PMAC PRINCE MAHIDOL AWARD CONFERENCE 2024

PS 3.4

EQUITY AND ACCOUNTABILITY IN DIGITAL HEALTH AND AI: ADDRESSING RISKS, DIGITAL HEALTH FOUNDATION GAPS, AND ADVANCING OPEN AND LOCAL SOLUTIONS

| BACKGROUND

Digital technologies and AI are transforming healthcare delivery worldwide, especially in low-resource and emergency settings. However, without **proper governance, investment, architecture design and open solutions and standards** they risk introducing economic, ethical, and social asymmetries, potentially placing vulnerable populations at harm. At a global scale, countries seeking to benefit from digital health face challenges of: **data fragmentation**, **redundant investments**, **non-interoperability, non-local solutions of unknown quality that are difficult to scale and sustain**.

This session will explore the economic, ethical, and social asymmetries that, if not protected against, can arise with digital health technologies and AI, and **available strategies to mitigate such risks - Digital Health foundation GAPS** (Governance, Architecture, People and Standards & Interoperability), **local production and open solutions** Outcomes from this session would elaborate the asymmetry challenges, strategies to mitigate risks, and recommended solutions

| OBJECTIVES

1. Identify Risks and Challenges: Explore the economic, ethical, and social asymmetries that can arise with digital health technologies and AI, particularly in low-resource and emergency settings, to understand the potential risks and challenges that may place vulnerable populations at harm.

2. Examine Digital Health Transformation gaps: Investigate the digital health foundation challenges, the GAPS (Governance, Architectural design, People and Standards and Interoperability) and the misplaced investment that contributes to fragmented data, non-locally produced solutions, redundant investments, and non-interoperable solutions

3. Mitigation Strategies Development: Develop strategies to mitigate the risks of economic, ethical, and social asymmetries by emphasizing the importance of stakeholder engagement, and local production and accountability in the design and implementation of health technologies and AI.

4. Promote Open Solutions: Discuss the potential of open Standards, open Technologies, open Architectures, and open Content and DPIs (Digital Public Infrastructure) in creating interoperable, sustainable, and evidence-based AI and digital health systems that align with international frameworks like the Global Strategy on Digital Health.

5. Highlight Stakeholder Engagement: Emphasize the importance of inclusive stakeholder engagement (including private sector) to ensure that emerging health technologies genuinely promote health equity and do not exacerbate existing disparities.

6. Formulate Policy Recommendations: Formulate regulatory and policy recommendations that prioritize equity and accountability, quality assurance, privacy and trust, fostering a governance framework that supports responsible innovation in digital health technologies and AI.

7. Foster Global Collaboration: Encourage international collaboration to create digital [3] that supports interoperability and equity while reducing economic, ethical, and social disparities across different regions.

Panelist / Panelist

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Dr. Alvin B. Marcelo is a general and trauma surgeon by training who is currently chief medical information officer of the St. Luke's Medical Center and executive director of the Asia eHealth Information Network (www.aehin.org). Prior to this, he served as senior vice-president and chief information officer of the Philippine Health Insurance Corporation (PhilHealth). As the director of the University of the Philippines Manila National Telehealth Center and chief of the Medical Informatics Unit, Dr. Marcelo established the Master of Science in Health Informatics program and conducted local and international research in the field of eHealth and health information systems development. He took his postdoctoral fellowship in medical informatics at the National Library of Medicine in Bethesda, Maryland with research interests in telepathology, mobile computing, and bibliometric analysis of MEDLINE content. Dr Marcelo previously managed the International Open Source Network for ASEAN+3, a centre of excellence in free and/or open source software established by UNDP, and advises the Community Health Information Tracking System (or CHITS) , a Stockholm Challenge finalist in the health category in 2006. He is the Philippine representative to the Asia Pacific Association for Medical Informatics (APAMI) and the International Medical Informatics Association (IMIA). Dr Marcelo is certified in the governance of enterprise IT (CGEIT - www.isaca.org), The Open Group Architecture Framework (TOGAF - www.opengroup.org), and Archimate, and COBIT5 Foundation/Implementation.