BioSpectrum
the business of Bio & Health Sciences
ASIA EDITION

Driving Access And Equity In Virtual Healthcare Through Inclusive Policies

September 1, 2022 | Opinion | By Hithaishi C Bhaskar

Dr Ann Aerts, Head of the Novartis Foundation and Co-Chair of the Broadband Commission proposes Ã¢â?¬Å?six fundamental policy pillarsÃ¢â?¬Â• to guide healthcare policymakers and legislators in developing equitable & inclusive policies to foster virtual health care ecosystems



The advent of COVID-19 has sparked an unprecedented leap in the adoption of virtual healthcare – a channel previously seen as a novelty, but now deemed an essential component of the healthcare continuum. This phenomenon has no doubt caused a paradigm shift in healthcare, transforming the way its delivered and driving its access. And this trend is here to stay.

Virtual health is attracting patients and providers, creating a clear momentum for policymakers to maximize its potential. Despite this, most countries are still behind in creating coherent frameworks for virtual health services to complement in-person care.

In light of this backdrop, how can policymakers support inclusive and equitable access to virtual care, while promoting global use and integration?

A new virtual health and care report unveils a comprehensive roadmap to help countries navigate this new phenomenon and ensure virtual health drives access and equity. The report, from Broadband Commission for Sustainable Development Working Group, and co-chaired by WHO and the Novartis Foundation, evaluates the digital health landscape after the Covid-19 outbreak in 23 countries, including Asia-Pacific and outlines new research that calls out the need for effective policy-making.

In a recent conversation with *Biospectrum Asia*, **Dr Ann Aerts, Head of the Novartis Foundation and Co-Chair of the Broadband Commission** Working Group on Virtual Health and Care, shared further overview on driving access and equity in virtual healthcare Care through inclusive policies.

- **What are the key findings of the Broadband Commission's analysis on promoting access and equity through inclusive virtual health and care policies?**

The pandemic drove an exponential increase in the uptake of virtual health and care services globally. As one example, the number of teleconsultations on the national e-Sanjeevani service in India quadrupled between October 2020 and February 2022.

The World Health Organization (WHO) reported in its 2021 Global Pulse Survey that virtual health and care formed an integral component of the mitigation and recovery efforts that countries took to manage the massive health service disruptions caused by the pandemic, and to help recover quality services.

And of the 95 countries surveyed by the Broadband Commission in 2021, over half had scaled up telemedicine as a result of Covid-19.

This rise of virtual health and care drove the development of a broad range of new approaches, including:

- Real-time updates, which help both patients and health providers take more proactive and preventive approaches to health management
- Virtual navigation and support systems that ensure appropriate care is easily accessible and available
- Telehealth services to streamline and maintain communications between healthcare providers and patients and enable continuous remote monitoring of patients' health
- Smart diagnostic and digital therapeutics to support data-led, evidence-based clinical decisions and actions

COVID fast tracked us towards a future of virtual health and care, and that future is promising. Across the whole region, people in Asia have shown themselves to be enthusiastic adopters of consumer tech solutions. In parts of the region, you have highly advanced health and tech infrastructure. I can foresee Asia leading widespread and rapid acceptance of virtual health and care solutions region-wide.

Countries can, however, do more to develop coherent policy frameworks that ensure virtual health services work effectively alongside in-person care, and that everyone has equitable access to these services.

Importantly, lower-income groups, older people, and some people with disabilities may not be able to immediately benefit from digital adoption. The digital divide is apparent in these populations, and others who lack access to mobile phones and the internet. Countries therefore need to be deliberately inclusive of marginalized groups when drafting health and care policies to ensure no one is left behind. These policies should also support the seamless integration of virtual and in-person care services for these populations.

- **Based on the analysis of countries in the APAC region, how would you summarise the fundamental findings and insights?**

Countries in the APAC region have certainly seen a surge in the use of virtual health and care solutions compared with pre-pandemic times. For example, *HaloDoc*, a teleconsultation platform based in Indonesia, saw a 101 per cent increase in average daily active users between 2019 and March 2020.

While there are already some policies that aim to regulate and drive accessibility of virtual health and care, more remains to be done. Policy frameworks need to take on an even more inclusive approach, by considering vulnerable populations who may have been overlooked

The uptake in virtual health and care has empowered individuals and communities in the region to take charge of their health. Many can manage health-related issues more effectively now that virtual health and care is becoming increasingly available.

We must, however, always keep in mind the need for any health tech solution to drive increased health equity rather than exacerbating existing inequities in access to care. This is something our report clearly states. The challenge is to ensure that people who currently face digital divides are not excluded from using virtual health and care solutions.

- **What is the Broadband Commission's roadmap for ensuring virtual health drives equity and access?**

The roadmap depicts a clear route that policymakers and other health decision makers can take to develop policies and processes that advance the uptake of virtual health and care in a way that ensures equity and inclusivity, and seamless integration with in person health and care services. The roadmap lists six fundamental policy pillars:

1. **GOVERNANCE AND REGULATORY**

This pillar focuses on essential administrative and regulatory structure. The policy elements that fall under this pillar include governance, regulation, licensing, liability, and quality assurance, and aim to ensure people-centric and inclusive policy frameworks

2. DESIGN AND PROCESSES

This pillar aims to encourage user-friendly solutions that enable effective use of data in decision-making. The policy elements that fall under this pillar are human- and equity- centric design with a focus on innovation and health outcomes.

3. DATA AND TECHNOLOGY

This pillar seeks to ensure the right architecture is in place to enable an optimal flow of virtual health and care data. The policy elements that fall under this pillar focus on the infrastructure of health and care delivery systems, data governance and standards, and interoperability.

4. BUSINESS MODELS

This pillar includes policy elements such as financing and reimbursement, with the aim of supporting the development of innovative and sustainable business models.

5. PEOPLE AND WORKFORCE

This pillar seeks to support the different virtual health and care stakeholders, particularly those with lower digital literacy, by focusing on digital skills building. Training for health workers on how to best use virtual health and care systems is essential to facilitate the expansion of these services.

6. PARTNERS AND STAKEHOLDERS

This pillar emphasizes the need for collaboration between key stakeholders to increase the uptake of virtual health and care.

- **As a pillar of the policy maturity framework, how far have funding sources and sustainable investments contributed to innovative business models for virtual health and care services?**

The report recommends innovative financing models. For instance, it recommends collaboration between the public and private sectors in order to avoid dependence on traditional forms of public funding. This helps to boost funding to drive better virtual health and care services and promote accessibility.

For example, India’s National Digital Blueprint (2019) identified budgetary support from the government and other key market players such as the MedTech sector, NGOs, and foundations, as a key source of funding for infrastructure development.

Innovators and virtual health solution providers might also receive incentives such as tax rebates and subsidies when they help address public health needs. This can encourage the creation of more affordable virtual health solutions for the public, which in turn promotes access and inclusivity.

- **How do you see stakeholder partnerships and collaborations bringing together different ecosystem players?**

The growth in virtual health and care presents an opportunity for countries to use digital transformation to achieve health and care equity for everyone. To realize this, all key stakeholders must work collaboratively.

Hithaishi C Bhaskar