Report

Enabling Digital Health Futures in Humanitarian Settings

Event date: 16th to 26th June 2020

Organized by:
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Executive Summary

The joint Lancet and Financial Times Commission titled Governing health futures 2030: growing up in a digital world is exploring the interconnectedness of digital health, artificial intelligence and universal health coverage in the progression towards attaining Sustainable Development Goal 3: Good Health and Wellbeing. The development of this Commission presented a valuable opportunity for a varied group of stakeholders to come together to discuss and explore these topics, within the context of humanitarian settings.

To support this effort, the International Federation of the Red Cross and Red Crescent Societies, alongside the International Committee of the Red Cross, organized an online consultation to better understand the current and potential impact of digital technologies and artificial intelligence for health in humanitarian settings. The consultation included four two-hour exchanges and was held online over a period of two weeks. The first three sessions addressed three distinct topics: Technology can save lives in humanitarian settings; Empowering communities and young people through technology; and Sustaining the humanitarian principles in a digital era. The fourth session was designed to consolidate the themes and cross-cutting issues that had arisen in the first three sessions, as well as to refine the recommendations and priorities for the future of digital health technologies (DHTs) in humanitarian settings. Below is a summary of the key findings of each session, which constitute these recommendations and priorities.

Session 1 – Technology can save lives in humanitarian settings

In this session, participants shared successful examples of DHTs and artificial intelligence used in humanitarian settings, as well as important lessons learned through their diverse experience.

Key Messages:

- DHTs should be an enabler of healthcare provision in humanitarian contexts, not a goal.
- Despite current growth in global internet connectivity, 3.6 billion people remain unconnected to the internet\(^1\) - certain populations therefore still require the basic tools and structures that will enable their access to DHTs.
- The value of simple DHTs should not be underestimated - low-cost, low-technology digital health tools may often be the best solution in humanitarian, low-resource settings.
- A lack of adequate and appropriate funding is often the biggest challenge in ensuring the sustainability of digital health solutions in humanitarian settings - humanitarian organizations must ensure that appropriate funds are available and that scaling-up is considered from the inception of a project.
- Building the evidence base to support the implementation of DHTs in humanitarian settings is crucial to ensuring the right service is delivered to the right person at the right time and will provide a solid foundation on which to scale.
- Because evidence-based decision-making is key to the appropriateness of DHTs and their scalability, rigorous research must be designed into the digital solution at every stage.

Session 2 – Empowering communities and young people through technology

In this session, participants were asked to identify ways and tools to accelerate the use of technology in humanitarian settings for greater empowerment of communities and young people.

Key messages:

- When considering the application of DHTs in humanitarian settings, a people-centered approach must be taken, ensuring the holistic accessibility of each individual to the technology. Biases within the technology that could worsen the digital divide must be accounted for.
- DHTs must be shaped by real-world needs and with the people who will use them - there is no one-size-fits-all solution.
- If organizations are serious about “leaving no one behind”, any DHT should be developed with assistive technology to reach those most vulnerable, including persons with disabilities. By casting the digital net far and wide, the probabilities of inclusion of everyone increase greatly.
- DHTs should be developed for, by and with youth (and not on youth) – youth should play an important role in each stage of the process of putting in place DHTs in humanitarian contexts. To enable this, youth must be given the tools, knowledge and skills required to participate, while ensuring their participation does not contribute to digital risks and negatively affect their wellbeing.
- Collaboration, partnerships and co-creation between users, volunteers, public sector, and private sector are essential to the inclusive and sustainable implementation of DHTs in humanitarian settings.

Session 3 – Sustaining the humanitarian principles in a digital era

This session aimed to elicit a discussion on how best to implement appropriate risk assessments alongside new technologies to reduce their negative consequences and to reach consensus as to whether, and how, the humanitarian principles must be adapted to a rapidly evolving digital era.

Key Messages:

- The use of DHTs in humanitarian settings should be guided by the principle of “do no digital harm”, given the high vulnerability of people in crises (migrants, victims of armed conflict and violence, etc.) and the strong power imbalances among different actors involved in such crises.
- Legislation and governance around data protection currently lag behind the technology - it should be a collective effort between states, private sector companies and humanitarian actors to move towards the rigorous development of new, and methodical implementation of existing, legal frameworks, including those required to protect children.
- The principles of necessity and proportionality should be central to data collection, management and use.
- When engaging with third parties, humanitarian actors must ensure due diligence in terms of clarity of data ownership, data use, and how the context of implementation may affect the implications of how data is managed.
- Data protection: Data Protection Impact Assessments should be conducted before implementing any solution, and issues of informed consent should be acknowledged.
- Data privacy: Before any data is collected in humanitarian settings, organizations should consider a “privacy by design” approach.
- Cooperation and coordination between webs of actors should be promoted to explore what has been done in similar situations to protect, store, retrieve and use data, and to encourage self-reflexivity, transparency, and responsible behavior.
Background

Digital Health Technologies (DHTs) and artificial intelligence (AI) are undeniably transforming the ways in which individuals and organizations access, provide and monitor healthcare in humanitarian settings. The current wave of digital transformation carries great potential to enhance the effectiveness, efficiency and coverage of healthcare services. Further, increasing global connectivity can empower communities affected by conflict, natural disasters and epidemics by enabling quick and cost-effective communication with healthcare providers, as well as access to health-related information.

However, technological innovations may also lead to the exacerbation of the digital divide – defined as the inequalities in access to technology and its benefits – and contravene progression towards the Sustainable Development Goal of “leaving no one behind.” In countries where health systems are weak and health risks are highest, connectivity is often lowest. New technologies are also challenging the ways in which humanitarian organizations are able to uphold the principles they must adhere to, including those of neutrality, impartiality, independence, humanity and “doing no harm.”

The joint The Lancet and Financial Times Commission (hereafter referred to as the Commission) entitled Governing health futures 2030: growing up in a digital world is exploring the interconnectedness of digital health, AI and universal health coverage in the progression towards attaining Sustainable Development Goal 3: Good Health and Wellbeing. In particular, the Commission aims to improve and safeguard the health and wellbeing of children and young people in an increasingly digital world. The development of this Commission presented a timely and valuable opportunity to convene key stakeholders to exchange views on the convergence between digital technologies, AI and healthcare provision in humanitarian contexts.

The consultation

To support the aims of the Commission, the International Federation of the Red Cross and Red Crescent Societies (IFRC), alongside the International Committee of the Red Cross (ICRC), organized an online consultation to better understand the current and potential impact of digital technologies and AI for health in humanitarian settings, the related risks and bottlenecks in implementation, and the future priorities and opportunities. The consultation was held online over two weeks from the 16th to 26th of June 2020. A total of 80 individuals from a variety of sectors – including representatives from humanitarian and development agencies, academics and young entrepreneurs – were invited to four, two-hour thematic sessions. Each session began with three to five presentations from experts in their respective fields, and then led on to a facilitated discussion between all participants on the wider session theme. Session themes were as follows (see Annex A for a more detailed agenda):

- Session 1 – Technology can save lives in humanitarian settings – aimed for participants to share successful examples of DHTs and AI used in humanitarian contexts, as well as important lessons learned through their diverse experience.
- Session 2 – Empowering communities and young people through technology – aimed to identify ways and tools to accelerate the use of technology in humanitarian settings for greater empowerment of communities and young people.

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2 Organization for Economic Co-operation and Development, “Understanding the Digital Divide” 
https://doi.org/10.1787/236405667766
• Session 3 – **Sustaining the humanitarian principles in a digital era** – aimed to elicit a discussion on how best to implement appropriate risk assessments alongside new technologies to reduce their negative consequences and to reach consensus as to whether, and how, the humanitarian principles must be adapted to a rapidly evolving digital era.

• Session 4 reconvened all participants for a final conversation on the key themes and cross-cutting issues discussed in previous sessions. Critical recommendations and priorities for the future of DHTs in humanitarian settings were discussed.

This report will describe the main outcomes of this event. The following three sections correspond to the global themes discussed in Session 1 to 3 and will outline the key messages and ideas put forward by participants in each of these.

1. The implementation of DHTs in humanitarian settings

Despite the rapid spread of digital technologies, participants agreed, first and foremost, that the implementation of DHTs should not be regarded as a goal in itself but rather as an enabler in the path towards achieving health goals. Indeed, if organizations are already good at what they do, DHTs can propel these organizations forward in reaching their goals more effectively and efficiently, while supporting the universal health coverage agenda.

In deciding which DHTs may support these outcomes, the value of simplicity should not be underestimated. Simplicity in this context refers to low-cost, often low-technology solutions that are adapted to needs by the digital infrastructure available within the context in which the DHTs will be implemented. Simplicity accounts for the fact that a large proportion of the global population – 3.6 billion – remain unconnected or may not have access to complex digital infrastructure, a large proportion of which live in low-resource settings where humanitarian agencies often operate. Simplicity also upholds the important notion that DHTs should not put an additional burden on the individuals that will be using them. In fact, the implementation of DHTs should be informed by a careful analysis of how they contribute towards the narrowing of the digital divide. To this end, there is also a balance to be struck between building new solutions for the sake of innovation and (re-) connecting to existing tools. For example, if there is an ambition or aspiration from communities to use certain platforms that are already familiar, organizations should consider usage of the existing tool rather than creating a new solution that may be less sustainable. Combining simple technology with more traditional means can bridge the digital divide, for instance engaging with community health workers alongside a DHT solution.

