



**Global Health Security & the Digital Health Society 2030
Innovation & Investment for One Planetary Health &
Universal Health Coverage**

REPORT OF THE

**Official Side Event to the Commonwealth Heads of
Government Meeting (CHOGM) 2018**

**Including the Launch of the
Commonwealth Centre for Digital Health**

<http://www.cwcdh.org>

09.00 – 13.00, April 20, 2018

Royal Overseas League, London, UK

Table of Contents

Message from H.E. Dr. Tedros Adhanom Ghebreyesus Director General, The World Health Organization	1
Message from H.E. The Rt. Hon. Patricia Scotland QC Secretary General, The Commonwealth of Nations	2
Programme	3
Concept.....	7
Event Objectives and Expected Outcomes.....	8
Advancing the 2030 Global Digital Health Agenda	10
Reflections on Achieving the 2030 Sustainable Development Agenda in the Digital Era	13
Global Health Security, One Planetary Health and Universal Health Coverage (UHC) 2030	14
Drivers for Digital Health Innovation and Investment 2030.....	15
A Roadmap for Transformational Change in Digital Health Research and Development (R&D)	16
Picture Gallery.....	19

Message from H.E. Dr. Tedros Adhanom Ghebreyesus Director General, The World Health Organization



“Excellencies, Distinguished Guests, Ladies and Gentlemen.

Thank you so much for the invitation to speak to you today and I’m really sorry I can’t be with you in person. As you know, Universal Health Coverage is WHO’s top priority. Our aim is a world in which all people receive the high-quality health services they need without suffering financial hardship. This year marks the 40th anniversary of the Alma-Ata Declaration which highlighted the vital importance of primary healthcare. Primary care remains the foundation of Universal Health Coverage. But today we have an extra tool that we did not have 40 years ago, digital technology. Mobile technologies and telemedicine can make a huge difference in helping to reach people in the remotest villages with medical services. Digital technologies can also be used to detect and respond rapidly to outbreaks and other health emergencies, to train health workers, and to improve health data. More than 120 countries including many Commonwealth states have now developed digital health strategies. A key challenge is to make sure that new technologies are made to work for the poorest and the most vulnerable not just the rich. In that regard, I welcome the establishment of the Commonwealth Center for Digital Health with its focus on fostering innovative technologies for health that are appropriate for low income countries. Thank you for your commitment. WHO stands ready to work with you to harness the power of digital technologies for a healthier, safer and fairer world. I thank you.”

Message from H.E. The Rt. Hon. Patricia Scotland QC Secretary General, The Commonwealth of Nations



"Digital health systems are an increasingly important component in the delivery of health services and care. A range of Commonwealth contributions is enabling our member countries to adopt such solutions. These facilitate more equitable access for all communities in accordance with the values and principles of our Commonwealth Charter. The Commonwealth Centre for Digital Health (CWCDH) has the potential to make new opportunities and tools available to health professionals in our member countries. Initiatives such as this exemplify the Commonwealth spirit of innovation which we encourage."

Programme

9.00 – 9.30 Welcome and Introduction by Conference Co-Chairs and Co-Moderators

Welcome Remarks by the Co-Chairs

Prof. Vajira H.W. Dissanayake

President, Commonwealth Medical Association (CMA)
Chairman, Commonwealth Centre for Digital Health (CWCDH)

Prof. Dame Sally Davies

Chief Medical Officer (CMO) for England, Chief Medical Advisor to the UK Government, Co-Convener, United Nations Interagency Coordination Group on Antimicrobial Resistance (AMR)

Opening Keynote Messages – *Advancing the 2030 Global Digital Health Agenda*

H.E. Dr. Tedros Adhanom Ghebreyesus

Director General, World Health Organization (WHO)

H.E. The Rt. Hon. Patricia Scotland QC Secretary-General, The Commonwealth of Nations

