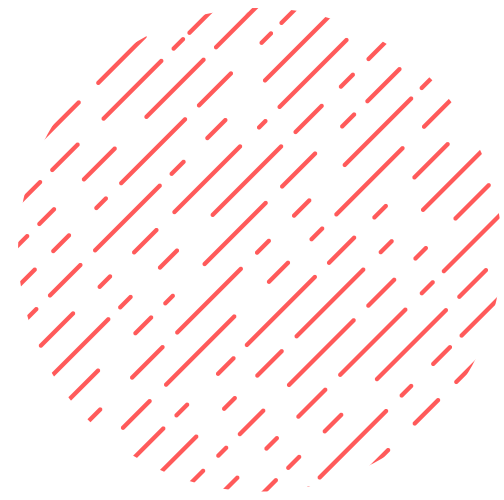




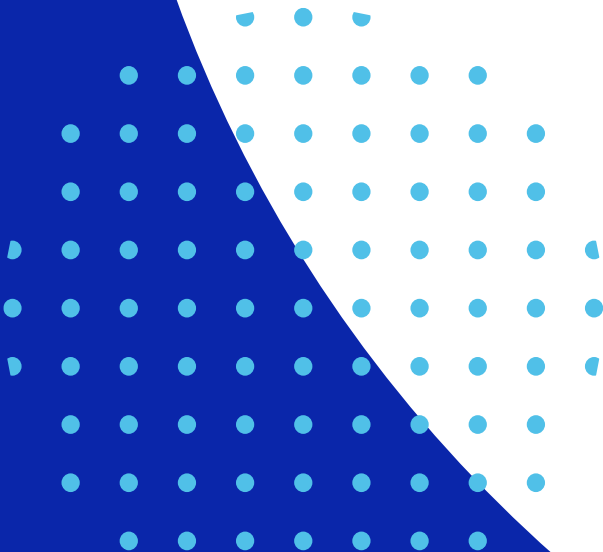
HIMSS™



European cooperation solutions to promote digital inclusion and increase the resilience of society

*Digital Health Advisory Group for Europe (DHAGE)
Report from Annual High-Level Meeting*

2 September, 2021



MINISTRY OF
SOCIAL AFFAIRS AND HEALTH
Finland

European cooperation solutions to promote digital inclusion and increase the resilience of society

The [Digital Health Advisory Group for Europe \(DHAGE\)](#) continues to tackle the issues in European healthcare that were amplified significantly as the COVID-19 pandemic advanced. Like never before, the pandemic emphasised the importance of accelerating digital health transformation throughout Europe – particularly solutions that improve access to care in a way that works for everyone equally. The transformation must contribute to the capacity of the health systems and to the wider society, while responding to increasingly complex demands.

“The younger population may be fluent with Tiktok and Snapchat, but struggles with government E-services.”

Päivi Sillanaukee, Ambassador for Health and Wellbeing, Ministry of Foreign Affairs, Finland

A neglected topic - inclusion and exclusion in digital health and care

The 2021 High-Level Meeting of the Group, therefore, focused on European cooperation solutions to promote digital inclusion and increase the resilience of society. From earlier discussions which centred on the acute needs for building a common response to the COVID-19 pandemic [[see DHAGE Report 2020](#)], the group is now focused on long-term solutions for the recovery and ongoing resilience of our health systems. The future, which demands that we accomplish the difficult task of turning ideas into actions that positively affect patients, regardless of age or resources available, caregivers, and everyone in healthcare.

The pandemic has put a spotlight on the pre-existing health disparities around the world, and highlighted digital inclusion as the key ingredient for building the resilience of our society. While digital inclusion and literacy are not specific to healthcare, their role surfaced as one of the most important to ensure continued access to information and healthcare during the pandemic.

Digital exclusion and poor health literacy are not new challenges, but holistic approaches to tackling the issues are still scarce. We find ourselves in a situation where we are approaching these pressing themes with tools that may not be fit for purpose. We are in a situation where “the teeth are blunt and the flesh is chewy.”

“We must challenge ourselves to have an open and focused conversation on the disparities while meeting our own expectations, using digital capabilities to provide high quality healthcare to all patients.”

Hal Wolf, President and CEO of HIMSS

Members of the DHAGE believe that there is the need for continued dialogue on health equity. We must ask ourselves how we are going to sustain the conversation, move towards action and meet our own expectations to provide high quality digital healthcare to all patients. We should not be complacent with digitalisation benefiting only resourceful or digitally literate patients.

HIMSS and the Finnish Ministry of Social Affairs and Health (STM) co-hosted the 3rd annual Digital Health Advisory Group for Europe (DHAGE) High-Level Meeting. DHAGE is a thought leadership platform for key decision-makers in Europe to identify synergies and nurture collaborations on digital health policies. This year's meeting hosted 30 participants from around Europe. In addition to the annual high-level meeting, the appointed Points of Contact from the participating ministries and organisations meet quarterly to advance the DHAGE agenda. The outcome of the high-level meeting is documented in the report that focuses on collaborative actions, policy recommendations, and suggestions for joint strategic initiatives.