Humanitarian organizations wishing to develop a DHT should also give thoughtful consideration to the ownership of the solution from the onset of the project. By definition, humanitarian interventions are not

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3 A practical example – as part of the MTomady project in Madagascar, patients who did not have access to a mobile phone were encouraged to have a SIM card instead, which could then be used with a phone provided by the health facility.


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meant to be long-lasting, so when DHTs are introduced for use by a community, the actors must consider who will “own” the technology beyond the intervention and how this owner will maintain its utility for the communities. For example, will the humanitarian organization partner with a local organization, a government organization or the community itself? In each case, a sustainable plan must be conceived from the onset. In this respect, low-cost, low technology solutions usually require less maintenance, so ownership of the digital health solution can be more easily transferred to the end-users. Actively involving the community or users of the service throughout this process, from planning to development stages, is key to achieving the sustainability of DHTs.

Participants raised the point that the lack of adequate and appropriate funding is often the biggest challenge in ensuring a sustainable DHT. In a sector that is already under-funded\(^5\), where innovation can be expensive, high-risk and require a longer-term investment\(^6\), humanitarian organizations have to be creative in ensuring the appropriate funds are available. Some ways that humanitarian organizations can have access to the rare resources have already been mentioned: low-tech/low-cost solutions; recycling existing innovations; and ensuring evidence-based approaches. Another key suggestion is to embed the research, scaling up and maintenance plans into the initial project proposal.\(^7\)

In terms of financial sustainability of DHTs, grant funding cannot be the only source. When possible, humanitarian organizations can look at developing business models in the inception phase of the project. For instance, when systems provide a better distribution of the health commodity, engaging with governments and proving to them the cost-saving of the technology can allow for a source of financing. Furthermore, while covering development costs from revenue made in the global south and hosting and development costs in the global north is not realistic, the solution may be to create a distributed development with most of the development done locally and hybrid funding, including social enterprises and grant-based funding models.

A key element discussed as central to the successful implementation of DHTs and AI in humanitarian settings was the production of evidence. Many digital health initiatives fail to scale because of the difficulty to show success - they contribute to the current “pilotitis,” the affliction of DHTs not making it past the pilot phase.\(^6\)\(^8\). Partnerships with academic institutions and the careful selection of outcome measurements should be considered in planning the production of the evidence to ensure the appropriateness of the solution and its sustainability. In gathering this evidence, the health outcomes of DHTs should be measured with the same rigor as medical research. This would include randomized trials with hard endpoints. Only measuring technical outcomes (number of users, perception, usability) does

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\(^7\) Yvan Gayton, a supporter of innovation in humanitarian settings, recently wrote an interesting blog on what organizations should focus on to access funding: [https://ivangayton.net/2020/05/08/my-dos-and-donts-for-humanitarian-innovation-proposals/](https://ivangayton.net/2020/05/08/my-dos-and-donts-for-humanitarian-innovation-proposals/)

\(^8\) Grand Challenges Canada, “Build Your Path to Scale”, [https://www.grandchallenges.ca/funding-opportunities/innovator-toolbox/build-your-path-to-scale/](https://www.grandchallenges.ca/funding-opportunities/innovator-toolbox/build-your-path-to-scale/)

ExpandNet, “ExpandNet Tools and Publications”, [https://expandnet.net/tools/](https://expandnet.net/tools/)

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not provide enough information to support a financial appeal that will ensure sustainability and fails to uphold the humanitarian principles.

Another approach put forward is that of “scalability by design”, which considers and provokes reflection on the potential to scale at all stages of the innovation. Many participants agreed that “scalability by design” of an innovation is the ultimate solution, but not everyone. The argument was made by some that providing a localized solution to a small community which fundamentally changes their lives, is ethically sound, has merit and should not be discounted or unfunded. This may be even more so in humanitarian contexts where the problem may be more localized, and the communities’ needs can change very rapidly.

2. The role of young people and communities

Developing DHTs with a people-centered approach means “considering all the people who are involved, taking account the history, culture, beliefs, and environment of the community. The best way to do this is to let those who live in the community provide the answers”. Participants argued that this approach should always be striven for in applying DHTs in humanitarian contexts. In applying such an approach, the user is at the center of the design, development and delivery of the service. Many projects have demonstrated that when technological solutions are put in place by and for the community, communities will engage more successfully with the solution because they can see the benefit of it. However, in doing so it is important that organizations remain aware and critical about the fact that technology may reflect the biases of the individuals and societies who have created it, specifically in AI - accounting for this is important to be able to uphold the principle of neutrality.

When endorsing this people-centered approach, youth should be actively engaged - technology should be used for, by and with youth, not on youth. Growing up in a digital world, some programs have demonstrated that youth are using and building on the current technology to solve other issues, which builds resiliency in communities. As the benefits are clear, we must encourage youth to lead their own solutions. For this, providing them the skills like social entrepreneurship, business model development, and grant writing is crucial. In addition, gaining financial skills and literacy, learning business models and having access to mentors to help with social ventures are critical.

Youth participants agreed that financial sustainability of DHTs is a particular challenge for them. The solutions are, as mentioned, expensive, and the humanitarian DHT space is not particularly youth friendly. There is a sense that the system upholds a status quo of funding older, “safer” individuals, which dampens the creativity of the youth in developing solutions. As explored in the next section, digital risks are a concern, especially for youth. However, this risk is not only about data security, but also about how to

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10 See projects presented by Burkina Faso MoH, Unicef, Spanish Red Cross and Philippines Red Cross.
12 See, for example, the Zito innovation in South Africa, supported by UNICEF.
safeguard the digital wellbeing of youth and children, particularly regarding online violence, cyber-bullying, how to balance online-offline life, and so on. Youth often feel pressure to be “switched on” all the time and this affects their mental health and productivity.

In essence, there is no “one-size-fits-all solution” - organizations must ensure the needs of the people are at the center of the design to inform the solution, and not the other way around. This will be more effective in providing the right services. This approach to ensure ethical innovation begins before the innovation is conceived. It begins at the problem framing and problem recognition phase and it is critical, especially in humanitarian settings, to ask who is identifying the problems to be solved and who is articulating the approaches that might be appropriate. These are important questions in terms of who holds power and agenda-setting. Framing problems that can only be fixed by technical solutions tend to further entrench power imbalances of who holds knowledge and solutions.

If organizations are serious about “leaving no one behind”, any DHT should be developed with assistive technology to reach those most vulnerable, including people living with a disability (PLWD). The WHO reports that 15% of people live with a disability\textsuperscript{13}. In stable contexts, PLWD have poorer health outcomes, lower education achievements, less economic participation and higher rates of poverty than people living without disabilities; this is exacerbated in a time of crisis. A specific challenge for inclusion of PLWD in the development and application of DHTs in humanitarian settings is that living with a disability is a cross-cutting issue. PLWD are impacted, across all humanitarian “clusters”, which often means there is little or no funding left to address their specific needs. In addition, there are very few standards\textsuperscript{14} that address digital accessibility for the cross-cutting reality of PLWD.

Accessibility is the bedrock of community engagement, and it is also multi-faceted - research has shown that factors that may influence levels of access to digital technology include living with a disability, gender, literacy, technological skills, relevance of the solution and lack of security in using the technology.\textsuperscript{15} From a technology perspective, understanding these barriers and addressing them with the community will allow us to know who is excluded - who does not have access to the specific technology (phones, smart phones, SIM cards etc.); who does not have the knowledge to use the technology (literacy, technological literacy); what is the level of trust by the users in the technology; and which individuals do not have the means to afford the technology (credit, data service, internet). In addition, it is critical to develop digital standards and implementation strategies that highlight the need to make the technology translatable (languages, speech to text, etc.), transferable (usable between individuals or groups), and accessible on multiple devices, especially for and within the humanitarian community.

\textsuperscript{13} WHO, “10 Facts on Disability”, \url{https://www.who.int/features/factfiles/disability/en/}
\textsuperscript{14} IASC Guidelines; The Charter on Inclusion of Persons Living With Disabilities in Humanitarian Action; Understanding the Mobile Disability Gap; The Humanitarian Metadata Problem: “Do no Harm” in the Digital Era

Providing services digitally is not just about technology. It is about putting the customer at the center of the design and delivery of the service – Michalle Angielo Mabugnon, Philippines Red Cross

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In addition to a people-centered approach and viewing community engagement in the broadest sense possible, creating digital solidarity is an essential part of sustainability and accessibility. This means developing partnerships with state and non-state actors, the private sector, civil society groups, religious groups and so on. It also means including training and development in the project cycle. Participants strongly suggested that training goes beyond the use of the technology - it includes upskilling individuals in financial domains, teaching business models and having access to mentors to help with social ventures.

