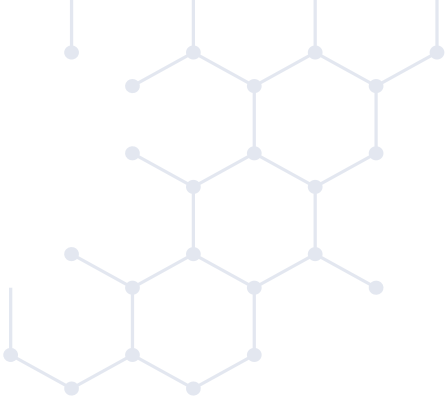**United Nations General Assembly**

INCLUSIVE DIGITAL INNOVATION:
Smart & Connected Cities to Close Health Gaps

**A 'Lunch X Dialogue' session hosted by
Rabin Martin during the UN General Assembly**

September 23, 2024 | New York, USA

INTRODUCTION

During the 79th United Nations General Assembly, Rabin Martin hosted a "Lunch x Dialogue" to discuss the community-led, person-centered approach essential for digital health transformation. The session focused on how a growing convergence of challenges—including chronic disease prevalence, aging populations, workforce burnout, and budget constraints—is reshaping healthcare. The discussion emphasized the need for new players and disruptors to reimagine healthcare ecosystems using data and digital technologies, driving proactive, person-centric health journeys through interoperable data and analytics. Digital health is a fundamental rethinking of how healthcare is conceptualized and delivered, but there is a need to consider who are is missing and who will not benefit from these changes.

Participants highlighted several key factors for fostering inclusive digital health innovations:

✓ Early community engagement to ensure solutions meet real needs.

✓ Sandbox environments to test collaborations and build trust between stakeholders, especially the private sector.

✓ A gender-based lens to ensure inclusivity in design and deployment.

The dialogue stressed the importance of proving the safety, security, and efficacy of technology in a digitally connected healthcare ecosystem—providing use-cases of success. Attendees, including industry leaders, corporate foundations, and policy experts, shared examples of successful digital health innovations, exploring how to create a fast-paced environment that drives progress while closing access gaps.

Moderated by Rajni Samavedam, CEO of Rabin Martin, and Dr. Afua Basoah, the session is part of a series aimed at catalyzing decisive action to shape inclusive, scalable global health solutions in the digital age.

KEY INSIGHTS

1 | Bright Spots of Digital Health Innovation Exist

Several global communities are making significant progress toward data-enabled, digitally connected healthcare systems. Examples include:

Singapore & Helsinki: Leading in the use of interoperable health data for decision-making and remote patient services. Singapore has implemented data driven technology that tracks people's behaviors and informs decision-making.

Kenya & Colombia: Advancing policies for digital health despite challenges in financing and interoperability. In Kenya, there is work underway to launch and ratify a digital health act that provides digital transformation governance at the country level. There is adoption interest across a number of cities in Kenya.

Cairo & Bogota: Integrating technology with health policies to improve care.

Costa Rica: Implementing citizen-accessible health data systems- everyone has access to their own data in an integrated and efficient way.

These "bright spots" highlight the importance of innovation diversity, local adaptation, and long-term citizen engagement. The lessons learned from these cases are essential for replicating impact and closing global health gaps.

2 | Implementation is a Work in Progress

In addition to the WHO Global Strategy on Digital Health, that provides a framework for action and implementation principles to advance digital health, the Global Digital Compact was agreed by UN members during the Summit of the Future in September 2024. It is important to have realistic expectations regarding the promise of digital health transformation. The journey is in its infancy and only just beginning to bear early fruit. As such, there is a notable gap between the technology agenda and the reality of near-term possibilities. Embracing a 'fail or win fast and openly' approach ensures learnings shape progress. Regulations are required to protect patients during this phase.

Grass-root organizations and civil society activism continue to drive the creation of much-needed regulation in this innovation space.

KEY INSIGHTS

3 It Starts and Ends with People

There is a notable shift towards localisation of infrastructure and citizen engagement for digital health programs—from conception to execution and management. People within local communities have a deep understanding of needs and a vested long-term interest in ensuring successful implementation—given the direct benefit to their communities. The short tenure periods and high staff turnover rates across public and private sector groups involved with implementation affect outcomes. As such, people within the communities represent continuity. It is critical, therefore, to enable their participation and decision-making to ensure creation of solutions of relevance, useability and accessibility to all. It is important that the management of the solutions keep those delivering the solutions in mind. Health systems are often reliant on over-stretched health workers to deliver and manage digital solutions. Ensuring the are not further overtaxed is a critical success factor for implementation. Ultimately, meeting all stakeholders where they are will enable impact goals to be met.