01 Challenging digital inclusion in health and care

Research about digital inclusion and root causes of digital health exclusion reveal the need for strengthened inclusion strategies, cooperation across society in addressing digital marginalisation, and actions towards making digital health available for all.

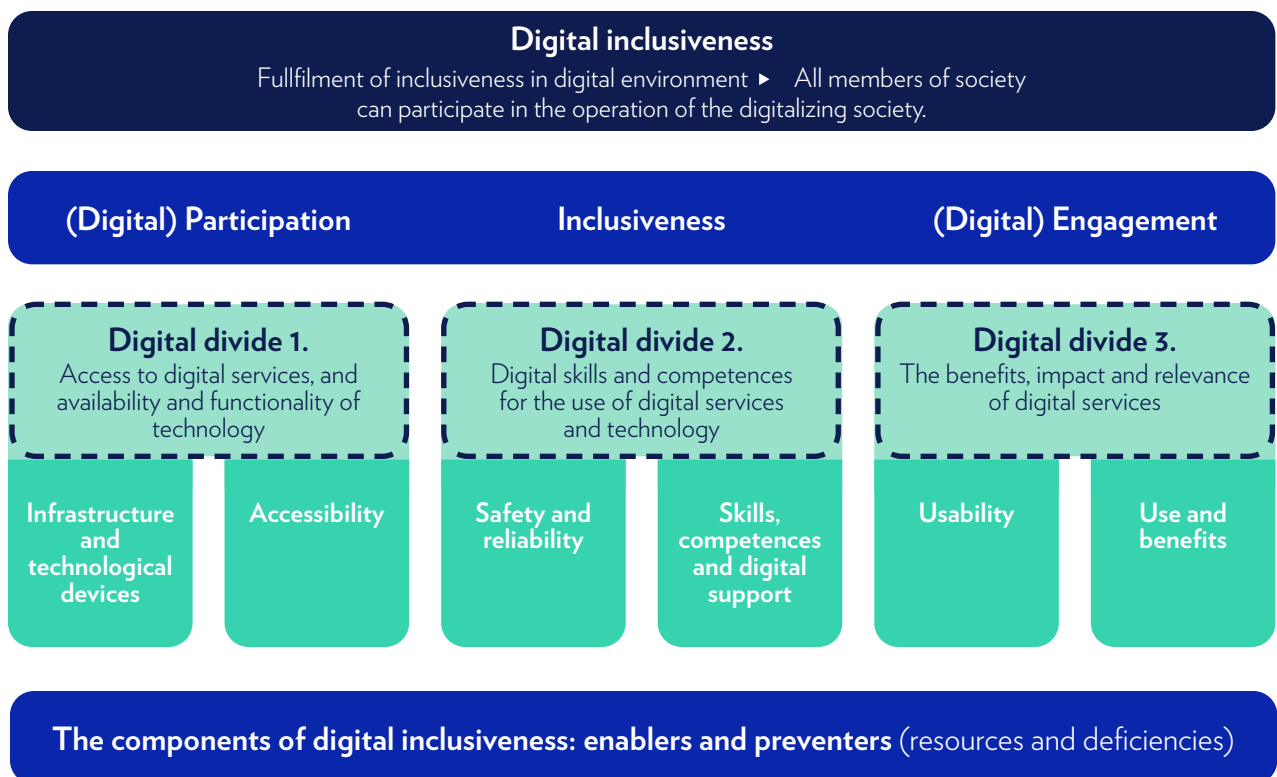
means that all members of society can participate in and benefit from the operation of society when it is fast digitising. In terms of health and care, digital inclusion successfully addresses barriers of access to digital health information and care delivered digitally.

Digital inclusion is a multidisciplinary and systemic concept.

Whether it focuses on human rights, health, social interaction, democracy, supporting everyday life, or something else, depends on the context in which it is applied and by whom. It embeds many contradictory needs and motives. Digital inclusion

“Even if there is a digital service, it does not support the user if the user has no availability to a data connection or cannot use it due to functional impairments or lack of skills, cannot understand the content, the content is not up to date, or it does not benefit the user ...”

Olli Kuusisto, Senior Scientist, VTT Technical Research Centre of Finland



Source: Hänninen R et al. The concept of digital inclusion and its main components. Prime Minister’s Office Finland, 2021. <http://urn.fi/URN:ISBN:978-952-383-287-9> (in Finnish).

Inequalities in access to digital health exist in every health system.

Statistics show a very significant proportion of the world's population still have poor internet access. Only 35 to 45% of the population in developing countries have internet access, and in the least developed countries, only 20%¹. Even where the connectivity exists, the skills to make use of it may not. In developed countries like the UK, only one in five people have the basic skills to use digital technology or the internet². In Norway, 11% of the population lacks digital competencies and 3% do not use a computer, smartphone, or internet at all³. At the same time, digital transformation is a focus for many governments. If barriers to digital health are allowed to continue, there is a risk of inequalities becoming more prominent, leading to a new type of marginalisation and significant social inequalities.

