



2020 Commonwealth Civil Society Policy Forum

‘Strengthening health systems using digital technologies in the midst of the COVID-19 pandemic to ensure universal health coverage’

Wednesday 6 May 2020 | 10:00-12:00 (London time) Virtual Forum

1. INTRODUCTION

Commonwealth civil society, through the Commonwealth Health Professions Alliance (CHPA), actively seeks opportunities to interact with, and influence, Commonwealth Health Ministers at their annual meeting by hosting a Commonwealth Civil Society Policy Forum. Civil society brings a unique perspective to the deliberations of Commonwealth Health Ministers and it is important their voice is heard. Through the policy forum, Commonwealth civil society comes together to discuss, debate, and develop consensus positions and recommendations on policy issues of concern. These positions and recommendations are then presented by civil society to Commonwealth Health Ministers at their meeting.

In the midst of the COVID-19 pandemic and country lockdowns, the 2020 Commonwealth Civil Society Policy Forum was held as a virtual meeting on Wednesday 6 May 2020 10:00-12:00 (London time) and addressed the topic: *Strengthening health systems using digital technologies the midst of the COVID-19 pandemic to ensure universal health coverage*. Six hundred and sixty seven people registered to participate in the 2020 virtual CCSPF with 225 persons participating. Participants came from 56 countries and from every region of the Commonwealth and from non-Commonwealth countries. The 2020 CCSPF was hosted by the Commonwealth Medical Association on behalf of the CHPA.

The 2020 Commonwealth Civil Society Policy Forum was dedicated to the memory of Dr Mbololwa Mbololwa Mbikusita-Lewanika, Health Advisor at the Commonwealth Secretariat who recently passed away. Dr Mbikusita-Lewanika included Commonwealth civil society as equal and respected partners in her work to improve the health of Commonwealth citizens and was held in very high regard. Dr Mbikusita-Lewanika was a highly intelligent, friendly, generous and kind leader and will be greatly missed.

Universal Health Coverage (UHC) is based on the principle that individuals and communities have the right to access comprehensive and good quality health services without experiencing financial hardship. The rights-based approach lies at the core of this concept. The World Health Organisation (WHO) note that a significant number of countries, at all levels of development, are embracing the goal of UHC as the right thing to do for their citizens. UHC, the WHO say, is a powerful social equalizer and contributes to social cohesion and stability.

The WHO also note that UHC is a critical component of the new Sustainable Development Goals (SDGs) and is pivotal to achieving the 2030 agenda. To achieve UHC, it will be necessary for countries to use modern technology in innovative ways to strengthen and re-engineer processes within health systems and health care, as well as adopt innovative ways of using the current health workforce.

The COVID-19 global pandemic has had devastating effects on all health systems across the Commonwealth, even in high income countries. The pandemic has heightened awareness of the close links between health services and related social services, especially in emergencies and disasters, in the prevention and control of infections, and in effective public health interventions, such as tracking and tracing. The pandemic has also demonstrated how health services alone cannot meet all the needs of a population in social isolation and economic distress in the midst of a global and national health crisis.

Commonwealth civil society note that digital technology is one of the seven “accelerators” identified in the 2019 *Stronger collaboration, better health: Global Action Plan for healthy lives and wellbeing for all* report and that digital and diagnostic technologies are playing a leading role in the response to the pandemic. Understanding how these technologies can be used effectively and strategically to mitigate the effects of the pandemic and to ensure UHC is vital for all countries. As a result of COVID-19 and virtual functioning, new ways of doing things have been shown to be very effective and potentially more cost effective.

The objective of the 2020 Commonwealth Civil Society Policy Forum was to discuss these issues and formulate a civil society policy brief for Commonwealth Health Ministers, international development partners, and intergovernmental agencies.

2. POTENTIAL BENEFITS AND OPPORTUNITIES IN THE USE OF DIGITAL TECHNOLOGY IN HEALTH CARE

The CCSPF Forum identified a range of potential benefits and opportunities in the use of digital technology in health care.