4 Trust: Build and Preserve it at All Costs

Trust is a critical factor for success in data-driven healthcare. Building trust takes time and requires:

- ✓ Clear harmonized goals and transparent communication with citizens;
- ✓ Long-term commitment and strong data governance that prioritizes equity and health value;
- ✓ Aligned value exchange incentives; and
- ✓ Realistic (and flexible) expectations of delivery process, timelines, outcomes and impact

Building trust extends beyond the boundaries of health systems is key. Health ministries tend to have a 'go-it-alone mentality', but lack of the human resources needed to transform the health ecosystem. There is a need to democratize the conversation. Engaging cross-sector partnerships and creating practical solutions, such as decentralizing the clinical trial model and machinery, can enhance citizen participation and inclusivity, particularly for overlooked populations.

KEY INSIGHTS

5 | Data Governance and Democratization at the Heart of Trust Building

Data ownership, interoperability, and privacy remain central challenges in digital health. Policymakers need simple, accessible, interoperable data for decisionmaking, while patients must understand their data rights and privacy policies. It is important to consider the data being collected, the purpose for its collection and its intended use. Creative value propositions are required to incentivize patient data-sharing agreements. The Clinical Trial Transformation Initiative highlights that providing clinical trial participants with valuable insights that can help their daily lives (e.g., sleep tools) often incentivizes mutually beneficial data exchange.

High-income countries like the U.S. still face fragmented data ownership issues. Global frameworks, such as those advocated by Transform Health, are needed to guide countries—particularly low-middle income countries—in establishing data governance that support the development of local regulation and regional sharing agreements. This will help build much needed trust and ultimately enhance digital health outcomes.

MOVING FORWARD

There is no single path to ensure the design and deployment of truly inclusive, data-driven digital health innovations, customized to meet the needs of all. A person-centered approach that prioritizes simplicity, empathy and trust will ensure that patients are met where they are—resulting in better health outcomes, greater equity and increased likelihood of successful scalability.

As digital health ecosystems mature, it is important that its stakeholders embrace the importance of openly failing fast and codifying the wins. Making the effort to leverage the lessons along the full continuum of research and development through to dissemination and deployment of digital tools, will inform interoperability of these diverse tools. Given the need to learn quickly through iterative transformation cycles, it is certain that 'sharing is caring' in the bid to build inclusive, trusted digital innovations that close health gaps.

BRIGHT SPOTS

The Novartis Foundation AI4HealthyCities initiative operates in cities (New York, Singapore, Helsinki, Lisbon, Basel) that already have interoperable data infrastructures, allowing access to rich city-level data from multiple sources. With an interest in understanding the key drivers of CVD risk, health data on CVD outcomes and the connection to Social Determinants of Health is the focus of the program. The key is to use these insights on the social drivers of CV outcomes to inform local precision population health roadmaps and effectively target at-risk populations.

Close collaboration with intersectorial partners in each city is central for the initiative's success. In order to establish trust with these partners, the Novartis Foundation partnership model ensures that their team always proactively:

✓ **Clarifies their goal(s)**—which is ultimately to improve the heart health of their citizens

✓ **Ensures alignment to the priorities of the local partners**

✓ **Rejects a one-size fits all approach.** Instead, they work collaboratively (in person, wherever possible) and approach the program from a place of mutual benefit

✓ **Shares successes with partners in other cities**

✓ Brings the partners from the cities together to **exchange information and lessons learned**, which further builds trust

Germany has a Digital Health Act, which is meant to drive integration in development. Implementation is a work in progress as there are still antiquated aspects of the health system.

Costa Rica has a system where everyone has access to their own data in an integrated and efficient way. Columbia is showing promise from the policy and strategy standpoint, and San Palo, Brazil has high health digital readiness.

Finland has a number of technology companies exploring remote patient services and engagement with users has been promising (e.g. Oura ring). Helsinki has ensured that health data is interoperative and available to policymakers for decision making.

Singapore is a bright spot in terms of digital innovation—the city has implemented data driven technology that tracks people's behaviors and informs decision-making. There is still work to ensure health equity gaps are tackled.

Paraguay has high-level professionals working on the digital health strategies. They have been able to get grants (e.g., from Bloomberg) and get interoperable data around the cancer registry. The country has had support from Taiwan to help expand health system coordination and interoperate the systems around the country.

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