3. Governance of DHTs in humanitarian settings

In the midst of the global landscape of digitization, legislation around data protection and privacy are currently lagging behind the advancement of technologies. Some legal frameworks do already exist\textsuperscript{16}, but the gap lies in the lack of systematic implementation. States are not always keen to legislate these frameworks and a number of private actors may not abide by them or even circumvent them. There is very little legal oversight or recourse. Because of this, developing governance often falls on humanitarian organizations. In many cases, humanitarian actors are not necessarily equipped to develop solid governance structures, either in terms of resources or knowledge, and so may have to depend on third party providers, leaving them, and the data, exposed. There should be a collective effort of states, private sector companies and humanitarian actors to move towards the rigorous and methodical implementation of existing, and new legal frameworks.

Relatedly, a lot of work remains to be done to develop and bring forward the appropriate governance in terms of the data in DHTs. The principles of necessity and proportionality should be central to this - the collection, management and use of data should be limited to what is absolutely necessary for the purposes of the DHT (necessity) and should only be processed if objectives cannot be reached by other means (proportionality). Further, when engaging with third parties (corporations or governments), humanitarian actors must ensure due diligence in terms of clarity of who is responsible for the data and what can be done with it, and how the context of implementation may affect the implications of how data is managed. For example, DHTs in armed conflict pose very specific challenges especially in terms of data protection and the dignity and safety of individuals and communities. The implications related to conflict settings were not fully explored during this consultation, but other work has been done in this field\textsuperscript{17}.

The above highlights the importance for humanitarian organizations to determine data ownership as well as how best to preserve and protect the health data entrusted to them by individuals via DHTs. There are several existing tools to preserve data (for example, some companies offer health-specific cloud-based solutions\textsuperscript{18}), but all require clarification on technical elements such as security systems, location of servers,

\textsuperscript{18} Microsoft, “Deliver better experiences, insights and care with Microsoft Cloud for Health”, \url{https://cloudblogs.microsoft.com/industry-blog/health/2020/05/19/deliver-better-experiences-insights-and-care-}
classification of data, the architecture of services, the location and flow of data, etc. These complex solutions need governance, and when looking at these solutions through a data protection lens, it forces organizations to ask the right questions.

During humanitarian interventions, some categories of data require special consideration - one such category is data collected from children and youth. In this respect, there is a gap with regards to the development and acceptance of ethics and principles that regulate and protect the data collected about children, adolescents and young adults. UNICEF have, however, developed a guideline for “Responsible Data for Children”\(^\text{19}\), which includes the recognition of children’s growing agency in accordance with their increasing competencies, analytical skills, responsibility and experience of children as they get older.

Data protection means that an individual has the right to decide what information they provide. Because of the sensitivity of the data collected in humanitarian settings, humanitarian organizations need to do more for individuals to understand what this means ethically and technologically. Conducting a Data Protection Impact Assessment before implementing any solution systematically considers how best to collect data. This tool is a structured assessment of the impact of data processing activities or new technology use on the rights and freedoms of individuals. Conducting this analysis is a way of identifying risks, defining mitigation measures and ensuring accountability for the use of data. In addition, this structured assessment forces cross pollination between sectors providing a wider picture and better protection.

Further, humanitarian organizations need to be particularly vigilant about data collection, protection and storage, due to the difficulties that exist surrounding informed consent. When discussing informed consent in a humanitarian setting, the asymmetrical power imbalances, make it highly difficult to gain “meaningful” consent. This does not mean organizations should dismiss the attainment of consent. Informed consent must be requested and explained; however, organizations should not rely on the idea that individuals have given consent under full acknowledgement and understanding.

Privacy, on the other hand, is the right we have of others not knowing something about us, which can be viewed very differently depending on culture and generation. Privacy laws have been in place for a long time, but the right to privacy has never been an absolute right, states have the right to interfere. However, this interference must be necessary, justified and proportional. Technology is pushing the limits as it creates a blurring of the lines when non-state actors (i.e. corporations) interfere with privacy. Arguably, before any data is collected in humanitarian settings, organizations should consider a “privacy by design” (PbD) approach. PbD has seven guiding principles, but essentially purports that all technological design ensures “no action is required on the part of the individual to protect their privacy - it is built into the system, by default”\(^\text{20}\). Recognizing that these challenges exist, and not only in the humanitarian sector, some corporations are developing systems that can reduce the risk and increase protection for

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The Humanitarian Health Ethics Research Group, supported by the Humanitarian Innovation Fund and by Elrha, is in the process of developing a toolkit to help humanitarian organizations engage in ethical deliberation at individual, team, and organizational levels. This toolkit is scheduled to be released by the end of 2020. This toolkit will be relevant for the Commission.

Data protection does not, and should not, rest solely on the shoulders of humanitarian organizations; there is a web of actors who also need to be held to account, including donors, private sector companies, states and partners. There is a need to balance partnerships with protecting people, with a full understanding that some companies (such as social media companies) are political, commercial and have power to influence the kinds of content that people are exposed to. It is important to think about, try to influence, and manage this when establishing partnerships, especially in humanitarian contexts. Organizations need to accept co-existing systems and invest in integration and interoperability. This means investing in the development of data standards, dictionaries, the ability to share data and not focus on “how” data is collected. One suggestion could be to develop a global repository for DHTs alongside an international oversight committee.

As mentioned earlier in the report, for any digital system to be effective, there must be a high adherence from users, where adherence is often linked to user trust (low trust, low adherence). In digital governance, the individuals and organizations behind the technology play a key role in ensuring trust in information, trust in data use, and trust in data protection.

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21 For example, Microsoft recently introduced differential privacy. Essentially, a small amount of statistical noise is added to each result to mask the contribution of individual data points, leaving the aggregate data statistically relevant. See: Sarah Bord, “Introducing the new differential privacy platform from Microsoft and Harvard’s OpenDP”, https://cloudblogs.microsoft.com_opensource_2020_05_19new-differential-privacy-platform-microsoft-harvard-opendp/

22 https://humanitarianhealthethics.net/
Conclusion

This consultation was held in support of The Lancet and Financial Times Commission’s goal of exploring the interconnectedness of digital health, AI and universal health coverage in the progression towards attaining Sustainable Development Goal 3: Good Health and Wellbeing. The rich discussions held throughout the four sessions, including case studies of technology use in humanitarian settings and tools that could be used in the protection of data, provided a solid foundation to move forward in enabling digital health futures in humanitarian settings. Participants identified the following themes as priorities to move this agenda further, faster.

Session 1 – Technology can save lives in humanitarian settings

- Digital technologies should be an enabler of healthcare provision in humanitarian contexts, not a goal.
- The value of simple DHTs should not be underestimated - low-cost, low-technology digital health tools may often be the best solution in humanitarian, low-resource settings.
- A lack of adequate and appropriate funding is often the biggest challenge in ensuring the sustainability of digital health solutions in humanitarian settings.
- Building the evidence base to support the implementation of DHTs is crucial to ensuring the right service is delivered to the right person at the right time and will provide a solid foundation on which to scale.
- Because evidence-based decision-making is key to the appropriateness of DHTs and their scalability, rigorous research must be designed into the digital solution at every stage.

Session 2 – Empowering communities and young people through technology

- When considering the application of DHTs in humanitarian settings, a people-centered approach must be taken. Biases within the technology must be accounted for.
- DHTs must be shaped by real-world needs – there is no one size fits-all solution.
- If organizations are serious about “leaving no one behind”, DHTs should be developed with assistive technology to reach those most vulnerable.
- DHTs should be developed for, by and with youth (and not on youth) – youth should play an important role in each stage of the process of putting in place DHTs in humanitarian contexts.
- Collaboration, partnerships and co-creation between users, volunteers, public sector, and private sector is essential to the inclusive and sustainable implementation of DHTs in humanitarian settings.

Session 3 – Sustaining the humanitarian principles in a digital era

- The use of DHTs in humanitarian settings should be guided by the principle of “do no digital harm”.
- Legislation and governance around data protection currently lag behind the technology – it should be a collective effort to move towards the rigorous and methodical implementation of existing and new legal frameworks.
- The principles of necessity and proportionality should be central to data collection, management and use.
- When engaging with third parties, humanitarian actors must ensure due diligence in terms of clarity of data ownership, data use, and how the context of implementation may affect the implications of how data is managed.
• Data protection: Data Protection Impact Assessments should be conducted before implementing any solution, and issues of informed consent should be acknowledged.
• Data privacy: Before any data is collected in humanitarian settings, organizations should consider a “privacy by design” approach.
• Cooperation and coordination between webs of actors should be promoted.
Acknowledgements

On behalf of the IFRC, ICRC and the Lancet and Financial Times Commission’s Secretariat, a sincere thank you to each and every participant of this online consultation. Thank you for taking the time to join us and share your work, insights and experiences with enthusiasm.