Dr. Vinton G. Cerf

Vice President and Chief Internet Evangelist, Google

Remarks by the Co-Moderators

Dr. Pascale A. Allotey

Director, International Institute for Global Health (IIGH) at United Nations University (UNU), Malaysia

Dr. Denis Gilhooly

Chief Strategy Officer, Commonwealth Centre for Digital Health (CWCDH), Executive Director, Global Health 2030 Innovation Task Force-Mobile Action on Pandemics (MAP) 2030 Alliance

9.30 – 10.00 Launch of the *Commonwealth Centre for Digital Health (CWCDH)*

Arrival of H.E. Maithripala Sirisena, President of the Democratic Socialist Republic of Sri Lanka

Introduction

Prof. Vajira H.W. Dissanayake

President, Commonwealth Medical Association (CMA)
Chairman, Commonwealth Centre for Digital Health (CWCDH)

Addresses by the Health Minister of Malta and the Outgoing Chair in Officer of The Commonwealth of Nations, and by the UK Business Ambassador for Healthcare and Life Sciences

H.E. Dr. Christopher Fearne

Deputy Prime Minister & Minister of Health, Malta

The Rt. Hon. the Lord Kakkar

UK Business Ambassador for Healthcare and Life Sciences,
Department of International Trade (DIT)

10.00 – 10.45 Roundtable Session 1 – *The Small & Vulnerable States Imperative – A New Deal for Resilience, Response, Recovery and Reconstruction*

H.E. Dr. Christopher Fearne

Deputy Prime Minister & Minister of Health, Malta

Dr. Solaiman Juman

President, Commonwealth Health Professions Alliance, Trinidad & Tobago

Dr. Kyu Rhee

Vice President & Chief Health Officer, IBM Corporation & IBM Watson Health

Dr. Mike Short

Chief Scientific Advisor, Department of International Trade (DIT), UK

Dr. J.P. Tabone

Secretary General, Commonwealth Medical Association (CMA), Malta

10.45 – 11.15 Break

11.15 – 12.00 Roundtable Session 2 – *The Africa Imperative – A New Deal for Policy, Research & Development, and Scalable and Sustainable Business Models*

Dr. Diana Atwine

Permanent Secretary, Ministry of Health, Republic of Uganda

Dr. Nevin Bradford

Chief Executive Officer, CiplaQCi

Ms. Victoria Rutter

Executive Director, Commonwealth Pharmacists Association (CPA), UK

Ms. Lizzie Smith

Head of the Health Profession, Department for International Development (DFID), UK

12.00 – 12.45 Roundtable Session 3 – *The Asia and Pacific Imperative – A New Deal for Digital Health Collaborative Innovation and Investment*

Dr. Sundaram Arulraj

President, Commonwealth Medical Association Trust, India

Dr. Jamal Uddin Chowdhury

Member, Central Executive Committee, Bangladesh Medical Association

Ms. Judith Diment

Rotary Representative to the Commonwealth of Nations, Rotary International

Dr. Layla McCay

Director of Health Systems and Professional Education, World Obesity Federation

Mr. Richard Rodgers

Director, UN Political and Commonwealth Section, International Organisations Branch, Government of Australia

Dr. Helmi Zakariah

Chief Executive Office, Artificial Intelligence for Medical Epidemiology (AIME), Malaysia

12.45 – 12.55 Remarks by *Conference Rapporteurs*

Dr. Paul Litchfield

Chief Medical Office, BT Group & Chair, What Works Wellbeing

Dr. Ashley McKimm

Director, Innovation, Improvement and Partnerships, British Medical Journal (BMJ)

Dr. Anoop Singh

Chief Operating Officer, Commonwealth Centre for Digital Health (CWCDH) & Chair, Commonwealth Institute for Infrastructure Development (CIID)

Dr. Sinclair Stockman

Chief Scientific Advisor, Commonwealth Centre for Digital Health (CWCDH) & Chair, Centre for Connected Health Innovation

12.55 – 1300 Closing Remarks by the *Co-Chairs, Summary and Next Steps*

13.00 Close

Background

The year 2018 marks both the 70th anniversary of the World Health Organization (WHO) and the UK National Health Service (NHS). In addition, the 40th anniversary of the landmark Declaration of Alma-Ata on primary healthcare will be commemorated as the basis of the principles on which the NHS was founded and for the current strategic imperative in global health of achieving One Planetary Health in conjunction with Universal Health Coverage as part of the *2030 Sustainable Development Agenda*.