The COVID-19 pandemic has magnified the recurrence of digital exclusion and made visible a gap in access to those most in need and the most vulnerable.

Key barriers to digital inclusion typically include access to the internet and devices, motivation, as well as user competency and confidence to use, understand, and engage with technologies. Low language understanding can also be a barrier. User experience is a sound measure of digital inclusion. Different population groups have distinct needs and abilities, and strategies must therefore be customised to their differing needs.

From inclusion challenges to a strategic approach in health and care

Digital transformation in health and care requires a coordinated and comprehensive strategy that builds resilience and bridges divides in a way that is aligned with the national public health framework. We envision a digital citizenship that delivers universal access to safe and user-friendly

digital services that are relevant to a user's life situations, transparent, secure, and respectful of universal human rights.

"Estonia works from the background based on life events i.e. "touch-free" automated processes that are triggered to deliver support to those who need it, when they need it. Irrespective of their digital literacy or access to mobile devices and the internet."

Kalle Killar, Deputy State Secretary at Ministry of Social Affairs, Estonia

The European Union has a strong digital agenda for policy development. Alongside financial instruments, it can push forward with digitalisation through networking, innovation, proofs of concept and implementing action. Digital inclusion must be a part of the approach when supporting the development of data spaces, cyber security, trust forming in healthcare, public-private partnerships, and digital skills for health professionals.

The DHAGE workshop considered seven essential ingredients to build strong common action to combat digital exclusion:

- 1. Better knowledge through research.** Lack of knowledge on effective strategies to promote digital health inclusion and prevent the persisting divides requires more research. As many countries begin to roll out their inclusion strategies, monitoring their impact would be useful for capturing lessons learned.

Equally, there is a need for more knowledge, and more understanding of the determinants of inequality and exclusion in digital health environments, and what can be done to mitigate the impact on an individual's ability to access health information or care. Drawing upon research literature, the concept of digital health literacy as a social determinant of health needs further articulation, in order to advise countries how to tackle digital access issues.

¹ The Sustainable Development Goals Report 2019. United Nations.

² UK Consumer Digital Index 2021. Lloyd Bank.

³ Norwegian National Strategy for increased digital inclusion and competencies 2021

2. Wide professional engagement. Health professionals from students to long-term practitioners, educational institutions, and patients must be engaged in the development of digital health technologies. The focus should be on new curricula and educational approaches for professionals and on embedding accessibility of digital solutions in healthcare and testing them with vulnerable clients.

3. Trust. It is essential to continue working with data. We need to ensure that cyber security and a high level of trust in data handling and privacy remain a core focus. The needs of citizens should be at the forefront of any initiatives to establish trust across the health ecosystem.

“Ethics will be a key element for our Presidency with the Council of the European Union.”

Isabelle Zablitz-Schmitz, eHealth Europe and International Director, Ministry of Health, France

4. Joint action. Tackling digital health inequalities requires multidisciplinary and multi-sectoral action at both the European and country level.

“We must be careful not to make the current healthcare into the future system. Everyone should think outside of the box and start to make use of new tools, such as artificial intelligence, to optimize care for future patients. Healthcare providers of the future will have a different mindset.”

Andrzej Rys, Director responsible for health systems, medical products and innovation, Directorate-General for Health and Food Safety, European Commission

5. Bold innovation. Future technologies and digital health systems require approaches to address the different needs of health professionals and patients, so that everyone can benefit from the new tools. This includes tools such as automation, machine-to-machine work, and artificial intelligence. All of them demand a high level of attention to the new challenges of equity that these new tools create. Equity must be put to and kept in the centre of the work within the developer community and industry.

6. Public education. Citizens must be supported in using and mastering everyday digital solutions. This should include targeted, appropriate and accessible training tools and services for the elderly, and the inclusion of digital health literacy topics at school. Community based activities should be developed that can bring different generations and peers together.

7. Policy awareness. General awareness for inequalities in digital health environments leading to potential digital exclusion must be raised widely and continuously, to keep complex, difficult, and often unpopular issues on the political agenda.

“Marginalization of individuals and populations due to the inability to access, use, and afford digital health is simply unacceptable.”