A very special note of gratitude to all those involved in the organization of this event:

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- Annie Desilets, Management Consultant & Writer for this Consultation
Thank you very much for accepting the invitation to this consultation.

Your expertise and experience is much needed in this important discussion of how digital technologies and artificial intelligence (AI) can be used effectively and efficiently for health in humanitarian settings.

This consultation will be hosted by the International Federation of Red Cross and Red Crescent Societies (IFRC), alongside the International Committee of the Red Cross (ICRC), and with the support of The Lancet and Financial Times Commission. This consultation intends to bring together over 30 stakeholders from a variety of sectors, including representatives from humanitarian and development agencies, academics and young entrepreneurs, to engage in a lively discussion on the current and potential impact of digital technologies and AI for health in humanitarian settings, related risks and bottlenecks in implementation, and future priorities and opportunities.

The key outcomes of the consultation will be used to develop an event report, which will include the agreed potential impact of digital health technologies and AI in humanitarian contexts (including examples of pivotal work already taking place in this sphere), the main challenges identified, and future directions proposed. This will guide input into the final report of the The Lancet and Financial Times Commission entitled “Governing health futures 2030: growing up in a digital world” to be published in 2021.
Context and background for the consultation

Digital technologies and Artificial Intelligence (AI) are undeniably transforming the ways in which individuals and organizations access, provide, and monitor healthcare in humanitarian settings. The current wave of digital transformation carries great potential to enhance the effectiveness, efficiency, and coverage of healthcare services. Further, increasing global connectivity can empower communities affected by conflict and natural disasters by enabling quick and cost-effective communication with healthcare providers, as well as access to health-related information.

However, technological innovations may also lead to the exacerbation of the digital divide1 — defined as the inequalities in access to technology and its benefits— and contravene progression towards the Sustainable Development Goal of ‘leaving no one behind.’ In countries where health systems are weak and health risks are highest, connectivity is often lowest. New technologies are also challenging the ways in which humanitarian organizations are able to uphold the principles they must adhere to, including those of neutrality, impartiality, independence, humanity and ‘doing no harm.’

The joint The Lancet and Financial Times Commission entitled “Governing health futures 2030: growing up in a digital world” is exploring the interconnectedness of digital health, AI and universal health coverage in the progression towards attaining Sustainable Development Goal 3: Good Health and Wellbeing. In particular, the Commission aims to improve and safeguard the health and well-being of children and young people in an increasingly digital world. The development of this Commission presents a timely and valuable opportunity to convene key stakeholders to exchange views on the convergence between digital technologies, AI and healthcare provision in humanitarian contexts.

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Themes and Objectives

The following three themes and objectives will guide the conversation in this consultation:

1. Technology can save lives in humanitarian settings
2. Empowering communities and young people through technology
3. Sustaining the humanitarian principles in a digital era

1. Technology can save lives in humanitarian settings

Technological innovations are revolutionizing the ability of healthcare in humanitarian settings to save lives. Aid providers are communicating by SMS with disaster-affected communities to provide rapid, targeted healthcare advice, or to collect data on local health risks from community members. Drones are being deployed for the delivery of life-saving materials, including vaccines, to populations that are hard to reach by land. Satellites, radars and machine-learning technologies are forecasting catastrophes, allowing for prompt resource mobilization, community preparedness and early action, and in turn minimizing health consequences. Cloud-based electronic health systems and digital identities are facilitating the access to medical records of forcibly displaced populations.

Objective: To share successful examples of digital health technologies and AI used in humanitarian contexts, as well as important lessons learned through the experience of various partners.
Enabling Digital Health Futures in Humanitarian Settings

Themes and Objectives

The following three themes and objectives will guide the conversation in this consultation:

1. Technology can save lives in humanitarian settings
2. Empowering communities and young people through technology
3. Sustaining the humanitarian principles in a digital era

2. Empowering communities and young people through technology

Today’s youngest generations are growing up in a world where connectivity is increasingly essential for information access and communication. As such, internet connectivity, digital health technologies and AI may not only save lives in humanitarian contexts but also empower the communities that use them. For example, UNICEF’s Youth Mobile Project – an open-source mobile messaging tool managed by UNICEF alongside local youth and NGO partners – is being used to listen and respond to the voices of young people and their communities, including amidst humanitarian crises. Information shared via social media and SMS channels is analysed in real-time and insights are shared back with communities and used to inform decision-making. Connectivity can also allow displaced populations to gather information on a new location, access educational resources, and communicate with support services and family members. Research conducted in 2016 by UNHCR and Accenture found that refugees perceive connectivity to be as critical to their survival as education and healthcare. Providing connectivity to communities in humanitarian contexts, where infrastructure may be particularly rare, is therefore crucial. Further, ensuring that new innovations are implemented via participatory-based approaches that build on local capacity and knowledge, is key to enabling the empowerment of communities and young individuals through technology.

Objective: To identify ways and tools to accelerate the use of technology in humanitarian settings for greater empowerment of communities and young people.

3. Sustaining the humanitarian principles in a digital era

Despite their potential positive impact, digital technologies and AI may also increase inequalities and threats in the provision of healthcare in humanitarian contexts. Concerns regarding data protection and privacy, algorithmic bias or top-down approaches to innovation that reinforce unequal power dynamics, require attention. The digital era is inevitably challenging the meaning of the ‘do no harm’ principle that humanitarian organizations must adhere to in their work, as well as the ways in which the principles of neutrality, impartiality, independence and humanity can be upheld.

Objective: To elicit a discussion on how best to implement appropriate risk assessments alongside new technologies to reduce their negative consequences, and to reach consensus as to whether, and how, the humanitarian principles must be adapted to a rapidly evolving digital era.
The format of the consultation

Although this event was originally intended to be a face-to-face event, considering the current restrictions due to COVID-19, we have had to take this event online. The event will take place in the form of online teleconferences.

The consultation will take place over 4 2-hour online teleconferences; three thematic sessions and one final wrap-up session. In the final session, which will take place after all thematic teleconferences have happened, the entire group of participants will convene for cross-pollination of ideas and discussion between groups. In this final session, a set of recommendations for the report will be agreed upon. Participants will ideally attend at least two of the four sessions (one thematic session and the final session). We are open to participants attending more than one thematic session if they would like to.

The session order and dates will be as follows:

**Session 1 (Tuesday 16th June 2020, 3-5pm CET):** Technology can save lives in humanitarian settings

**Session 2 (Friday 19th June 2020, 3-5pm CET):** Empowering communities and young people through technology

**Session 3 (Tuesday 23nd June 2020, 3-5pm CET):** Sustaining the humanitarian principles in a digital era

**Session 4 (Friday 26th June 2020, 3-5pm CET):** Finalisation of recommendations to the Commission (whole group)

A writer will be partaking in all sessions to capture the discussions taking place and to facilitate the development of the event report. Please note the writer may contact individual participants to further develop certain lines of inquiry.

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Thank you.

To confirm your participation or if you have any further questions, please contact June Pastor Larrañeta at june.pastor@ifrc.org

If you want to learn more about the The Lancet and Financial Times Commission “Governing health futures 2030: growing up in a digital world” please visit https://www.governinghealthfutures2030.org/
Annex B – Agenda

Session 1: Technology Can Save Lives in Humanitarian Settings
Tuesday 16th June 2020, 3-5pm CET

Session objective: To share successful examples of digital health technologies and AI used in humanitarian contexts, as well as important lessons learned through the experience of various partners.

Session facilitated by: Heather Lesser, Data Literacy Lead at the IFRC

Presenting:
- Bernardo Mariano Junior, Chief Information Officer, Director of Digital Health and Innovation at the World Health Organization
- Cameron Ninge, Humanitarian Response Manager at Microsoft Philanthropies
- Pierre Yameogo, Technical Counselor for Universal Health Coverage and One Health at the Ministry of Health in Burundi
- Sandrine Gasto, Health Department Officer at the Spanish Red Cross
- Julius Einhorn, Group Leader, Global Digital Health Lab at Charité – Universitätsmedizin Berlin

Presentations will lead on to a facilitated group discussion between all participants.

Session 2: Empowering communities and young people through technology
Friday 19th June 2020, 3-5pm CET

Session objective: To identify ways and tools to accelerate the use of technology in humanitarian settings for greater empowerment of communities and young people.

Session facilitated by: Ilona Kickbusch, Chair of the International Advisory Board, Global Health Centre at IFID & Co-chair of the Secretariat of the Lancet and Financial Times Commission

Presenting:
- Tanga Acone, Senior Advisor on Innovation at UNICEF
- Annette Congeli, Project Lead for Community-Based Surveillance at the Norwegian Red Cross
- Nehruva Mwescia, Founder of Stats Congo
- Michelle Angeles Magbanua, Head of Welfare Service Department at the Philippines Red Cross

Presentations will lead on to a facilitated group discussion between all participants.
Session 3: Sustaining the humanitarian principles in a digital era  
Tuesday 23rd June 2020, 3-5pm CET

Session objective: To elicit a discussion on how best to implement appropriate risk assessments alongside new technologies to reduce their negative consequences, and to reach consensus as to whether, and how, the humanitarian principles must be adapted to a rapidly evolving digital era.