There could hardly be a better time for candid reflection on how to repair the fragile and fractured state of global health security. For beyond the cliché of overwhelmed national healthcare systems in perennial crisis mode, developed and developing nations are in fact entering an unprecedented era of converging risk factors in communicable and non-communicable disease pandemics, exacerbated by the menacingly random global threats of anti-microbial resistance and the diseases of climate change.

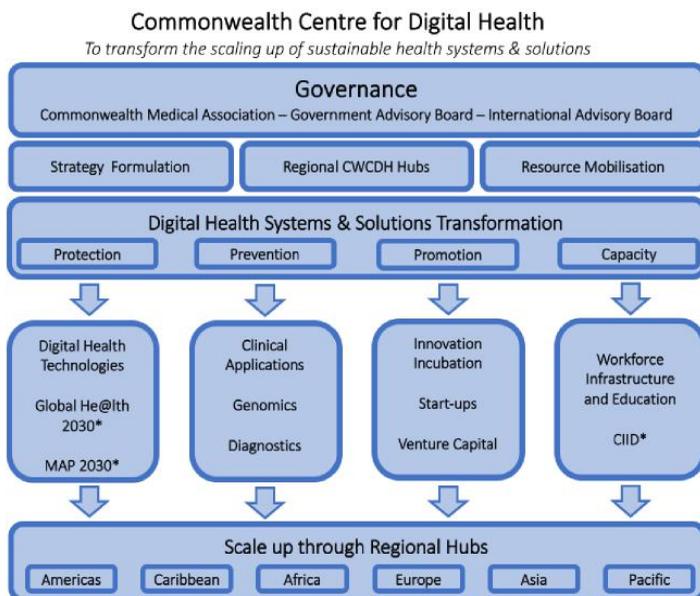
Driven by their unprecedented ubiquity and penetration over the last decade, digital and mobile technologies have attracted substantial interest from the public health community. The use of mobile, wireless, and digital technologies for health purposes, also referred to as digital health, has been on the rise, most notably in low and middle-income countries, where mobile communication has opened a new channel for transforming the delivery of care and addressing geographic inaccessibility.

Indeed, WHO is currently developing normative tools that will facilitate countries' prudent use of digital technologies to address health system challenges and advance progress towards Universal Health Coverage 2030. This Guideline will provide recommendations on which digital interventions have an evidence base, to facilitate country-level prioritization and investments on how digital health approaches can strengthen overall health systems, with a World Health Assembly resolution for a *WHO Global Digital Health Strategy* as the next step.

Event Objectives and Expected Outcomes

The objective of this event was to highlight the central importance of Digital Health in achieving One Planetary Health and operationalizing Universal Health Coverage 2030, and the role that the establishment of the Commonwealth Centre for Digital Health (CWCDH) will play as a catalytic and collaborative enabler of Digital Health innovation and investment in the Commonwealth at large.

To connect the dots, dedicated multi-stakeholder mechanisms for digital health innovation and investment will be required. In this regard, the **Commonwealth Centre for Digital Health** was launched on 20 April 2018 at the Commonwealth Heads of Government Meeting in London. Along with the NHS, this pan-Commonwealth platform will work with national health systems across 53 nations and 2.6 billion people to deliver on long-standing global health commitments, as well as the post-Brexit political push for enhanced trade in Commonwealth goods and services.