Clayton Hamilton, Regional Adviser, Digital Health Flagship, WHO Europe

02 The Round Table Discussions

The Workshop looked at digital inclusion and resilience more in detail in three closely interlinked Round Table discussions:

- Access to digital health for everyone, everywhere (health equity)
- A digitally-enabled workforce of the future
- International solidarity and interoperability

TABLE 1

Access to digital health for everyone, everywhere (health equity)

Moderator	Ahmed El Saeed, Focal Area Lead – Innovation Scaling, UN Global Pulse
Facilitator	Tapani Piha, Special Adviser, Ministry of Social Affairs and Health, Finland
Presentation	Francesco Gabbrielli, Director of the National Centre for Telemedicine and New Healthcare Technologies, National Institute of Health, Italy

The evidence concerning inclusive digital solutions on digital health and care is scarce, which makes it important to compile study findings and exchange replicable lessons learned about both successes and failures to sustain and scale inclusive digital solutions. Citizens are the future keepers and controllers of their data, and they will want to continue to do their health management digitally. Citizens' demands for inclusive, safe and accessible digital health solutions should be fully supported.

In focus

CHALLENGES

Digital solutions are often segmented, and navigation through various applications and portals is time consuming and challenging for users. A way to solve this would be to make digital health solutions inclusive by design, through wider stakeholder engagement, more inclusive needs-identification and more focused scaling pathways. Healthcare service providers need to have the capacity to reply to the challenge, using their internal development and procurement processes with private sector companies, to develop more holistic, inclusive, interactive, accessible, and easy-to-use services – i.e., digital inclusion by design.

“We can't rely on digital skills happening automatically. Only a quarter of the workforce in Europe uses digital skills regularly during work. Either we have a mass campaign to try and improve those skills, which would be challenging, or we make the digital tools so simple to use, that users don't need any previous knowledge to use them.”

Mark Pearson, Deputy-Director for Employment, Labour and Social Affairs, OECD

Multi-sectoral action is necessary to find and create inclusive, personalised and accessible digital health solutions for citizens and health professionals. This requires incentives for the public and private sector to develop needed services and creating level-playing field for companies.

Continuous monitoring, measuring impact and sharing lessons learned need to be done in new services. That applies also to solutions and user experiences that have not reached desired impact. It is important to document the lessons learned that can inform experiments and testing hypotheses, especially around scaling and iterating solutions across the board are essential in finding innovative and sustainable solutions.

Digital transformation accelerated during the COVID-19 pandemic, alongside the enthusiasm and interest in using digital technologies. An experience from Scotland shows that user enthusiasm and interest have played a significant role in successfully engaging people to use digital solutions. An Israeli experience demonstrates that the health professionals' confidence in delivering quality care digitally results in patient enthusiasm to test and use those solutions. Actively sharing information on the existence and possibilities of digital solutions and teaching patients during clinical visits in using them, as well as utilising devices already familiar to users, such as televisions sets, have also increased use of digital health solutions.

“The real promotion of services and helping us to scale up quickly could be done by the citizen rather than the government. During COVID-19, citizens have learnt a lot about data from watching the news. This has sparked an interest in how they could take forward their data and shape their own care.”

Jonathon Cameron, Interim Director - Digital Health and Care, Scottish Government

As the world is gradually recovering from the COVID-19 pandemic toward a more normal

everyday life, one of the acute challenges is maintaining the momentum that was created by the acute crisis. Continuing to maintain and develop digital solutions introduced as part of the emergency response, and sustaining user enthusiasm and their skills in using digital solutions are critical. For example, the successful Connecting Scotland programme battling the challenge of isolation of the elderly is gradually seeing the initial enthusiasm of users during the pandemic fading, and their skills not being sustained. The need to share lessons learned and sustain successful inclusive digital health solutions created across Europe as part of an emergency response, is pressing.

BEST PRACTICES

The Charter of Trieste was presented by a group of Italian institutional and international technical-scientific partners in 2020. The Charter is a multi-sectoral advocacy tool demanding for systemic change and equity of access to technological innovations for all. The Charter is based on nine fundamental objectives to overcome barriers that hinder access to services and prevent people enjoying their rights. The Charter seeks to enhance the use of digital technologies in healthcare and for scientific progress.

“The Charter of Trieste calls for recognition of the importance of European level collaboration on feeding the nine principles of the Charter into all high-tech projects. A partnership with a wider range of actors is necessary to promote inclusion in healthcare.”

Prof. Francesco Gabbrielli, Director of the National Centre for Telemedicine and New Healthcare Technologies, National Institute of Health, Italy

CALL FOR COLLABORATIVE ACTIONS

1. Compile a dynamic body of evidence and learnings on digital inclusions

The lack of evidence on how to promote inclusive digital health solutions makes it necessary to compile a dynamic body of

evidence and to document learnings. Good practices, as well as challenging experiences, must be compiled. We urge the EU Steering Group on Health Promotion and Public Health to take responsibility in building this body of evidence.

2. Promote inclusion by design in digital health systems and tools

The public sector should promote digitally inclusive innovation through requirements in the procurement processes and private sector to follow the EU Directive on accessibility in full. Especially for those challenged by digitisation need services and digital innovation that focuses on personalised care and easier access.

3. Call to international organisations to launch and fund an initiative on developing digital inclusion in health and care

The international organisations, the European Union, the World Health Organization and the OECD, can act to maintain and scale up digitisation following the exit from the COVID-19 pandemic, with proper attention to ensuring equity in digital care.