Session facilitated by: Vincent Cassard, Deputy Head of the Data Protection Office at the ICRC

Presenting:  
- Mary Harr: International Privacy Coordinator at Medecins Sans Frontieres  
- Gareth Grindley: Michael G. DelMauro Doctoral Excellence Scholarship and PhD candidate with the Humanitarian Health Ethics Research Group at McMaster University  
- Carla Apdel: Director Policy, Strategy and Knowledge Department at the IFRC

Presenting:  
- Getting right – identifying and mitigating risks when developing digital solutions in a humanitarian context  
- Developing Ethics Resources for Humanitarian Innovation: Provisional Qualitative Findings & Reflections  
- Sustaining the humanitarian principles in a digital era: contact tracing and COVID-19

Presentations will lead on to a facilitated group discussion between all participants.

Session 4: Finalisation of recommendations to the Commission  
Friday 26th June 2020, 3-5pm CET

Session objective: To finalise the key outcomes of the consultation and the recommendations to the Lancet and Financial Times Commission “Governing health futures 2030: growing up in a digital world”

Session facilitated by: Emanuele Capobianco, Director of Health and Care at the IFRC

SESSION FLOW

- Reflections from the UCL - Lancet Commission on Migration & Health: Prof. Bernadette Kumar, Co-Chair of the UCL - Lancet Commission on Migration & Health
- Summary of the key outputs from the three thematic sessions: Annie Desilets, Management Consultant & Writer for this Consultation
- Discussion to finalise recommendations to the Commission & key outputs: ALL PARTICIPANTS
- Closing Remarks: Esperanza Martinez, Head of Health at the ICRC
Additional Resources

Draft Global strategy on Digital Health:
https://www.who.int/docs/default-source/documents/gs4dhdaa2a9f352b0445bafbc79ca799dce4d.pdf?sfvrsn=f112ede5_38

Scaling:
https://www.grandchallenges.ca/funding-opportunities/innovator-toolbox/build-your-path-to-scale/
https://expandnet.net/tools/
https://higuide.elrha.org/

Governance, Principles & Ethics:
https://professionalstandards.icrc.org/?_ga=2.58073961.2144826403.1594240797-837267820.1593781450

Data Protection & Privacy:

Contact tracing in the context of COVID-19:

Cloud Technology:
Enabling Digital Health Futures in Humanitarian Settings

Event date: 16th to 26th of June 2020
Session 1: Technology can save lives in humanitarian settings
Tuesday 16th June 2020, 3-5pm CET

Session objective:
To share successful examples of digital health technologies and AI used in humanitarian contexts, as well as important lessons learned through the experience of various partners.

Session facilitated by:
Heather Leson
Data Literacy Lead, IFRC

Bernardo Mariano Junior
Chief Information Officer, Director of Digital Health and Innovation at the World Health Organization

Cameron Birge
Humanitarian Response Manager at Microsoft Philanthropies

Pierre Yameogo
Technical Counselor for Universal Health Coverage and One-Health at the Ministry of Health in Burkina Faso

Sandrine Couto
Health Department Officer at the Spanish Red Cross

Julius Emmrich
Group Leader, Global Digital Health Lab, Charité – Universitätsmedizin Berlin

Presenting:
Digital Health Technologies in Humanitarian Settings
AI for Humanitarian Action – Lessons Learned
Digital Integrated Management of Childhood Illnesses
Plan RESPOND – Red Cross Listens to You During COVID-19
Mobile Technology for Financial Risk Protection in Healthcare - A Randomized Trial from Madagascar

Presentations will lead on to a facilitated whole group discussion between speakers and participants.
Digital health and innovation: Mission

Harness the power and steer digital health to contribute to the attainment of highest level of health for all through the GPW 13 triple billion goals and SDG3
Digital Health and Innovation

Healthy Life Expectancy

Triple Billion Targets

Digital Health as enabler

- Universal health coverage
- Health emergency
- Healthier populations

46 Outcome Indicators and Milestones Aligned to the SDGs

Output Measurement: WHO Delivery Performance
The four pillars of "Access to Covid-19 Tools"

- Vaccines
- Therapeutics
- Diagnostics
- Health Systems Strengthening
- Early Warning Disease Surveillance Systems
Public health response to COVID-19 at global, national and subnational levels

Digital solutions, Infodemics & health data management

Trusted and secure digital health ecosystem
Coordination and monitoring of country preparedness and response

**Mobilize all sectors & Control cases**

Mobilize all sectors and communities to ensure that every sector of government and society takes ownership of and participates in the response.

Control sporadic cases and clusters and prevent community transmission by rapidly finding and isolating all cases.

**Suppress Transmission & Reduce mortality**

Suppress community transmission through context-appropriate infection prevention and control measures.

Reduce mortality by providing appropriate clinical care for those affected by COVID-19, ensuring the continuity of essential health and social services.

**Develop safe and effective vaccines and therapeutics that can be delivered at scale and that are accessible based on need.**
Digital solutions that meet the needs of policy makers, public health professionals and the general population

**Policy Makers and Public Health Professionals**
- Contact Tracing
- Proximity tracking
- Symptom tracker
- Telemedicine

**Population/Patient care**
- Health Bots
- Mobile Apps

<table>
<thead>
<tr>
<th>Citizen/Community Engagement Platform</th>
<th>Supply Chain and Logistic Capabilities</th>
<th>Health Information Centre/Platform</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recovery and Transition Planning Tools</td>
<td>Digital Solutions Clearing House</td>
<td>Routine and Emergency Surveillance</td>
</tr>
<tr>
<td>Infodemic Management and Risk Communication</td>
<td>Data Collection, Management, Processing, Analysis and Reporting</td>
<td>Emergency Management tools</td>
</tr>
</tbody>
</table>
Data security
Health Data protection should be awarded the same principles as human rights.

International Health data regulation is an integral part of the Global strategy on Digital Health

Privacy and ethics
Ethical considerations to guide the use of digital proximity tracking technologies for COVID-19 contact tracing

Guidance on Contact tracing in the context of Covid-19
<table>
<thead>
<tr>
<th>Data And Digital Platforms</th>
<th>Digital solutions</th>
<th>Ongoing work Workstreams</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparedness and Strategic Partnerships for IHR Health Security</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routine and Emergency Surveillance</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Routine and Emergency Surveillance Emergency Management</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Data Collection, Management, Processing, Analysis and Reporting</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Simulation, Modelling and Forecasting</td>
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<tr>
<td>Infodemic Management and Risk Communication</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Supply Chain Management</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Capacity Building &amp; Training</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Support of Existing Critical Systems</td>
<td></td>
<td>25</td>
</tr>
</tbody>
</table>
Our belief in AI

We believe AI technology has the power to **amplify human ingenuity** and extend our capabilities, so we can achieve more. When made accessible to everyone, AI will transform industries, make us more productive, and help solve society’s biggest challenges. This intelligent technology is already improving our lives today and promises to change the world tomorrow in ways unimaginable to us now.

<table>
<thead>
<tr>
<th>Number of Countries</th>
<th>Number of Grants</th>
<th>Number of Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>90+</td>
<td>650+</td>
<td>450+</td>
</tr>
</tbody>
</table>
Project Examples

AI for Humanitarian Action – Operation Smile
Use of AI for severity assessment and post-surgical outcomes for cleft palate interventions.

AI for Health - Novartis Foundation
The Novartis Foundation is developing AI to recognize leprosy through skin lesion images encouraging early detection and treatment.

Health NeXT Team
Azure marketplace chatbot to assist in providing health information and updates to patients and general inquires.
Lessons Learned

- Technical resources a challenge within nonprofit organizations.
- Cost to implement custom solutions can be challenging.
- Data availability and access
- Privacy, security, and ethics concerns for a new technology
Thank you

Cameron Birge
Humanitarian Response Manager
cabirge@microsoft.com
Global Synergy Africa

- Identify appropriate medical devices for LMIC
- Integrate their implementation in a holistic approach:
  - Training of health staff for quality of use and patient-relationship
  - Update infrastructure: energy, waste management, protection (rx)
  - Local maintenance
  - Surveillance / monitoring
  - Quality of care – community of practice, telemedicine
- Examples: Digital IMCI, Medical Imaging (digital x-ray, US), Neonatal Screening for Auditive Troubles, Empowerment of Patients with Sickle-cell disease by Smartphone-App, Fake-Drug screening, Eye health hospital, Cervical Cancer Screening, Electronic Stethoscope, etc.
Enabling Digital Health Futures in Humanitarian Settings

How can we use ERC to push toward this main objective: experience of Burkina Faso using ECR in the first contact of health facilities

Dr S Pierre YAMEOGO, MD, MPH, Technical Secretary in charge of UHC, MoH, Burkina Faso
PD Dr Beat STOLL, Global Health Institute, University of Geneva
Communication plan

• History of IMCI in Burkina Faso
• Using ECR in health facilities
• Challenges and next steps
• Lessons and main challenges
IMCI implementation in Burkina Faso

1990 to 2000: Pilot trying to implement IMCI in Burkina Faso

2002: First step to use IMCI in regions

2005 to 2008: National scaling up to implement IMCI with WHO, UNICEF supports

2005: First quarter 2010: Trying to develop ECR with computer (first trying to make and use electronique IMCI in 8 health facilities: Dr S Pierre YAMEOGO of Ministry of Health and Mr Thierry Agagliate of Tdh

2010: Last quarter 2010: Trying to develop ERC with computer (first trying to make and use electronique IMCI in 8 health facilities: Dr S Pierre YAMEOGO of Ministry of Health and Mr Thierry Agagliate of Tdh

2012 to 2014: ICATT with support of Novartis Fondation and Dr Beat Stoll.