* Global He@lth 2030 Innovation Task Force | MAP2030: Mobile Action on Pandemics (MAP) 2030 Alliance | CID: Commonwealth Institute for Infrastructure Development

With strategic CWCDH regional hubs being established in Africa, Americas, Asia, Caribbean, Europe and Pacific, the following are examples of pan-Commonwealth initiatives that will be launched as part of the legacy of CHOGM 2018:

- Digital solutions for Pandemic & Natural Disaster Resilience and Response in vulnerable and Small Island Developing States (SIDS), with an initial focus across the Commonwealth Caribbean and Pacific.
- Digital solutions via the Mobile Action on Pandemics (MAP) 2030 Alliance for malaria and other Neglected Tropical Diseases (NTDs).
- Digital solutions for Anti-Microbial Resistance (AMR) Resilience and Response.
- Digital solutions for polio eradication.
- Digital solutions to improve child and maternal health (including nutrition).
- Digital solutions for Chronic Non-Communicable Disease (CNCD) pandemic.

Delivery will also be made on May 20, 2018 in Geneva to the Commonwealth Health Ministers Meeting 2018 (CHMM 2018) of the *Final Report and Next Steps* from the April 20, 2018 global health side event 2018 and launch of the Commonwealth Centre for Digital Health (CWCDH) as a lasting legacy of CHOGM 2018 London. The CWCDH Initiative - "**Digital Health Commonwealth: Creating a Development Dynamic for Universal Health Coverage 2030**" will also be launched at CHMM 2018, and at a special ministerial luncheon side event to the 71st World Health Assembly (WHA) May 22, 2018 in Geneva.

Advancing the 2030 Global Digital Health Agenda

Until now, critics have with some justification argued that neither the WHO nor NHS are fit for purpose in meeting the 21st Century grand challenges in global health. An anemic WHO performance in the potentially catastrophic West African Ebola and Americas Zika virus outbreaks is viewed in hindsight as a game change in emergency crisis management. The equally feeble response to the global pandemic in Chronic Non-Communicable Diseases, coming on the back of a vastly increased burden of care from urbanization and ageing populations, is only now being addressed by new WHO leadership.

Few of us enjoy staring death in the mirror, and chronic diseases, whether heart, lung, stroke, diabetes or obesity related, have shown stubborn resistant to marketing by governments and international donors. Yet the NHS is daily testimony that public healthcare in its present-day condition has becoming unaffordable, if not unsustainable without urgent action. With average health care costs at 9.9% of GDP in OECD countries - and a staggering 17.9% in the US - this situation is compounded by estimates of system-wide wastage of up to 40% of total spending.

Back in 1902, Thomas Edison wrote with remarkable prescience that “The doctor of the future will give no medicine but will interest his patients in the care of the human frame, in diet and in the cause and prevention of disease.” Thus, the ultimate solution to today's global health crises lies in a radical inversion of traditional medical orthodoxy that favored treatment over prevention, and top-down and hierarchical health topologies over bottom-up and people-centric architectures. The parallels with the disruptive technology and innovation of the new digital era are clear.

The 40 year old-something Internet and 30 year old-something mobile communication and World Wide Web phenomena turned the natural monopoly world of telecommunications orthodoxy upside down. For good or ill, bottom-up and people-centric access to affordable and

ubiquitous broadband communications has led to a democratization of human development.

Now, the stark reality of media concentration and "big tech-big brother" abuse as an affront to user privacy, security, and trust are precisely the issues being confronted in the digital transformation of global healthcare. The difference is that the digital health data revolution is still in its infancy. So, the opportunity exists to learn not only from the gross missteps of the Silicon Valley giants, but to build in international standards and safeguards at the earliest stage of evolution. With the digital health space notionally encompassing everything from electronic health and mobile health to block-chain and artificial intelligence, this is a huge comparative advantage for collaborative R&D, early warning pandemic and natural disaster response and chronic disease prevention strategies.