An initiative in the policy-making sphere to develop and test ideas would need to emphasise and create a multi-sectorial response to digital exclusion by bringing health, social and technological actors together. Such an initiative would help to put promotion of services and service design in the hands of the community.

The Workshop asked DHAGE members and others to consider promoting the development and uptake of the Charter of Trieste.

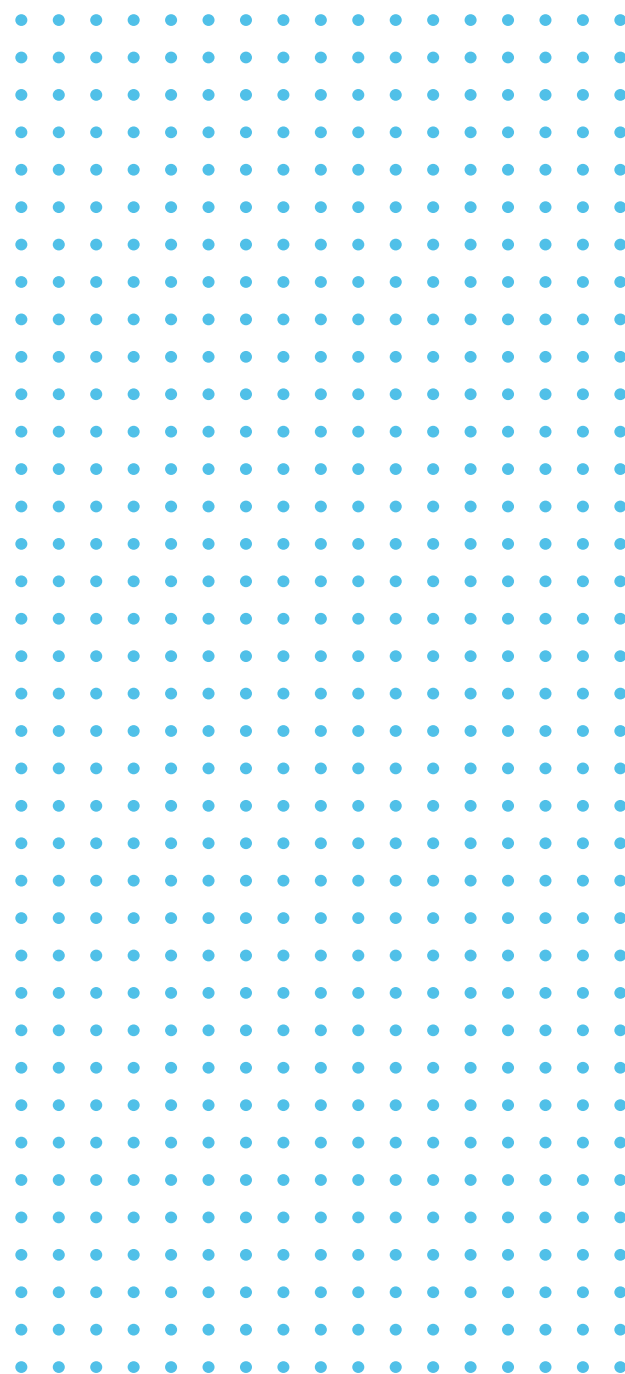


TABLE 2

Digitally enabled workforce of the future

Moderator Jillian Oderkirk, Senior Analyst, Health Division, OECD

Facilitator Lisa Rice-Duek, International Programme Manager, HIMSS

The public health crisis has clearly identified the pressing need to focus on building a digitally enabled and competently skilled workforce. They need to be capable of not only supporting the digital transformation, but also of cascading their knowledge and expertise down to citizens in their daily interactions. The digital inclusion of health professionals supports increased health and digital literacy throughout the health ecosystem.

If digital technologies are the tools to transform the health sector, we then need to focus on the “artisans” who will put those tools to use: the healthcare workers who deliver care, and the patients who ought to manage their own health. Only when both groups are sufficiently skilled and digitally engaged, will the full potential of digital transformation be realised.

In focus

CHALLENGES

The technological transformation of healthcare may seem a simple concept; however, the challenge lies in changing attitudes and skills to enable efficient and motivated implementation across the health sectors. At an international level, creating common objectives and standards for inclusion of digital health (DH) education in professional training both pre-registration and onwards is vital. This can be achieved via the continued professional development (CPD), continued medical education (CME) and allocated time and support for healthcare workers to attend, assimilate, and implement this new knowledge.

Supporting national and regional regulations for the use of cross-border technology, creating international agreements on validating assessments of new tech and solutions, including a focus on ethics, safety, privacy, data use, and clinical outcomes: all of these are instrumental in underpinning the healthcare workers’ trust in digital technology.