2014: To 2017: Implementation of IeDA project (BMGF funds)

2014 to 2015: We develop training modules which combine ERC and ICATT to reduce time of the post service training (from 14 days to 6-7 days)

2014 to now: Skills transfer to MoH, adding new modules such as maternity, auto training modules...
Informations about using ECR in Burina Faso

• Initial functions of IMCI ECR:
  ✓ IMCI algorithm is included in the software and this helps health worker to follow step by step how to recognize symptoms and diagnosis
  ✓ Patient medical folder is available if you start a new or old consultation. Informations of patient are available on server and you can access with password
  ✓ Statistical tool is automatically incorporated to generate health informations systems and to put directly in DHIS2 of the national health systems
  ✓ Auto training
Informations about using ERC in Burkina Faso

• New functions added to ECR:
  ✓ Tracking et following up resources of HF: Human resources per month per categorie, equipments
  ✓ Corona detect system using data of ECR to send suspects patients
  ✓ Other functions will be maked: cost of the consultation, link with insurance informations...
Lessons and keys of success and challenges

• Progressively and courage to implement technology system
• NGO (Tdh) has a strong staff to push and agree for social change in health workers

• Challenges:
  ✓ How to use big data of servers to strengh health system: team of global health institute of University of Geneva is thinking on this topic with researchers
  ✓ Scaling up this digital solution: domestic and external resources to finance
  ✓ How to merge this system with « One Health approach » which is making in to pilot regions: environmental, animals and health workers in rural areas to share informations about priorities deseases survey?
• We know that IMCI approach defined by WHO can reduce children under five mortality rate **14%**

• Challenge with ECR is firstly the take-up rate (acceptance rate) of health workers to use digital tool during the consultation. With ECR, this rate was grown up around **80% more** than HFs where the health workers don’t use it

• Researchers of London Tropical Medicine (Karl Blanchet and all) have evaluated the effect of using ECR; results
Suggestions and recommendations

• Support digital solutions to accelerate UHC in Burkina Faso;
• Use ECR to Track and follow up the abnormal events in the communities;
• Improve GSM and GPRS coverage in the country: develop better solutions of hard to have good transmission of data
Questions

• How can we ensure essential health benefits package for population in the context of terrorism? Place of partners like IFCR to help Government

•
Screens of ECR
**Couverture géographique du REC**

**Tableau de bord ieDA**

**ieDA en chiffres**

- Nombre de région sanitaire: 8
- Nombre de district sanitaire: 37
- Nombre de CSPS: 1,165
- Nombre total de consultations: 6,560,892

**Volume mensuelle des consultations selon les années**

- **2014**: 100,000 - 200,000
- **2015**: 100,000 - 150,000
- **2016**: 120,000 - 170,000
- **2017**: 150,000 - 200,000
- **2018**: 200,000 - 250,000
- **2019**: 250,000 - 300,000
- **2020**: 300,000 - 350,000

**Dashboard ieDA**

File created 6/14/2020 11:10:51 AM
Distribution géographique des effectifs de : Total des agents

Situation des effectifs en ressources humaines

<table>
<thead>
<tr>
<th>username</th>
<th>Jour de date_evaluation</th>
<th>Nombre IDE-IB</th>
<th>Nombre de Sage-femme / ME</th>
<th>Nombre AIS</th>
<th>Nombre d'agents PCIME</th>
<th>Nombre total d'agents</th>
</tr>
</thead>
<tbody>
<tr>
<td>biba</td>
<td>5 juin 2020</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>bounou</td>
<td>26 mai 2020</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>
Corona triage: GSM system open source for all people who want to register and realize an automatic test.
Corona detect messages alerts; we receive it directly on the screen of the tablet.
Plan RESPONDE – Red Cross Listens to you

16 June 2020
Total people attended

2.052.458

Face-to-face
1.683.430

Online
369.028

Number of responses
3.063.735

First Aid
People attended
25.662
Number of responses
25.662

Social inclusion
People attended
750.978
Number of responses
1.473.885

Health
People attended
818.854
Number of responses
909.264

Employment Plan
People attended
45.690
Number of responses
55.242

Education
People attended
428.223
Online 369.028
Number of responses
72.482

Environment
People attended
44.294
Number of responses
44.721

Others
People attended
47.149
Number of responses
113.451

Cada vez más cerca de las personas
Cruz Roja Española
“RED CROSS LISTENS TO YOU”… And what is the main goal?
How it works?

▪ 120 volunteers

▪ Two levels of intervention
  ▪ Level 1 - Orientation - provided by specialists in psychosocial support and guidance
  ▪ Level 2 - Assistance – specialized care and adequate therapy by expert clinical psychologists of the SRC

▪ Protocols and guidelines
  ▪ Psychosocial care guide
  ▪ Telephone assistance guide
  ▪ Organizational chart
  ▪ Access and call management software manuals
  ▪ Recommendations by group/ situations (13 identified situations)
  ▪ Guidelines and support materials

▪ Call management software
Hotline from home

▪ Based on SRC Contact Center:
  ▪ 700 call center stations
  ▪ Offer information and services online and over the phone
  ▪ Telephone assistance for users and general population
▪ Call management software (access to databases and records -Script)
▪ Laptops connected to the SRC network
▪ Softphone (individual licenses)
Hotline from home

- Provided by identified and assigned volunteers according to the established schedule
- **Dimension the response** according to demand
- Allow saving contact numbers
- System **call-back**
- **Script** available for uniform speech and data collection
- **Derivation** from level 1 to level 2
Microsoft Teams

A channel has been created in the Teams where all the volunteers are connected to:

- **Identification of technical incidents** and communication directly with the SRC Computing Systems department.

- **Discussion of complex cases** among professionals who perform psychosocial care.
## Results

<table>
<thead>
<tr>
<th>Health Information</th>
<th>Health Monitoring</th>
<th>Health Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>People attended</td>
<td>Calls</td>
<td>People attended</td>
</tr>
<tr>
<td>770,616</td>
<td>802,669</td>
<td>32,851</td>
</tr>
<tr>
<td></td>
<td></td>
<td>74,771</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1,184</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1,975</td>
</tr>
</tbody>
</table>

### Psychosocial support

<table>
<thead>
<tr>
<th>People attended</th>
<th>Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>4,235</td>
<td>8,644</td>
</tr>
</tbody>
</table>

### Pharmacological assistance

<table>
<thead>
<tr>
<th>People attended</th>
<th>Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>15,825</td>
<td>21,205</td>
</tr>
</tbody>
</table>

[https://www2.cruzroja.es/cruz-roja-responde-open-data](https://www2.cruzroja.es/cruz-roja-responde-open-data)
Benefits and Challenges

• Center at home is a great solution for the promotion of virtual volunteering.

• The possibility to provide psychosocial support and orientation to more than 4,000 people who emotionally suffer from the consequences of COVID-19.

• Contact Center at home with all access conditions with cybersecurity.

• Remote training for implementation and use of the call management software.

• Remote coordination with 120 volunteers

• No previous experience
Learned lessons

The importance of working in coordination between the different territorial areas and all different work areas inside SRC (IT, Health, Social Intervention, Emergencies) is as important as the technology we can use.
Key Recommendations

- Maintain organizational capability
- Dispersion of Risk and flexibility
- Multichannel
“It is not the strongest of the species that survives, not the most intelligent that survives. It is the one that is the most adaptable to change.”

Charles Darwin
Humanity
Impartiality
Neutrality
Independence
Volunteering
Unity
Universality
mTOMADY
Powering Access to Healthcare
800m+ people in sub-Saharan Africa lack access to proper access to health coverage in the form of insurance or comprehensive state-funded healthcare.
An existing network of 25,000+ (micro) health insurance schemes could bridge that gap...
... but are limited by pen and paper-based processes.

