**Global China Dialogue VIII – Governance for Global Health**

**Panel IV – Health Governance in the Digital Space**

**“A New Culture of Governance for an Inclusive Digital Future”**

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**Abstract**

Technology has become an essential adjuvant for obtaining health care. Yet, people from historically marginalized populations continue to lack access and the skills to effectively engage with digital health. Efforts to harness digital health to equally benefit all people must include foundational capabilities such as data-connected innovation for patient-centered knowledge to manage the many risks in innovation delivery and to strengthen reciprocity in research and application for equitable outcomes. An inclusive, open, community-driven effort relying on telehealth to deliver sharable data that reflects the quality and continuity of care, holds the potential to create platforms that empowers all users. Broader participation will fuel meaningful and actionable evidence-based policies. Fine-grained data representations underpin effective standards setting to translate innovations to new digital care delivery models; to address the information asymmetries undermining equitable outcomes and impact the quality and reliability of the evidence accessible, reinforcing the need for improving equity in universal health coverage. The lack of agility of health systems in responding to health challenges has led to digital technologies that exacerbate the problem of bias and exclusion due to underrepresentation of all communities in foundational datasets. The current new culture of transparent governance based on the adoption of industry standard, extends current regulatory and governance policies. It sets to communicate a shared vision about digital cooperation that promotes and enables the ambitious goals set in the past with inclusive and meaningful demand-side initiatives. The new governance culture departs from traditional internal, siloed and inward-looking business innovation perspectives, by progressively giving way to open, collaborative innovation and ecosystems that are inherently capable of creating socio-economic benefits for multiple stakeholders. Its benefits include shared value, shorter learning and translation cycles and dynamic spillovers that can greatly accelerate progress on the UN Sustainable Development Goals. Barriers from data localization policies impacting international data transfers must be lifted to enable true cooperation and especially across jurisdictions and in Low- and Middle-Income Countries and to extend standards and governance beyond healthcare that can respond to upcoming threats such as quality of care, climate change and future pandemics.