Cross-border regulation of data and clinical practice was highlighted as a challenge for healthcare workers delivering care to mobile patients - it is often unclear under which jurisdiction the clinician is working. Professional accountability and medico-legal aspects of new care delivery pathways need to be addressed by Europe/EU-wide regulations to reduce uncertainty and ensure data, privacy, and expanded roles are clearly defined and understood by those using the tools.

BEST PRACTICES

The following resources highlight a number of best-practice examples in engaging and empowering the workforce in digital health education:

- [“Empowering the Health Workforce for a Digital Revolution”](#) from OECD
- [“Digital Health - A Framework for Digital Healthcare Transformation”](#) from Prof Anne Snowden, RN, PhD, FAAN Chief Scientific Research Officer, HIMSS Analytics
- [“Building our Future Digital Workforce”](#) from Health Education England
- [“Skills and the Future Workforce”](#) from Digital Health and Care Innovation Centre, Scotland

CALL FOR COLLABORATIVE ACTIONS

1. Include digital health in core training programs for all healthcare workers across Europe

A focus on workforce planning and new career paths needs to be recognised and addressed to ensure digital leadership roles and hybrid clinical-informatics roles are attractive and given an adequate voice in decision making at the system level. Support programmes such as the “NHS Digital Academy,” designed to nurture future leaders, can serve as an example. We need to ensure a Europe-wide support of new roles such as Chief Nursing Informatics Officers (CNIO) or other allied health professionals such as midwives, pharmacists being given leadership roles in digital agendas, to then lead the digital transformation and champion change from the frontline.

One way to achieve this is by facilitating collaboration between academic, research, and clinical institutions to recruit outside the box. Key solutions include developing collaborations between academic leaders in both data science and informatics disciplines and developing their capacity to nurture students toward the digital health career path.

2. Ensure accessible and user-friendly continuing professional development throughout career paths.

We need to help healthcare workers have trust in the benefits of digital transformation. How can we engage, instill trust and transmit concepts of ethics, reliability, and clinical validity of new digital technologies across the spectrum of healthcare workers?

Developing trust in digital solutions requires regulations that the digital tools and the

data upon which they are built are safe and their quality validated. In the EU context, this means developing data quality labels and standards for tools to ensure high quality information is shared across borders. Focus also needs to be placed on accurate evaluation and revising of digital solutions to ensure they are useful to both clinicians and patients. The European Health Data Space needs to be leveraged to its full potential¹. Raising awareness of these validation initiatives would be pivotal to building trust across the healthcare workforce.

Another important step to achieving trust is by ensuring diversity in the community developing and evaluating digital tools to make sure the tools are fit for different populations. It is also important to introduce policies that incentivise the adoption and use of digital technologies. These incentives can be study leave or financial in nature, but they can also offer involvement in data development and digital tools, professional recognition for digital excellence, career advancement, and opportunities to engage in research.

3. Ensure easy access to upskilling and training for all healthcare workers and allied health professionals.

Third, and perhaps most important, we need to enable upskilling and empowering the workforce with the competencies and skills needed for effective use of digital health technologies, including governance, ethics, and the assessment of new digital tools. Attention should be paid to their tight time constraints.

¹ HIMSS Resource Centre 2021: <https://www.himss.org/resources/leveraging-european-health-data-space-white-paper>

Table 3

International Solidarity and Interoperability

Moderator Päivi Sillanaukee, Ambassador for Health and Wellbeing, Ministry of Foreign Affairs, Finland

Facilitator Petra Wilson, PCHA Programme Director, HIMSS

Inclusion demands that as many people as possible can access digital health, taking into account the material and practical resources that they have or may be able to obtain. International bodies must work together to promote good practice, share learning, and facilitate translation of such good practice into a wide range of different settings. We already have a great baseline with the [United Nations Sustainable Development Goals](#) that focus, amongst other things, on ensuring good health and wellbeing universally. The advancement of these goals was reinforced with the [UN Secretary-General's Roadmap for Digital Cooperation](#), which addresses connectivity, digital public goods, capacity building, trust, and security.

Multi-agency Initiatives such as the [Access to COVID-19 Tools \(ACT\) Accelerator](#) and the [Global Consortium for eHealth Interoperability](#) have been launched in the attempt to accelerate the development, production, and equitable access to COVID-19 tests, treatments, and vaccines which can only be enabled by the rapid, coordinated, and efficient deployment of next-generation API-based interoperable standards.

At the European level, the [European Digital Strategy](#) paves the way to the European Health Data Space (EHDS), and is set to become the core tool to allow all partners in healthcare to collaborate and build more sustainable, inclusive and resilient healthcare systems for all.

In focus

CHALLENGES

Despite the sound groundwork already laid out by a number of international and regional

organisations, at the national level, many countries still struggle with:

- Promoting the concept of data as a public good
- Developing common data quality assessment tools
- Driving adoption of technical interoperability standards

To address these in the context of and in alignment with international relevance and convergence goals, countries require common models that are tangible, implementable, inclusive, trustworthy, and easy-to-use. This will support a coherent approach to overcoming the risk of technological lock-ins that might pre-exist in more developed health systems and to build the right digital health infrastructure from the outset in developing countries.