A key accelerator will be the comprehensive roadmap for global health agreed in 2015 by 193 countries as the *2030 Sustainable Development Goal Agenda*. The *Business & Sustainable Development Commission* predicts the opening up of an estimated \$12 trillion of market opportunities by 2030 in just the four economic systems of food and agriculture, cities, energy and materials, and health and well-being. With the strategic use of technology and innovation, and the full engagement of the private sector, all 17 global goals just may be achievable.

To date, progress is encouraging. The GSM Association (GSMA) of worldwide mobile operators is the first major industry sector to sign up to the UN Sustainable Development Goals. The GAVI Alliance, Global Fund to Fight AIDS, Tuberculosis and Malaria and Global Health Security Agenda are embracing business as never before. But the trick will be in delivering the elusive SDG business models for digital health economies of scale across the health and technology sectors, and at putting digital health at the very heart of Universal Health Coverage 2030.

An essential next step will be for the WHO itself to join the digital generation of the 21st century. To date, this has so far been hamstrung by the current institutional inability to meaningfully partner with non-state

actors. While reform is underway in this area, and WHO Guideline on Digital Health are due later this year, the critical resolution to the full World Health Assembly on "Use of Appropriate Digital Technologies for Public Health" in 2018 or 2019.

As the preeminent normative agency in global health the WHO must get it right. But the stakes are too high to dally any further and fall short of the fundamental principle of health as a basic human right, one just as relevant to the global pulse in 2018 as in 1948.

Reflections on Achieving the 2030 Sustainable Development Agenda in the Digital Era

The UN Sustainable Development Goals are universal, integrated and after lessons learned from the UN Millennium Development Goals vital in leaving no-one behind. However, the holy grail of scalability and sustainability *de facto* leads to the need for partnerships that will require new and innovative business models with stakeholder incentives for investment. These business models remain at a nascent stage of development requiring global mainstreaming. With enlightened use, data and technology are an essential force for good across all the SDGs.

The SDGs are not about sovereignty or national self-interest but inclusive and open data, collaboration, innovation and investment for the delivery of global public goods. The SDGs are the entry point for multi-stakeholder collaboration but without the pervasive use of science, technology and innovation the SDGs will be very difficult to achieve by 2030, both from the demand-side & supply-side with the huge estimated national investment monies needed. As a corollary, the SDGs will not happen without full private sector engagement with a new partnership paradigm required enshrined in the MDGs but left unfulfilled.

Here, data and technology have the potential to connect all the SDGs in clusters beyond business as usual based on a holistic human development vision across Goals - this will demand radical new thinking and action beyond traditional data and development silos. Success means generating the right information in the right place at the right time with data disaggregation for governance and accountability among decision makers in measuring poverty gaps for effective resource mobilization and equitable distribution. Increasingly, the value add for regional cooperation and coordination in the implementation of the health-related SDGs and beyond must be grasped and acted upon by all stakeholders.

Global Health Security, One Planetary Health and Universal Health Coverage (UHC) 2030

Global Health Security, One Planetary Health and UHC 2030 are at a crossroads as they face unprecedented challenges not least in converging with the data and digital revolution. The momentum for a One Planetary Health approach - comprising animal and human health challenges - and the political will in driving UHC 2030 is being accelerated by game change in the evolution of pandemic Neglected Tropical Diseases (NTDs), Anti-Microbial Resistance (AMR), Chronic Non-Communicable Disease (NCDs), and the perceptible rise in natural disaster including extreme weather conditions exacerbated by climate change.

