

## **Navigating inclusivity and accessibility of Digital Health Tools: Insights from LonWHO2024**

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London, 6 April (Reuters) – Delegates from 40 member states, along with 13 representatives from industry and non-governmental organisations worldwide, convened in London for LonWHO's inaugural post-pandemic assembly.

The agenda of #LonWHO2024 has moved on from the COVID-19 pandemic, to discussing the pertinent issues arise as a result of unprecedented growth of digital health technologies utilisation.

Key phrases such as 'universal access', 'health for all', and 'equity' resonated throughout the opening plenary session and committee discussions. 'Digital health is a basic human right', declared the Delegate of Mexico during LonWHO 2024. MSF's stance also aligned with the dialogue, encapsulated in their tagline: 'Digital healthcare should know no borders'.

### **What did the countries say?**

Switzerland started the discourse, highlighting the need for cultural sensitiveness in the design and implementation of digital health solutions. Emphasizing the importance of language accessibility, delegates discussed measures to ensure that health information is comprehensible to all, irrespective of linguistic background.

In Mozambique, concerns were raised about the bias inherent in AI algorithms and the need for transparency and accountability in their development.

South Africa echoed the call for language accessibility and emphasized the promotion of vulnerable groups, including females, those in remote areas, and speakers of local languages. Similarly, Lebanon stressed the importance of internet coverage in rural areas to reduce disparities in access to digital health services.

Kenya emphasized the necessity of incorporating local voices in the development of inclusivity measures, recognizing the unique needs and perspectives of different communities. Ireland highlighted the cultural nuances surrounding data security and sharing, advocating for culturally appropriate consent mechanisms.

Nigeria emphasized the importance of addressing the diverse needs of communities and the role of the private sector in driving inclusivity. Spain echoed these sentiments, emphasizing the significance of data sharing and cross-border collaborations in advancing digital health.

Mexico took steps towards multi-lingual accessibility in digital health applications, extending their reach to rural areas and combatting cultural biases and digital divides. Delegates united around the notion of digital health as a basic right, acknowledging the existence of digital divides and the imperative of bridging them.

Thailand recognized Switzerland's concerns regarding national regulation and proposed a regulatory framework that incorporates cultural sensitivity and inclusivity at its core. The Netherlands endorsed this approach, advocating for the establishment of regulatory taskforces for AI in healthcare, with mandates to include cultural sensitivity experts in decision-making processes.

As discussions concluded, it became evident that fostering inclusivity in digital health requires a multifaceted approach, encompassing cultural sensitivity, language accessibility, and equitable representation. By embracing diversity and collaboration, delegates aim to pave the way for a more inclusive and accessible digital health landscape for all.