

WS404

**WILL THE HEALTHCARE TECHNOLOGIES FROM COVID-19 LEAD TO A
PERMANENT SHIFT IN HOW GLOBAL HEALTHCARE IS DELIVERED?**

| BACKGROUND

COVID-19 is the first pandemic where the rapid deployment of technology solutions became a core component of the race to understand, contain and deliver a potential treatment. Many of these technologies failed, but like past global crises, many will also evolve to play a permanent role in healthcare beyond COVID-19.

In this session, we'll take a high-level look at the technology trends which were developed or matured during the pandemic and how they will likely impact the future of global health over the next decade. The focus will be on four key technologies

1. Vaccines - The global race to produce a COVID-19 vaccine led to innovations at each stage of development. We saw significant advances in mRNA vaccine development, repurposing of AI technology to analyse the complex structure of the virus, huge efficiencies in clinical trial processes, and digital reimagining of the supply chain management. What impact will these technologies have for future vaccine development?

2. Telemedicine - Due to physical distancing and pressures on clinical facilities, telehealth scaled massively during COVID-19 as video consultations became the default for primary and non-urgent care. Government regulations were relaxed and privacy concerns took second priority to clinical need. In low-income countries device and connectivity challenges meant although there wasn't a jump to video there were significant innovations in SMS and telephony services. Will virtual care persist after COVID-19? And can we balance the desire for digital technologies in health against regulation and privacy concerns?

3. Big data and AI - COVID-19 accelerated already rapidly evolving AI technologies and the use of big data. It was an AI algorithm that first recognised an unusual cluster of pneumonia cases in Wuhan before official sources and then went on to successfully predict 10 out of the first 12 cities to be affected. We saw pivoting of machine learning from outside healthcare to aid track and trace, case diagnosis, outbreak monitoring and also to identify potential treatments. What did we learn about the future roles of AI in health from COVID-19?

4. Social media health misinformation - Effective public health messages on social media were a key factor in the success of some countries, such as Vietnam, in controlling the initial outbreak. More commonly, however, governments struggled to control misinformation. For the first time, the major social networks took joint steps to limit the spread of false information and validate trusted sources. What are the key lessons for governments and industry in the use of this technology for public health? And how do we use social media to build trust during the vaccine rollout?

| OBJECTIVES

By attending this webinar you will

- Hear about real-world examples of how technology-assisted and failed during the COVID response
- Understand how these technologies have scaled, evolved, and adapted during the pandemic
- Learn how these solutions will have a lasting impact on global health delivery and how they will continue to evolve
- Have the opportunity to ask technology experts for their opinions on whether these technologies will lead to a permanent shift in how global healthcare is delivered



Speaker

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William Moss is a Professor in the Departments of Epidemiology, International Health and Molecular Microbiology and Immunology at the Johns Hopkins Bloomberg School of Public Health, Executive Director of the International Vaccine Access Center, and a Deputy Director at the Johns Hopkins Malaria Research Institute.

He is a pediatrician with subspecialty training in infectious diseases, and has worked in Ethiopia, Kenya, South Africa, Zambia, Zimbabwe and India among other countries. His broad research interests are the epidemiology and control of childhood infections in resource-poor countries. The specific focus of his current research is in understanding the impact of the HIV epidemic on measles control and eradication, the epidemiology and control of malaria in southern Africa, the use of serosurveillance to guide immunization programs, and the care and treatment of HIV-infected children in rural Zambia.