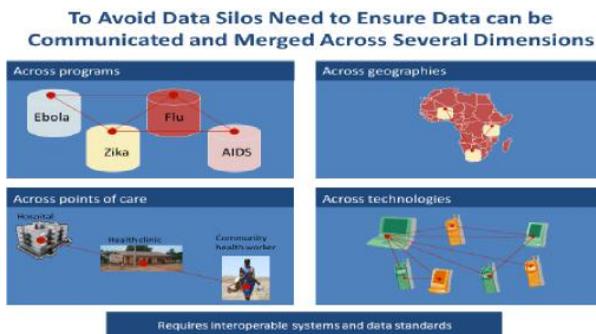
Combined these represent a perfect storm placing intolerable stain on the already spiraling costs of national and public health systems. With the troika of the SDGs, Paris and Sendai agreements on climate change and natural disaster a global framework is now in place to address these unprecedented challenges. But the jury is out on how digital health can be mainstreamed into national strategies for UHC 2030. Beyond pilot projects what will really work for UHC 2030 - a general standardized system or special cases such as in Rwanda, Singapore, South Korea, Japan, Sweden? While political will for achieving UHC 2030 as a basic human right is advancing, digital health is increasingly an essential tool that will operationalize its implementation.

A laser-like regional focus such as in the Commonwealth Caribbean for Zika and hurricane risk preparedness or Ebola in West Africa must be more ambitious and coordinated in nature. A plethora of initiatives are underway. With the proposed Commonwealth Centre for Digital Health (CWCDH), Mobile Action on Pandemics (MAP) 2030 Alliance, Global Health Security Agenda (GHS) Private Sector Round Table (PRST), GSMA Big Data for Social Good, the Coalition for Epidemic Preparedness Innovation (CEPI), UN Broadband Commission NCD Working Group, PATH Coalition for Access to NCD Medicines and Products, World Health Organization and World Bank led World Leaders for Universal Health Coverage 2030 (UHC2030), and the USAID, Gates Foundation, PATH led Digital Square initiatives - *collaborative coordination is now an essential priority for impact.*

Drivers for Digital Health Innovation and Investment 2030

We are approaching a strategic inflection point in the field of digital health as low-cost handheld devices, apps, broadband connectivity, cloud computing, social media and Artificial Intelligence (AI) converge in real time. Yet major barriers need to be addressed. Four billion people are not online or networked and mobile 4G connectivity has moved far slower than expected. 5G is a potential game changer for the digital society but the cultural and entrepreneurial gap between the ICT and Health sectors - critically involving privacy protection, patient trust, and cyber-security - must be bridged.

Here, consumer-led bottom-up apps for one-to-one patient settings will drive demand, growth, uptake, innovation and investment. Likewise, the invention of low cost sensors will effect game change over the next five years with ubiquitous big data via self-organizing co-hosts and zero-cost apps a major driver in both developed and developing nations. Whereas top-down Electronic Health Record (EHR) efforts was a missed opportunity, data is now crossing barriers and borders with the SDGs, and with block-chain civil registry ID this will rapidly accelerate in digital health and decentralized trust.

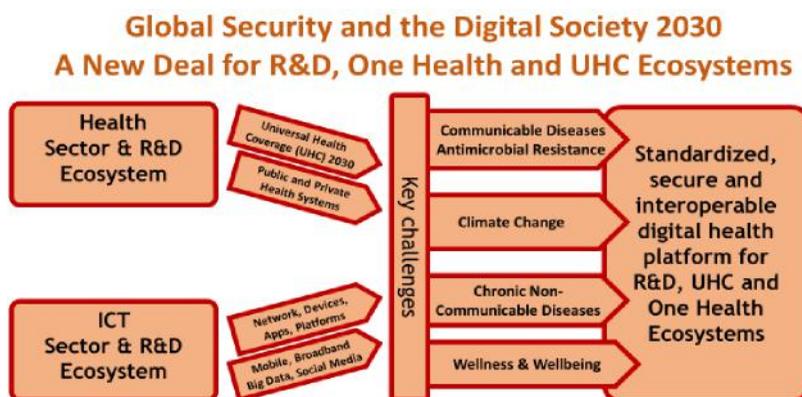


However, governments must invest more in power and ICT infrastructure and bridge data silos. The key to going global will be to avoid data silos and stay local in entrepreneurial innovation incubators for the SDGs and UHC 2030, and natural disaster response and climate change apps. Embedded user trust, privacy and security is the condition

sine qua non of all future digital health and precision medicine requiring essential interoperable systems and data standards.

