital health on health systems due to its potential negative impact on vulnerable groups, namely older people and low socio-economic populations. This should be clearly described in the Global Situation section of the document.
3. It is disappointing to notice that the Vision section of the Global Strategy on Digital Health missed out on making any reference to *digital health literacy*. Given the pace and extent of digital innovation in and transformation of the health sector (and society at-large), digital health literacy is a critical element of any digital health strategy. This is not only crucial for users but also for health professionals, who often struggle to keep up with the fast-paced development of digital technologies. It is good to see the concept of digital health literacy included further down the document as one of the key areas for action in the Strategic Objectives but it risks de-prioritisation if not included more centrally and already from the start.
4. While this Global Strategy builds on previous WHA resolutions, reports and initiatives, as well as on the premise of future assessments and monitoring, it doesn't give a strategic analysis of lessons learned to-date or further actions recommended. It alludes to the "*beneficial effect of ICT applications in some environments*", while "*failing to scale-up or deliver results in different contexts*" but no convincing *ex-post/ex-ante* explanation is given as to why. Neither has such assertion been made to forecast, monitor and prevent inequality-driven worsening of health outcomes.

5. It is encouraging to see, however, that the strategy is established against a common set of Guiding Principles. In order to avoid a two-speed digital transformation of health systems and delivery of care across regions, the risks of widening the inequalities gap (*digital divide*), again, should feature more centrally in the strategy. Indeed, while acknowledging different countries may be at different stages of digital health advancement, the strategy remains silent about how such gaps could be closed. Neither commercial nor economic determinants of health were mentioned in the text, and – considering the substantial costs a full digital transformation may account for in already-overstretched health budgets – it will be difficult to safeguard these transformations from profit-driven interests. While private investments will be inevitable – and even welcome – the strategy does not address how related concerns of equity and access should be taken on board.
6. The question of trust is far from resolved in digital applications. Most literacy initiatives will, in reality, be delivered digitally and corporately from now on, including in health and education systems, where sources of knowledge are ever-more controlled and delivered individually by private companies rather than shared collectively by public institutions. While this will offer some new opportunities, it can also be divisive, inequitable and, in many cases, not based on best evidence. This issue of trust and resistance must be better factored in to avoid misinformation and exclusion, rather than intended integration and inclusion.
7. Indeed, the guiding principle “4.3 Promote the appropriate use of digital technologies”, should take this into account. While the surge of new technologies and services opens new ways of interacting, it also opens new, uncharted ways that can lead to misuse of personal and health data. Societies, and many health professionals in particular, are increasingly concerned by the inappropriate use of health and personal data. It is often incorrectly assumed, given the proliferation of big data held by corporate sources, that collection of such data is consensual and beneficial. Anonymity is promised to patients but cannot be guaranteed. The downsides of such data collection and sharing are becoming more apparent as it can risk physician-patient privilege and produce asymmetrical information which can be abused.
8. Finally, we feel the current draft of the strategy is too much of a ‘stand-alone’ initiative. We miss ideas for its integration into a broader health strategy and policy horizon. This can be, for instance, achieved through making a stakeholder involvement a core component of the strategy. This also means that local and regional authorities and public health experts, as well as the wider public health civil society need to be systematically included. To this end, adequate capacity building and skills development efforts must be invested in and targeted to all relevant stakeholders.

EuroHealthNet is a not-for-profit partnership of organisations, agencies and statutory bodies working on public health, disease prevention, promoting health, and reducing inequalities. Our Mission is to improve and sustain health between and within European States through action on the social determinants of health, and to tackle health inequalities.

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