BEST PRACTICES

The UN and WHO-driven initiatives on digital inclusion, digital health, and more widely the Sustainable Development Goals (SDGs), provide a significant start towards best practices with respect to digital health and the objective of seeing health data as a public good.

The EU, with its EHDS initiative, is also a great example of best practice, building on the work of national schemes such as [FinData](#), which address the big challenges of common assessment models for data quality, as well the practical challenges of establishing fair data that can be used interoperably across nations.

“Open standards are essential to facilitate frictionless data exchange, particularly in enabling system learning that is being focused on inclusion and access to care.”

Esti Shelly, Director of Digital Health, Ministry of Health, Israel

CALL FOR COLLABORATIVE ACTIONS

1. Develop a Global Interoperability Maturity Model

To achieve the grand ambition of integrated, inclusive, and sustainable health systems of the future, some common objectives must be embedded in supra-national policy. Where possible this should include binding agreements, so that common models of assessment are accepted and meaningful comparison can be made. This requires that technical capacities are able to work together and to interoperate. The key tool lacking is a Global Interoperability Maturity Model, which will set the roadmap for achieving a digitally-enabled global health ecosystem. An essential element of the maturity model needs to be how digital inclusion and exclusion are taken into account. Groundwork in this area has already been done by HIMSS with the launch of the Digital Health Indicator (DHI), but we believe that the Global Consortium of eHealth Interoperability pioneered by HIMSS, HL7 International, and IHE International should be tasked and widely supported to take eHealth interoperability to the next level. A prospective launch of globally endorsed benchmarking and quality assessment tools can be a sound step in that direction.

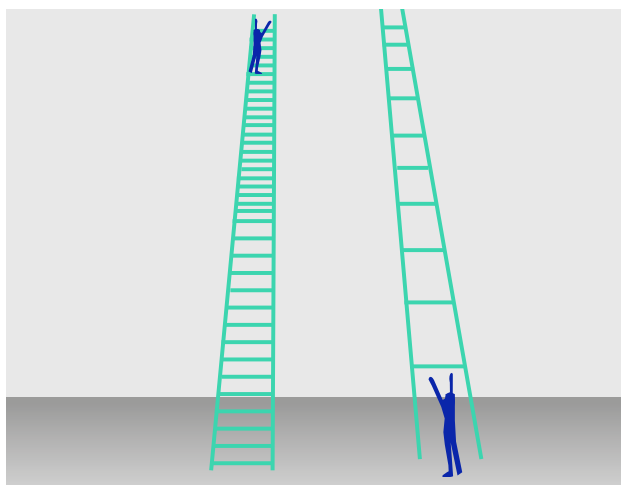
2. Data as a public good in all healthcare policy and beyond

On the national level, we ask countries to dare to push for data as a public good in all healthcare policy and beyond. This entails giving data policy its rightful place in the political spectrum and developing powerful use-cases that demonstrate value and, with this, drive the political will. At the citizen level, providing clear examples of the benefits arising for everyone from data access and reuse, together with responding to the concerns of it, will build greater trust in data as a public good.

03 Recommendations for next steps

“Now that we have launched at unimaginable speed the European Federation Gateway Service (EFGS) of tracing apps and the EU Digital COVID Certificate, we need to consider smaller and pragmatic steps to anchor our ambition for large projects in the future. It will help us to face the issues we have to solve, and we can use this strategy to mobilise the elderly to move forward as well.”

Isabelle Zablit-Schmitz, eHealth Europe and International Director, Ministry of Health, France



The COVID-19 pandemic has acted as a magnifying glass on our society and made digital exclusion visible more than ever before. This is not an easy topic and it definitely does not receive enough media or political attention. The spotlight has long been on high-tech and technological breakthroughs, but the DHAGE aims at enriching the narrative by shifting the focus to people, especially those who are most likely to suffer from the unintended negative effects of digitisation, and potential digital exclusion.

The pandemic has also revealed the willingness of citizens to accept digital solutions, even

if they are yet not fully developed. We can make significant steps towards making digital transformation in health and care irreversible.

However, unless we take a determined action we will miss that opportunity. In order to make the best of the current situation, we should not only publish success stories from which others can learn, but also share less positive experiences to help others avoid mistakes that have already been made elsewhere. This includes problems that have arisen with investments that did not yield targeted outcomes as well as initiatives that, while successful on one level, were exacerbating digital divides on another.

In order to get the most out of digital health investments, the international community must share common goals in addressing the barriers to digital inclusion: lack of digital skills, connectivity, and the accessibility and user-friendliness of health services. This complex problem requires holistic, cross-administrative development, follow-up of new tools and approaches, and their evaluation. International cooperation in research, development, and policy is essential.