A Roadmap for Transformational Change in Digital Health Research and Development (R&D)

In considering a road map for transformational change in research and development (R&D) for scalable and sustainable business modeling the alignment of the health and ICT sectors is key. By exploiting the existing telecommunications and Internet network infrastructure for the deployment and delivery of digital health systems and solutions, it will employ the following R&D logic:



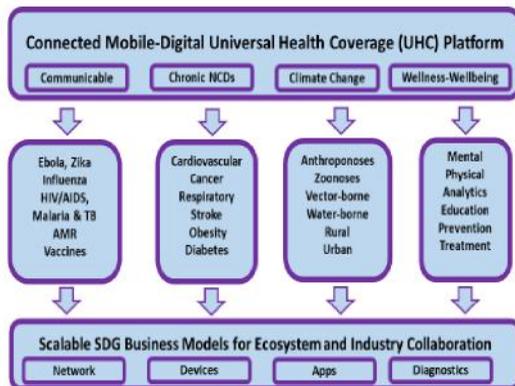
- **Big data analytics** lend themselves to large infectious communicable disease outbreaks and pandemics as well as climate change related health impacts, but are difficult to fund or monetize for government and industry.
- **Embedding mobility data** for risk planning, preparedness and response must therefore from the outset be a function of national digital health systems in order to achieve innovative, scalable and sustainable impact.
- **Non-Communicable Diseases (NCDs)** are more pervasive and promise greater cost savings and monetization from digital health

lending themselves to personal and preventative medicine and wellness with remote care and diagnostics.

- **For innovation impact** the healthcare and ICT sectors need to do far more than simply provide data, but need to forward integrate on a standardized, secure and interoperable digital health platform for a One Planetary Health and UHC 2030 approach.
- **Open Systems Interconnection (OSI)** seven-layer model and Health Level Seven (HL7) model are already examples of standardization bridges between the healthcare and ICT communities and can be exploited.
- **Avoiding repetition of pre-digital health system's challenges** such as the creation of data silos across programmes, points of care, geographies, and technologies will be key to success.
- **Alignment of big data and digital health** would allow them to be harnessed holistically to address communicable disease, the diseases of climate change, CNCs, wellness and wellbeing.
- **A planned pan-Commonwealth approach** to emerging digital health systems will achieve a better transition for scaling-up and sustainability, with the Commonwealth uniquely suited to private sector partnerships and regional approaches in Africa, Asia, and the Caribbean and Pacific Small Island Developing States (SIDS).

Global Security and the Digital Society 2030

A New Deal for R&D, One Health and UHC Ecosystems



Significantly, the global mobile industry is the first major sector via the GSM Association (GSMA) to embrace and endorse the 2030 Agenda for Sustainable Development, opening a unique policy and technology window for catalytic and collaborative development of digital health systems and solutions between government, business and civil society as well as the CWCDH. The stakes are high and time short. In the recent report of the Business & Sustainable Development Commission it is estimated that across the four sectors of food and agriculture, cities, energy, and health alone, the SDGs will produce a market of \$12 trillion by 2030.[1]

A qualitative and quantitative analysis of what portion of this market will be in digital health systems and solutions is required. The significance of the SDGs to global health security and health system strengthening in the digital era cannot be underestimated. For the first time in the history of medicine a globally agreed framework that sets targets for eradicating infectious disease and chronic NCD pandemics, achieving UHC2030, and for early warning & rapid response systems - all by the year 2030 - is in place. Indeed, Digital Health is a unique opportunity to operationalize UHC 2030 Health for All at the earliest possible stage, delivering accessibility and affordability for high quality healthcare through low-cost, last mile and last-minute applications and connectivity for community healthcare workers (CHWs) and healthcare professional empowerment through a game changing transformation in task shifting.