**Speech**

Distinguished guests, ladies and gentlemen,

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|  | The current public policy dialogue is shaped by the rapid evolution of Artificial General Intelligence against the background of Large Language Models. With mounting tensions fuelling the regulation of the technology, it is critical that public leadership recasts the dialogue, to bring into focus data-born benefits and risks, to safeguard the transparency of evidence used for policy making, to address digital responsibility and sovereignty, and to serve humanity. |
|  | Coordinated efforts to strengthen the role of digital ecosystems in global health originate in the landmark 73rd World Health Assembly Resolution on Digital Health of 2018. This is when digital health was officially placed centre stage in the pursuit of the United Nations’ Sustainable Development Goals and WHO’s Tripple Billion targets. Significant progress has been made since, at policy level, yet global health needs are unmet, and targets unresponsive. |
|  | To navigate existing and emerging global health challenges and to hasten SDG achievement, WHO set out to predicate new strategic planning on a results-based ethos as encapsulated in the General Programs of Work. WHO organizes its operations around three Strategic Shifts: stepping up leadership, catalysing public health impact, and prioritizing global public goods. I would like to briefly address all three with an overarching policy. |
|  | **Underpinning evolving global health challenges is the issue of resilience**.The pressures applied to health care during the emergent onset of the coronavirus pandemic exposed global health systems lacking in fundamental resilience and most of the world’s population neglected or underserved regarding their fundamental healthcare needs. The universal need for robust digital solutions to bridge the clinical epidemiological and public health gaps in managing infectious pandemics was apparent to all. Yet, the disproportionate impact of strained resource systems on marginalized communities predates the pandemic, which served to magnify the health inequities in access and treatment in our communities. |
|  | These sobering realities should serve as the impetus for **re-examining the** **culture of** **collaborative leadership** in our institutions. Creating an inclusive and trusting health care environment in which everyone can contribute fully is critical. So is strengthening connections between organisations for more co-ordinated public health services. However, introducing processes that create a more open and participatory environment can be a challenge. The goal is to promote an integrated care mindset, empowering and strengthening shared decision-making and trust across collaborating groups. |
|  | **A new culture of governance for collaborative and adaptive leadership is needing.** Digital technologies and global public goods have a key role to play. To this end, we have yet to harness with industry standards the ongoing regulatory efforts and policies, to communicate a shared vision about digital cooperation that extends beyond mere data exchanges, and to enable SDGs with inclusive and meaningful demand-side initiatives. This was a key discussion point in a European public policy meeting we held last week in Brussels relating to the European Health Data Space, the AI Act and medical device regulation, on the potential for meaningful interaction and the challenges involved in further empowering the ongoing transformation of the medical technology industry to combat health disparities.  Harnessing the power of evidence has been an aim for Artificial Intelligence since the 1990s; to bridge innovation divides and create an expanded evidence ecosystem in which all patients and carers can equally participate and contribute. |
|  | Despite the criticality of the endeavour, health governance in this digital age keeps pushing the industry and policymakers downstream and into an historical asymmetric acceleration predicament, where the pace of technology-creating risks and complexities increases faster than the pace at which technology addresses these risks. To enable effective governance and to understand and address our targets for equity it is important that **coherent information** is available, that social determinants of health, the sources of health disparities, chronic disease profiles and emerging multi-morbidities, need to be better understood. It is also important that the underlying translational mechanisms are retooled to respond to existing and future health challenges, and emergencies, and to direct adequate resources to improve global health.  Responding to this need for meaningful information, the U.S. Office Of Science and Technology published a few days ago a **Playbook to Address Social Determinants of Health.** The playbook reiterates a commitment to direct funding to bridge data gaps and asymmetries across U.S. health systems and within communities, to address health inequalities and improve outcomes. |
|  | **Enabling data-coupled innovation is key to governance for upstream change.** Technology has become an essential adjuvant for obtaining health care. Yet people from historically marginalized populations continue to lack access and the skills to engage with digital health. Efforts to shift the agenda for change to upstream action to equally benefit all people must include foundational capabilities such as data-coupled and connected innovation with patient-centred knowledge discovery. This will help manage data-born risks in delivery and to strengthen reciprocity in research and application for equitable outcomes.  We have made strides in **standardising data in the health care industry**. One would expect that the continuity-of-care would already be adequately reflected in evidence produced with Electronic Medical Records. Instead, **the digital divide is growing**, fuelled by a circular relationship between care fragmentation and information asymmetries.  With that, the significant innovation efforts made by the industry, government and private sector funding initiatives, and academia, fail to get past the **adaptive societal, economic and environmental challenges** that technocratic innovation can no longer solve. We need to move along to new efficient innovation collaboration governance models that include the environment and society in design considerations in line with the Quintuple model for collaboration. |
|  | This need is particularly evident in the **clinical trials industry**, the **gatekeeper to social innovation in healthcare**. An industry where despite its pivotal role we rely on as little as 2% investment and impressive inefficiencies leading to the observed translation chasm from seed to market and scaling innovation.  **The goal for a new policy approach to collaborative leadership is to prime our evidence generation apparatus to embed** in an agile learning healthcare ecosystem. While doing so we have an opportunity to also evolve the clinical trials industry to make it more inclusive and agile, also advancing patient safety. This makes us able to study and serve the differential needs of patient populations, to include those needs in trials with new high-quality study designs and to efficiently support the entire life cycle for devices and pharmaceuticals as required by law. |