Successful health policy requires that all aspects of equitable access are addressed, including gender, age, sexual orientation, different cultures and neural and intellectual diversity. Wider human rights issues are addressed as we promote digital inclusion in healthcare, to ensure that no one is left behind.

Digital inclusion and exclusion have not been high on the political agenda. Demonstrating the benefits of digital inclusion will help to draw political attention to the issue.

04 *Calls to action*

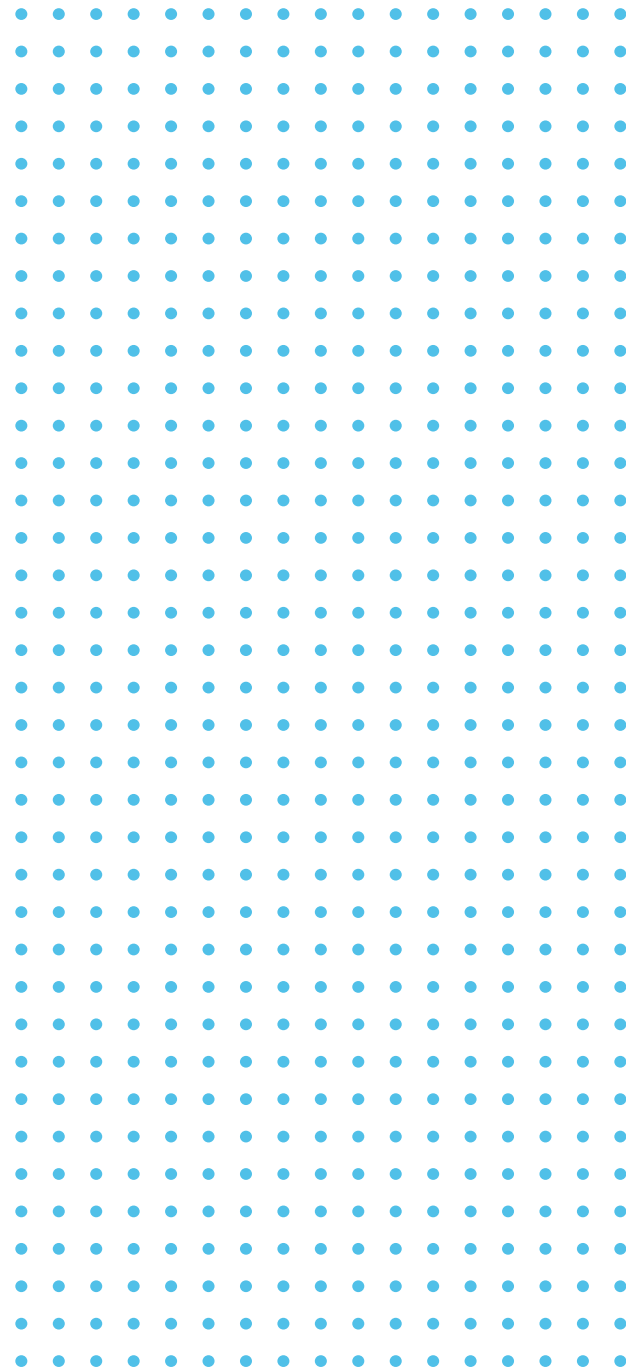
International organisations, national governments and healthcare organisations are urged to act with the following in mind:

- 1.** Ensure digital inclusion in the design of health and social services and mandate health care service providers to demand more inclusive, interactive, understandable, accessible, and easy-to-use services from all digital development done both in-house and by private sector companies, using opportunities in procurement.
- 2.** Cross-sectional response is required to tackle digital exclusion and promote inclusion. There is the need to bring together social, health and technical communities. The digital services must be based on life events and needs of citizens rather than organisational needs.
- 3.** Enable the upskilling and empowerment of the workforce with the competencies and skills needed for the effective use of digital health technologies, including promoting the use and assessment of new digital tools by all.
- 4.** Develop a Global Interoperability Maturity Model, including a reference to digital inclusion, which provides data quality assessment tools and standards to be endorsed at both international and national level.
- 5.** As part of generating a better knowledge base and body of evidence for promoting digital inclusion, the participating international organisations should set up and fund an initiative to gather experience, develop both policies and practical action, and test these.



05 *Participating offices in the 2021 Workshop*

- Danish Regions, Denmark
- Ministry of Social Affairs, Estonia
- Ministry of Social Affairs and Health, Finland
- Ministry of Foreign Affairs, Finland
- Ministry of Health, France
- Ministry of Health, Israel
- National Institute of Health, Italy
- Norwegian Centre for eHealth Research, Norway
- The Scottish Government, Scotland
- Digital Health and Care, Wales
- Health Data Hub, France
- Business Finland
- SITRA
- VTT, Technical Research Centre, Finland
- Nordic Council of Ministers
- European Commission
- OECD
- United Nations
- WHO Europe
- HIMSS



Produced by



© 2021 | www.himss.org