



HIFA discussion on Combating digital health inequality in the time of coronavirus

Short Edit

HIFA collaborated with the International Federation of Library Associations (the special interest group Evidence for Global and Disaster Health and the Health & Biosciences Libraries section) to support a webinar on Thursday 23 April, 2020. In the 2 weeks leading up to the webinar, HIFA hosted a thematic discussion on the theme of the webinar.

What is digital health inequality?

Bob Gann, UK: '40% of the world's population is not online. Even in an affluent country like the UK, 20% of the population are either not online or lack basic digital skills. Health information and services have increasingly been delivered digitally, and this has become even more crucial in the time of coronavirus. Without action, we risk leaving behind those who are not online (digitally excluded) during a public health emergency.'

Ayomide Owoyemi, Nigeria: In Nigeria and most of Africa, smartphone and internet penetration varies between 20-40% in different areas.

Joseph Ana, Nigeria: A look at the African continent as a case study for LMICs shows that 'according to 2011 estimates, about 13.5% of the African population has Internet access', and 'while Africa accounts for 15.0% of the world's population, only 6.2% of the World's Internet subscribers are Africans'. The conclusion is clear, the majority of Africans are left out of access to online health information in 2020.

Neil Pakenham-Walsh, UK: The Kenya statistics suggest that 90% of the population use the internet, suggesting internet penetration is higher than the US. This is despite 43% of Kenya living below the poverty line and despite the relative lack of content in Kiswahili. One suspects the definition of 'use the internet' is different from the above, thereby making comparisons meaningless.

Who is an 'active internet user'?

Neil Pakenham-Walsh, UK: 60% of the world's population are active internet users, and I asked how 'active internet users' are defined. In the UK, we were told, this implies someone with a broadband connection at home who can regularly use the internet for browsing, communications and video.

Neil Pakenham-Walsh, UK: It's not clear what is meant by 'active internet users'. There is a huge difference between (a) someone who has stable broadband access with more than 50 Mbps, both at home and work, and who enjoys continuous 4G or 5G connectivity through their smartphone while they are out and about, and (b) someone who has unstable, intermittent low-speed access, perhaps only at work (perhaps while competing for bandwidth with others). In previous years HIFA members (especially those in Africa) have lamented

how slow their access is. Have things now greatly improved, or is there still a long way to go?

Why are people digitally excluded?

Neil Pakenham-Walsh, UK: Rights groups and aid workers are voicing concerns about Myanmar's capacity for dealing with the impending public health crisis of COVID-19. Mark Farmaner the director of Burma Campaign UK was quoted "The internet shutdown, designed to cover up human rights violations, will now mean more people die as they will not be able to access life-saving information."

Dr Tusharkanti Dey, India: . India is a vast country. There are few places as in cities, where power and broadband connectivity either through wired and wireless, mobile telephony may be available, but think of other areas, where basic services like sanitation, water supply, power distribution, mobile telephony may be practically non-existent and or absent.

Neil Pakenham-Walsh, UK: First, there is exclusion through lack of connectivity. This is closely associated with poverty (connectivity is unaffordable to many, and costs are relatively high in the very countries where poverty is greatest).

Second, there is exclusion through lack of linguistic understanding. The vast majority of the world's population does not speak English, and yet most health information, including most health research, is presented in English.

Third, Depending on how one defines this, the vast majority of the world's population, including many of those who are otherwise highly educated, have low health literacy. In particular, many of us have real difficulty in distinguishing between 'reliable' information as compared with misinformation.

Fourth, there is exclusion due to 'organisational health literacy', which can be defined as the ability of organisations to understand and meet their audiences' diverse information needs

Fifth, there is exclusion due to disability, whether visual, hearing or other physical or mental impairment

Health literacy

Joseph Ana, Nigeria: COVID-19 pandemic has elevated misinformation of health and science matters to another level and coming from Leaders of nations who are prepared to ignore the advice given by experts who are their employees or appointees. It is not just digital illiteracy it is more basic than that: analogue illiteracy on health and science, surprisingly even in high-income countries.

Basiru Taofeek Adekola, Nigeria: Nigeria government must wake up to the responsibilities of including health informatics as a core competence in the training curriculum of Community Health Officers (CHO), Community Health Extension Workers (CHEW), Nurses, Medical Laboratory Technicians, and others paramedics. Make a paradigm shift from manual reporting methods to digital reporting system of cases

Neil Pakenham-Walsh, UK: The current 'infodemic', driven by social media, means that millions of pieces of information, some of which are reliable and some of which are not, are

being circulated. Many if not most of the world's population has low health literacy. This, together with the vested interests of the media and some politicians in creating a false narrative, means that hundreds of millions of people are being misled. As Dr Tedros has said: "We're not just fighting an epidemic; we're fighting an infodemic. Fake news spreads faster and more easily than this virus, and is just as dangerous."

Neil Pakenham-Walsh, UK: There is commonly an assumption that people who are connected are better informed. I asked, "Is there any evidence that people who are active internet users are more informed than in terms of basic health knowledge as compared with others who are not connected, after correcting for confounding factors?"

Please give brief details if you have a practical example from your service

Ayomide Owoyemi, Nigeria: We built an online platform (www.wellvis.org) to give people access to health information and health services but our reach is limited by internet penetration and smartphone access. We added local languages besides English and French to help more people use it. Our Covid tool (Covid19.wellvis.org) has been used across Africa but it is out of reach of feature phone users. We plan to build SMS and USSD features to improve the reach.

Pratap Kumar, Kenya: I'd like to share the work we've been doing to improve the availability of health information by addressing some of the reasons for exclusion:

- a) user capacity and training
- b) rural connectivity
- c) infrastructure

Here's a short video that sums it up: <https://youtu.be/81RTITB-cyE>.

With thanks to HIFA volunteers Dr Karishma Krishna Kurup, National Centre for Disease Control, India [<http://www.hifa.org/support/members/karishma-krishna>] and Stuti Chakraborty, Christian Medical College Vellore, India [<http://www.hifa.org/support/members/stuti>]