- **Enhancing diagnostics and health monitoring particularly for vulnerable populations**
The potential for enhanced use of digital technology for diagnostic purposes is particularly relevant to support health care workers in geographically isolated areas, however there is also the potential for wider use in urban areas also. Using digital technology to monitor the health of vulnerable populations is particularly relevant with older people or people who are isolated due to disability, chronic disease, or infection as well as people in self isolation and quarantine. The development and implementation of new innovations specifically aimed at meeting the challenges encountered in this pandemic, such as the Covid Shield: health check, self-isolation, quarantine management and tracking system, should be promoted and encouraged.
- **Enhancing health workforce data collection, analysis, and forward projections**
The WHO recommend that countries strengthen their capacity for health workforce data collection and analysis, using digital technologies which are already widely available. They further recommend that countries accelerate the implementation of National Health Workforce Accounts to obtain an accurate count of the health workforce; and use that information to conduct health labour market analysis to guide policy development, forward projections, and investment decisions. ‘Health workforce’ data collection and analysis must include regulated professionals as well as other non-regulated community health workers. Digital technology solutions are already available to be able to predict the health workforce shortages that will need to be met in order for countries to achieve global and national health priorities and be prepared for global and national health emergencies.

- **Enhancing health workforce education and training**

The COVID-19 pandemic has clearly demonstrated the availability and potential benefit of more effective use of virtual connectivity, not just enabling people in lock-down to communicate with health workers, family and friends, but also being able to work from home or continue education at home. The increased use of, and access to, digital communication technology, has provided an opportunity to reimagine how initial education and continuing professional development for the health workforce across the Commonwealth can be provided in a more inclusive and cost effective way. This is particularly important if the current health workforce is to be upskilled to respond to new and emerging health threats, and expanded roles implemented to achieve universal health coverage and the sustainable development goals. Some of the possibilities using existing digital technologies for initial and ongoing health worker education and training are virtual classrooms for both theoretical and clinical learning; webinar tutorials; online simulations; online submission of work, and online examinations. Countries should invest in faculty and infrastructure to harness the potential of digital technology which can reduce cost, increase access, enable diversity, and increase output, to educate a health workforce competent to meet current and future global and national health priorities.
- **Enhancing distribution of information to the general population and the health workforce**

Digital technology has enormous potential to provide accurate, comprehensive and quality information in a timely manner. This has been demonstrated particularly well during the COVID-19 pandemic with the development of mobile phone apps which can be effectively used in the future for the distribution of health alerts, vaccination and health appointment reminders. Digital technology could also be used to provide health professionals with current information about the use of medicines, the publication of new guidelines, and the availability new clinical procedures and treatments.
- **Enhancing access and improving equity in the provision of health care**

Digital technology has the potential to enhance access to health care and improve equity in the provision of health care by making health care equally available to all citizens regardless of whether they live in an urban, rural or remote area; regardless of their capacity to pay; and regardless of their level of mobility or disability. The use of medicines is a key component of health care. Digital technologies are critical to ensure ongoing and equitable access to quality medicines. This is particularly important for older people, or people who are isolated due to disability or chronic disease. Strategies that allow inclusivity, for example to detect substandard and falsified medicines and support local medicines manufacturing, will result in improvements in health system equity and ensure that no-one is left behind as countries move toward UHC.

3. POTENTIAL CHALLENGES AND RISKS IN USING DIGITAL TECHNOLOGY IN HEALTH CARE

- **Lack of standardisation and interoperability within countries and between countries**

The lack of standardisation within countries and between countries was seen as a significant barrier by participants at the CCSPF. Different applications were used both within countries and between countries which makes it difficult to share expertise and support, and also compare data. While it may be appropriate to use different software, there should be an agreed basic data set for all countries of the Commonwealth. Countries of the Commonwealth should also have a platform where they can share with others their use of, successes with, and lessons learned with the use of digital technology.

- **Concerns about privacy of data and security of data and overcoming a lack of trust and transparency in the use of data as well as concerns about inappropriate use of data e.g. for surveillance of individuals, groups, or the general population**

A significant number of concerns were raised about the need for digital technologies to address data privacy and security concerns and civil society were not convinced that these issues were being adequately addressed. There was also a concern that data could be used inappropriately by governments to monitor individuals, groups, or indeed the general population. Civil society considered that the Commonwealth Secretariat should take a lead in initiating the development of standards for the use of digital technology in health care which addressed the privacy, security, and inappropriate use of data concerns.