- No standardized workflows
- No structured data
- Limited in reach
- **High business risk** and cost due to fraudulent data / lack of data
- No data exchange
SOLUTION
Hospital
Beneficiary
Insurance

SOLUTION

Treatment
Quality Assurance
Fraud Protection

Authentication
Reimbursement
Premium Payment
Claims Data

mTOMADY

dhis2
Alpha Phase: January 2019

STATUS QUO

> 36 Hospitals

> 8 Mio USD Health Payments
  (adjusted for 2018 average US household income)
NEXT STEPS (2020)

> 100 Hospitals

> 100,000 People insured
LESSONS LEARNT

- Simplicity
- Low tech access
- Offline functionality
- Empirical evidence
4 MOPTI Trial Madagascar Mobile MOney for MaTernal HEalthcare Related Spending
MOTHERS Trial

A stratified cluster randomized causal effect study

AIM

„to determine whether a mobile-phone based savings and payment platform for maternal healthcare is a feasible and beneficial intervention in a resource-restricted public healthcare environment“

Pre-registered primary outcomes:
Antenatal Care visits, Institutional deliveries, Health savings

Secondary outcomes concerning:
Impact, performance, economic costs
MOTHERS Trial

4 MOTHERS Trial

REFERENCE HOSPITALS

INTERVENTION PCPs

CONTROL PCPs

RANDOMIZATION
Primary endpoints:
Minimal detectable difference
1. Facility-based delivery: 7 percentage points (from baseline 67% to 74%)
2. Count of ANC visits: 0.16 (from baseline 2.00 to 2.16)
3. Amount of Health Savings: 200 Ariary

Analytical approaches:
Primary endpoint 1: Modified Poisson model implemented in a generalized linear regression framework (GLM)
Primary endpoint 2: Negative binomial model implemented in a GLM

Assumptions:
- \( \alpha \) (significance level) = 0.05
- \( \beta \) (power) = 0.80
- ICC (intracluster correlation coefficient) = 0.05
- LTFU = 20%
RECOMMENDATIONS

1. Digital initiatives in global health should be based on scientific evidence.

2. For long-term success, digital initiatives should have a sustainable revenue model.
mTOMADY

Powering Access to Healthcare
Session 2: Empowering communities and young people through technology
Friday 19th June 2020, 3-5pm CET

Session objective:
To identify ways and tools to accelerate the use of technology in humanitarian settings for greater empowerment of communities and young people.

Session facilitated by:
Ilona Kickbusch,
Co-chair of the Secretariat of the Lancet and Financial Times Commission

Tanya Accone
Senior Adviser on Innovation at UNICEF

Anine Kongelf
Project Lead Community Based Surveillance at Norwegian Red Cross

Nohemie Mawaka
Founder of Stats Congo

Michelle Angielo Mabugnon
Head of Welfare Service Department at Philippines Red Cross

Presenting:
Young people are super solvers, and technology can unleash their powers

Presenting:
Bridging the digital divide and surveillance gap with community-based surveillance

Presenting:
Technologies for us and by us, young women

Presenting:
Information, Innovation, and Technology: Protection of Migrant Communities in amidst COVID-19

Presentations will lead on to a facilitated whole group discussion between speakers and participants.
Empowering communities and young people through technology

Tanya Accone | Senior Advisor on Innovation at Scale, UNICEF

June 2020
What I'll cover

1. **U-Report**: listening and sharing life-saving facts in crisis
2. **Zlto**: safety, dignity and opportunity through online rewards
3. **UPSHIFT**: helping youth design their own solutions
4. Three key lessons.
U-Report: a flagship social messaging tool

- Real time data collection and communication tool.
- 11 million users in 68 countries.
- New user every 30 seconds.
- Polls gauge issues, knowledge.
- SMS, WA, FB Messenger, Viber.
- Safe, free and anonymous.

- Ureport.in
U-Report is used to

• Understand youth demands
• Connect youth with decision makers.
• Share safe, crucial information
• Boost positive behaviour change.
• Disaster preparedness.
• Counselling.
Emergencies

• Began with IDPs in Northern Nigeria, 2018.
• 85% of IDP's had mobile phones.
• Info' on health, safety and services shared with 200,000

Readaptations:

• Tsunami response (Indonesia)
• Emergency preparendness (Bangladesh)
• Cyclone response (Mozambique / Malawi)
• Refugees / migrants - U-Report OTM

• Also used in rapid needs assessments
COVID-19 ChatBot

- Used by 6 million in 52 countries in 20 languages.
- SMS, WA, FB Messenger and Viber.
- Moldovan government used the recommendations from U-Reporters in helping choose and develop tools for online learning during lockdown.
- In Indonesia, polling and interaction helped identify COVID-related knowledge gaps, including using soap for handwashing, helping to better tailor messaging.
- Chatbot also runs a rumour tracking tool.
ZIto ('Gold'): dignity though online rewards

- Blockchain based web-app that rewards volunteering, community work.
- Originally designed to aid youth employment in deprived areas.
- Helped 2 million South Africans with job hunting and gain new skills so far.
- Good and services earned are designed to help people get jobs.
- Rewards can be claimed in 1000 stores
'Stay home, keep safe' campaign

- Amid SA's lockdown, Zlto was repurposed to reward hand-washing, social distancing, home cleaning and caring for loved ones.
- Rewards included gaining and gifting food and electricity vouchers.
- Users can access free courses on health, life-skills and money management.
- Safe, proven health messaging around COVID-19 also shared through Zlto.
UPSHIFT: tooling up youth for the future

• Social innovation programme to help youth solve problems in their communities.
• Modular curriculum rooted in human-centered design methods.
• With COVID-19, testing extent and impact of scaling learning technologies in 6 countries and territories.
Testing the limits of online learning

• With COVID-19, testing extent and impact of scaling learning technologies in 6 countries and territories.
• Whilst delivering entirely remotely, we see a future of blended learning with some F2F workshops.

We know technology can be very effective in teaching basic literacy and numeracy skills. We know a lot less about how technology can be leveraged at scale to teach transferable skills, such as creativity and innovation.
3 Key Lessons
1. For young people, by young people.

In emergencies, we must be fully accountable to the people we serve. We need to listen and include those affected, putting them right up front in the decisions that affect their lives.

This is not only morally right but practically vital, as how could we possibly find and solve local issues in crises without the eyes, ears, knowledge and ideas of local communities?

Technology that empowers young people can vastly aid this.
2. Helping youth help themselves

Digital tools like Zlto show how putting an emphasis on dignity and empowerment can help youth stay healthy, recover quickly after shocks and help build more cohesive communities.

Through the Zlto COVID-19 campaign, over 500 young people have donated electricity vouchers to poorer elderly people they've never even met.
As with UPSHIFT, we can use the current situation to test new approaches, and new tools and technologies, that we think will boost impact for young people in a post-COVID world.

For UPSHIFT, new tools and approaches may help us reach more geographically dispersed young people at a lower cost, but of course technology should always been as what it is, a tool to boost impact for children and young people.
Thank You
Bridging the digital divide and surveillance gap with community-based surveillance

Digital Health Futures in Humanitarian Settings
Empowering communities and young people through technology

anine.kongelf@redcross.no
early COVID-19 detection in Somaliland
COVID-19 detection in Somaliland

**March 26th, 18:00**
A volunteer detects a fellow community member with cough, fever and difficulty breathing.

**March 26th, 18:00**
Nyss immediately triggers an alert, and notifies the volunteer’s supervisor. The supervisor calls the volunteer to cross-check the information.

**March 26th, 18:00**
Supervisor escalates the alert to the ministry of health, while the volunteer supports the community.

**March 26th, 20:00**
A rapid assessment team from the ministry of health arrives in the village. The sick person is asked to isolate at home, and is tested for COVID-19 the next morning.

**March 31st**
Ministry of health confirms that the person tested positive for COVID-19.

**March 8th**
131 SRCs CBS volunteers are trained in COVID-19 symptoms and asked to report them to Nyss.

**March 26th, 18:00**
The volunteer visits the person and confirms that the symptoms match COVID-19. She also learns that the sick person recently returned from London. She reports to Nyss via SMS.
understanding the gaps in access to health and technology
CBS

Community

Volunteers

Health Authorities
early warning leads to early response
Early warning leads to early response

Red Cross Red Crescent

nyss

a community-based surveillance platform
CBS + Nyss
digital revolution and a digital divide
impact
empowerment
empowerment

From **communities**, by community members

The community is **in charge**, as part of the **solution**, not the problem

Development shaped by implementations and **real world needs**
success factors / key lessons learnt
success factors / key lessons learnt

- Co-creation and collaboration
- Think scalability – always
- Sustained funding
- Problem solving real challenges
- Implementation and development in parallel
- Bridging the digital divide
- Challenge: Lack of standards on data collection and protection
recommendations

^ There is no one fit-for-all or magic bullet technology solution.

^ Invest in integration and interoperability and accept co-existing systems

^ Invest in both task-sharing and strengthening health systems

^ Recognize local actors and communities

^ Ensure that support and response mechanisms exist
Thank you!

For more information on CBS and Nyss, see

www.cbsrc.org
Information, Innovation & Technology: Protection of Migrant Communities amidst COVID19 Pandemic

Michalle Angiello Mabugnon
Head, Welfare Service Department
Virtual Volunteer

www.virtualvolunteer.org
Launched in November 2017
Launched in November 2017

The Philippine Red Cross successfully launched its first-ever Virtual Volunteer web-based application in the Philippines at the PRC Tower Penthouse, Mandaluyong City.