Better Business, Better World, Report of the Business & Sustainable Development Commission, January 2017

Picture Gallery



Prof. Vajira H. W. Dissanayake
Launching the CWCDH.

His Excellency Dr. Christopher
Fearnle delivering the Keynote
Address.



The Group Photo After the Launch - From Left to Right: **Denis Gilhooly** (Founder & CEO, Global Health 2030 Innovation Taskforce-Mobile Action on Pandemic (MAP) 2030 alliance, and Chief Strategy Officer, Commonwealth Centre for Digital Health (CWCDH)); **Prof. Vajira H. W. Dissanayake** (President, Commonwealth Medical Association, and Chairman, CWCDH); **Dr. Pascale A. Allotey** (Director, International Institute for Global Health (IIGH) at United Nations University (UNU), Malaysia); **H.E. Maithripala Sirisena** (President of the Democratic Socialist Republic of Sri Lanka); **Professor Dame Sally Davis** (Chief Medical Officer (CMO) for England, Chief Medical Advisor to the UK Government, Co-Convener, United Nations Interagency

Coordination Group on Antimicrobial Resistance (AMR)); and **H.E. Dr. Christopher Fearne** (Deputy Prime Minister and Health Minister, Malta).



Roundtable Session 1 – *The Small & Vulnerable States Imperative – A New Deal for Resilience, Response, Recovery and Reconstruction* – From Left to Right: **Dr. Mike Short** (Chief Scientific Advisor, Department of International Trade (DIT), UK); **Dr. J.P. Tabone** (Secretary General, Commonwealth Medical Association (CMA), Malta); **Dr. Kyu Rhee** (Vice President & Chief Health Officer, IBM Corporation & IBM Watson Health); **H.E. Dr. Christopher Fearne** (Deputy Prime Minister & Minister of Health, Malta); **Dr. Solaiman Juman** (President, Commonwealth Health Professions Alliance, Trinidad & Tobago).



Roundtable Session 2 – *The Africa Imperative – A New Deal for Policy, Research & Development, and Scalable and Sustainable Business Models* – From Left to Right: **Ms. Victoria Rutter** (Executive Director, Commonwealth Pharmacists Association (CPA), UK); **Dr. Diana Atwine** (Permanent Secretary, Ministry of Health, Republic of Uganda); **Dr. Nevin Bradford** (Chief Executive Officer, CiplaQCi); **Ms. Lizzie Smith** (Head of the Health Profession, Department for International Development (DFID), UK).



Roundtable Session 3 – *The Asia and Pacific Imperative – A New Deal for Digital Health Collaborative Innovation and Investment* – From Left to Right: **Ms. Judith Diment** (Rotary Representative to the

Commonwealth of Nations, Rotary International); **Dr. Sundaram Arulraj** (President, Commonwealth Medical Association Trust, India); **Dr. Ashley McKimm** (Director, Innovation, Improvement and Partnerships, British Medical Journal (BMJ)); **Dr. Layla McCay** (Director of Health Systems and Professional Education, World Obesity Federation; **Dr. Helmi Zakariah** (Chief Executive Office, Artificial Intelligence for Medical Epidemiology (AIME), Malaysia) **Dr. Jamal Uddin Chowdhury**, Member, Central Executive Committee, Bangladesh Medical Association; **Mr. Richard Rodgers** (Director, UN Political and Commonwealth Section, International Organisations Branch, Government of Australia).



The CWCDH Team - From Left to Right: **Denis Gilhooly** (Chief Strategy Officer); **Prof. Vajira H. W. Dissanayake** (Chairman); Anoop Singh, (Chief Operating Officer); and **Sinclair Stockman** (Chief Technology Advisor).



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