|  | **Adaptive challenges inhibit social innovation;** this is innovation whichresists the ephemeral and reductionist view of siloed innovation, in favour of scalable, transformational and sustainable innovation that drives systemic change with equity and inclusion. Where created value accrues to society rather than individuals. Importantly, social innovation fills democratic institutional voids, allowing new forms of participation by a range of actors with complementaryobjectives— **thus leading to collaborative innovation ecosystems.**  **This is the path shown by foundation models** and the new wave of Artificial Intelligence. By empowering with great efficiencies the deployment of targeted downstream applications, foundation models present a unique opportunity to address the digital divide, to accelerate buy-in, digital cooperation and the delivery of new care innovation pathways, and to enable synergies for global health. New inroads are being made to re-tool global health systems and to deliver the agility and resilience in the face of ongoing unmet population needs using real-world evidence founded in equity and inclusion. |
|  | Briefing the **UN General Assembly** during an informal meeting of the plenary this past February 13th, Secretary-General António Guterres called for the urgent adoption of actions toward a **Global Digital Compact**, underpinned by a framework for the multi-stakeholder action to overcome digital, data and innovation divides and to instil a new culture of governance for a sustainable digital future.  The **WHOCouncil on the Economics of Health-For-All** proposes a similar approach, building on a major shift from a market-led innovation model to one that harnesses and rewards collective intelligence by shaping public and private alliances to meet public health goals.  A **systems capital** design and strategic deployment of interoperable funding instruments is an absolute necessity in such a mosaic of meaningfully developed collaborations. An organization where collective performance relies on each partner pulling their weight in data to contribute to shared value production.  Two years ago, China’s Central Commission for Cybersecurity and Informatization issued the 14th Five-Year Plan. China embraces the development of such an open ecosystem to foster innovation through data sharing, with a strategy driven by markets and flexible governance to safeguard an ethical acceleration of digital development for common prosperity. Crucially, China emphasises the role of **data as a new production factor,** together with the need to establish and to perfect data factor resource systems to support market innovation with sustaining innovation. |
|  | AI will inevitably accelerate data commoditization. We must ensure it will also scale collaboration in evidence for equity. However, the growing innovation divide already threatens the sustainability of this enterprise both within and across jurisdictions. Given Artificial Intelligence generalizes poorly to cohorts outside those whose data was used to train the models, populations in data-*rich* regions stand to benefit substantially more than data-*poor* regions, further entrenching existing healthcare disparities. Against this backdrop, the UK is implementing a network of **Secure Data Environments** building on long standing relationships with stakeholders to drastically improve clinical economics for the NHS and bolster its clinical trials industry. Despite its importance, this effort does not guarantee improvements in the translation success rate for the innovation ecosystem.  On the other hand, the U.S. Government is aligning its strategic roadmap for responsible AI with focused investments aiming strengthen reciprocity and collaboration in research and application. Importantly, the plan recognises that fine-grained data representations underpin effective standards setting to translate innovations to new digital care delivery models and to address the information asymmetries undermining equitable outcomes. |
|  | **The proposed new culture of governance** combines key elements of the US, UK, EU and China’s approaches to responsible AI and is driven by **standards for data recycling**. It extends current regulatory and governance policies and foremost sets out to communicate a shared vision on digital cooperation. It provides a framework that respects human rights to further promote and enable the ambitious goals we set in the past with inclusive and meaningful demand-side initiatives.Respecting the principle of public goods, the framework is to instil in the healthcare innovation industry the values of social responsibility of the public sector.  The new culture challenges traditional internal business innovation, progressively giving way to ecosystems that are inherently capable of creating shared value, robust and shorter learning and translation cycles, and dynamic spillovers that greatly accelerate progress on the UN Sustainable Development Goals. Therein, ecosystem partners can compete while aiming to collaborate, co-create and generate knowledge that complements each other’s in a non-generic way. Research and application activities funded with a systems capital approach aim to both grow the pie collaboratively and slice it cooperatively to share value added with data recycling. |
|  | To summarise, the lack of widely adopted technology standards in the rapidly expanding telehealth innovation market significantly limits our **policy options** for participatory care and collaboration. Implementing appropriate standards-driven governance for data and insights recycling can mitigate the risk of disparity originating in foreign, non-representative and biased datasets that often worsen minority marginalization and inequities in Universal Health Coverage. Enabling source-connected, **ecologically pre-validated** and interoperable evidence ecosystems, will promote innovation with concrete value accrual for society and the environment, help incentivize the participation of data-poor regions and markets, and share in the benefits of global health data initiatives. Hospital-at-Home is a great place to start. |
|  | **Let me finally quickly reflect upon** the issue of international data flows and their importance for global health; allowing coordinated public policies and knowledge mobilization and strengthening country preparedness to respond to upcoming threats such as climate change and future pandemics. This is the underlying goal of the European Health Data Space regulation. To unlock the full benefits of international data while maintaining high standards of data protection. In this direction, the **UK Government** believes that it is also necessary to identify and define the characteristics of the most appropriate solution to deliver this aim. **The proposed new Culture of Collaborative Leadership** supports such a solution, to go beyond traditional hub-and-spoke arrangements and to establish active digital data bridges between innovation ecosystem partners. If one could picture that in the middle of a Maslow’s pyramid going up, which is the acceleration of the Sustainable Development Goals, the supported solution ecosystem is fundamental in that it underpins adaptive collaboration and helps implement a range of regulatory policies with meaningful data uses that bridge global health gaps and pinpoint which challenges to prioritise. |

Thank you and I look forward to advancing all important questions together with you.