- **Overcoming barriers to access of digital health care solutions due to age and other considerations such as language and poor mobile penetration and internet access**

Concerns were also raised during the CCSPF about the need for countries to address barriers in using digital technology. Poor mobile penetration, insufficient or unstable internet access, age, and language were considered to be significant barriers, as well as dysfunctional digital barriers that limit cooperation between health services and related areas, especially social services which work closely with people with health issues. Equity in the delivery of health care will not be achieved unless infrastructure barriers are addressed for geographically disadvantaged populations as well as specific strategies adopted for populations where poverty, lack of information, lack of education, age, or language are a barrier.

4. RECOMMENDATIONS

The CHPA recommends that the:

- 4.1 Commonwealth Health Ministers request the Commonwealth Secretariat, working with partners such as the Commonwealth Centre for Digital Health (CWCDH), to conduct a study across all Commonwealth countries, to map the use of digital technologies in health service and medicines delivery; identifying digital technology resources already available and being used; document best practices; as well as identifying digital technology challenges and needs, and publish the outcome of the study as well as present the data gathered online through COVID-19 Digital Solutions Platform under development by the CWCDH.
- 4.2 Commonwealth Health Ministers mandate the Commonwealth Secretariat to work with individual Commonwealth Countries, at their request, to provide technical advice in the integration, acquisition and use of digital technologies into their health service delivery and the continuing professional development of their health workforce, specifically looking at innovative ways of using technology to support expanded roles for the existing health workforce in the current environment of health workforce shortages.
- 4.3 Commonwealth Health Ministers, through the Commonwealth Secretariat, explore the opportunities for cross-Commonwealth collaboration in the use of digital technology in health care with a view to establishing a Commonwealth social and business coalition in digital technology, leveraging best practices, and including as appropriate public, social business and private entities.

- 4.4 Commonwealth Health Ministers, through the Commonwealth Secretariat and their Human Rights Unit, and in collaboration with Commonwealth Associations, take the lead in calling for the development of model regulation, policy and standards for the use of digital technology in health service delivery, including addressing privacy, security, equity, and respect for human rights concerns, in order to remove red tape, empower and connect the health workforce, support equitable access to quality health care and medicines, and disseminate information.
- 4.5 The Commonwealth Secretariat, in implementing these recommendations, and recognising the close links between effective delivery of health services and related social services, explore ways to ensure integration and inter-connectedness in digital technologies across sectors.

The Commonwealth Health Professions Alliance (CHPA), established in 2009, is an alliance of Commonwealth accredited health organisations which have a commitment to optimising civil society interaction with Commonwealth Health Ministers and see this as an important forum for influencing health policy and practice on behalf of the practitioners they represent and for citizens across the Commonwealth.

MEMBERS OF THE CHPA

Commonwealth Association for Health and Disability
Commonwealth Association for Paediatric Gastroenterology and Nutrition
Commonwealth Dental Association
Commonwealth HIV and AIDS Action Group
Commonwealth Medical Association
Commonwealth Nurses and Midwives Federation
Commonwealth Organisation for Social Work
Commonwealth Pharmacists Association

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Speakers



- Ms Jill Iliffe, Executive Director, Commonwealth Nurses and Midwives Federation
- The Rt Hon Patricia Scotland QC, Secretary General of the Commonwealth
- Dr Anne Gallaher AO, Director General, Commonwealth Foundation
- Dr Soumya Swaminathan, Chief Scientific Officer, World Health Organisation
- Professor Vajira Dissanayake, Past President, Commonwealth Medical Association; Founder Commonwealth Digital Health Initiative
- Dr Ashley McKimm, Director of Partnership Development and Innovation, British Medical Journal
- Dr Osahon Enabulele, President, Commonwealth Medical Association
- Professor Kathleen McCourt, President, Commonwealth Nurses and Midwives Federation
- Dr Amy Chan, Professional Development and Research Lead, Commonwealth Pharmacists Association
- Dr Stephen Allen, Secretary, Commonwealth Association for Paediatric Gastroenterology and Nutrition
- Dr Uday Bodhankar, Executive Director, Commonwealth Association for Health and Disability
- Dr Godfred Boahen, Board Member, Commonwealth Organisation for Social Work
- Mr Anton Ofield-Kerr, Chairperson, Commonwealth HIV and AIDS Action Group
- Professor Tony Nelson, Chairperson, Commonwealth Health Professions Alliance