Together with the International Federation of Red Cross and Red Crescent Societies, the Virtual Volunteer—the newest digital platform offers support to Overseas Filipino Workers and their family members by providing information useful before considering migrating, while in abroad, and linking up with available services.

"This is a step in the right direction because it will provide power in the hands of those who want to go abroad. This whole thing is the power of knowledge. We want to give our people—those who want to migrate knowledge on their fingertips. Even before they go, they know already what to do and what to expect," PRC Secretary General Atty. Oscar Palmarola said.

The "Virtual Volunteer" is a source of verified local information that lives in any connected device to provide information to keep migrants safe and healthy at all stages of migration. Provide information to OFWs and family members on available services and provide informed to PRC volunteers to help them engage with communities locally by delivering essential knowledge to people in every corner of the country.
Platform Features

- Tips for OFWs
- Philippine Red Cross Services and contact details
- Map points of Red Cross and Red Crescent National Societies, Philippine Embassies and Consulates, and HIV Testing Centers.
- Emergency Contact Numbers
- Information on migrant rights
- Pre-departure Information
Virtual Volunteer & COVID19

- COVID19 FAQs
- Quarantine Facilities
- Government Memorandums
- Contact details of key agencies
Virtual Volunteer & Health
We use volunteer to provide information
Lessons Learned

• Providing digital information and services is challenging, it is important to understand and keep up with the emerging trend and technologies.
• Collaboration is essential, agreeing the right approach, what should be shared, how best to do with it.
• User feedback is important—Providing services digitally is not just about technology. It is about putting the customer at the center of the design and delivery of the service. As part of our work on the Information theme, we carried out an online forum and group discussion with people from all walks of life who shared their experiences in obtaining information from, or providing information to, the public sector.
Lessons Learned

• Not every community will have access to the world wide web and older people find it hard to use technology. Phil Red Cross made use of the platform as a guidebook for our 2 million volunteers to deliver information to their communities.

• Because of lockdowns being implemented across the world, more and more people now are shifting in working, accessing information online. Tech Companies should invest on research and development on how people nowadays are using technology to improve the way of living.
Ways Forward

- Continue the promotion of VV to gain more visit/access to the platform,
- Continue updating the information on the platform based on the relevance of the current events, etc.
Thank you!

For questions, request and anything else we can help you with;

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Session 3: Sustaining the humanitarian principles in a digital era  
Tuesday 23rd June 2020, 3-5pm CET

Session objective:  
To elicit a discussion on how best to implement appropriate risk assessments alongside new technologies to reduce their negative consequences, and to reach consensus as to whether, and how, the humanitarian principles must be adapted to a rapidly evolving digital era.

Session facilitated by:  
Vincent Cassard,  
Deputy Head of Data Protection Office at the ICRC

Presentations will lead on to a facilitated whole group discussion between speakers and participants.

Mary Nunn  
International Privacy Coordinator  
at Medicins Sans Frontieres

Gautham Krishnaraj  
Michael G. DeGroote Doctoral Excellence Scholar and PhD candidate with the Humanitarian Health Ethics Research Group at McMaster University

Cecile Aptel  
Director Policy, Strategy and Knowledge Department at the IFRC

Presenting:  
Getting it Right – Identifying and mitigating risks when developing digital solutions in a humanitarian context

Presenting:  
Developing Ethics Resources for Humanitarian Innovation: Provisional Qualitative Findings & Reflections

Presenting:  
Sustaining the humanitarian principles in a digital era: contact tracing and COVID-19.
Getting it Right
Identifying and mitigating risks when developing digital solutions in a humanitarian context
Agenda

1. Data Protection in the Humanitarian Sector
2. Risk
3. Identifying Risks in a Digital Health Context
4. Processing and Purpose
5. Necessity and Proportionality
6. Risks in a Humanitarian Context
7. Mitigation
Data Protection in the Humanitarian Sector

*Privacy/Data Protection*

- Not just compliance but a fundamental human right
- Integral component of humanitarian principles – All about protecting the people behind the Data

*Digital Transformation and Digital Health*

- Technology: has important advantages, not a goal in itself
- Use must be led by humanitarian needs

Data Protection is not only about protecting People’s information, but also about protecting their fundamental rights and freedoms. Nowhere is this better illustrated than in the humanitarian sector.
Personal Data Processing Risks

- Multiple risks: Financial, institutional, legal, operational, etc
- Data Protection focus: risks to Individuals
- Multiple type of digital health project, each with own risk matrix
- Focus here:
  - Data storage
  - Technology for provision of Healthcare
- No zero risk, no fully informed risk, no crystallised risk

\[ \text{Risk} = \text{Likelihood} \times \text{Impact} \]

*Humanitarian ethics call for low risk appetite and high mitigation efforts*
Identifying Risks in a Digital Health Context: The Data Protection Impact Assessment (DPIA)

**What is a DPIA?**
Structured assessment of impact of Data processing activity or new technology use on rights and freedoms of individuals

**What does a DPIA include?**
- Description of Data processing envisaged and purposes
- Assessment of necessity and proportionality of processing
- Assessment of risks to rights and freedoms of individuals
- Measures envisaged to address risks

**When to do a DPIA?**
- Wherever a high likelihood of risk to rights and freedoms of individuals
- Processing of sensitive data
- Use of new technologies
- Humanitarian context: always?

**Why do a DPIA?**
- Structured way of identifying risks and defining mitigation measures
- Requires multidisciplinary input
- Accountability
- Legal obligation
Processing and Purpose

**Processing**

- Type of data, quantity, data flows, nature of processing, scope, context, source of risks
- Detail allows for better risk identification

**Purpose**

- Specific, explicit, legitimate
  - **Specific**: What is the actual problem that we are trying to solve? To be determined before or at the time of data collection
  - **Explicit**: Unambiguous and clearly expressed
  - **Legitimate**: Must not entail a disproportionate interference with the rights, freedoms and interests at stake
Necessity and Proportionality

**Necessity**

- Personal Data use should be limited to what is necessary for the purposes for which the Data is being processed
- Period for which Data is stored should be kept to a strict minimum

**Proportionality**

- Personal Data should only be processed if purpose could not reasonably be fulfilled by other means

*If the technology does not or cannot fulfil the specific objective(s) for which it is being used, then it should probably not be used.*
Risk Examples

**Data Breach**: Impact to be considered in context

- Personal safety
- Wellbeing and welfare
- Freedom of Movement
- Surveillance: NB: Metadata
- Targeting: NB: Metadata
- Future care: Breakdown in trust

**Children and Young People**

- Deemed particularly vulnerable – higher mitigation requirements
- Consent concerns

**Conflict Settings**

- Conflict escalation
- Targeting

**Healthcare Technology**

- Data bias
- Sub-standard care
- Lack of recourse
- Unequal access to care
- Unequal access to information
Mitigation Measures

**IT Security**
- Firewalls, intrusion detection systems, safer server locations, access control and management, back-ups, hardware maintenance, network activity monitoring, website security, etc.

**Data Security**
- De-identification, anonymisation, data partitioning, data minimisation, archiving, etc.

**Third Party Due Diligence**
- Due diligence: Data security, data processing, data use, tech capability
- Contractual set-up: Data controllership, data responsibilities
- Development of in-house tech expertise

**Organisational**
- Data governance: allocation of data responsibilities throughout data lifecycle
- Staff Training, monitoring, data breach processes, contractual obligations, etc

**Functionality Design**
- Privacy by design and default: access controls, data security capabilities, etc

**Bias Reduction**
- Co-creation
- Humanitarian-Tech partnerships
To conclude

Tech should be adapting to humanitarian principles rather than the other way round. As humanitarians, we are duty-bound to make decisions on the basis of humanitarian need, not technological potential.

Humanitarian principles are today being challenged on many fronts, but digital transformation in the pursuit of universal healthcare need not be one of them.
Developing Ethics Resources for Humanitarian Innovation

Gautham Krishnaraj, PhD(c)
Humanitarian Health Ethics Research Group
McMaster University, Canada
Team Acknowledgements

Gautham Krishnaraj, Dr. Lisa Schwartz (co-PI), Dr. Matthew Hunt (Co-PI), Rachel Yantzi RN, Dr. Donal O'Mathuna, Dr. John Pringle, Dr. Ali Okhowat, Dr Lydia Kapiriri

Clare Fogarty, Laura Brennan, Melanie Christine Baniña

Dr. Anna Skeels, Ian McClelland

& countless innovators, funders, and humanitarian professionals!
Project Background

- The Humanitarian Innovation Fund aims to improve outcomes for people affected by humanitarian crises by identifying, nurturing and sharing more effective and scalable solutions.
- In 2017, an independent audit of resources available to humanitarian innovators revealed several gaps in the existing knowledge base, leading to the creation of the Humanitarian Innovation Guide. The HIF subsequently articulated the need for an evidence-based ethics framework for humanitarian innovation, engaging the Humanitarian Health Ethics Research Group from 2019-2020.

https://higuide.elrha.org/
**March 2019**: HHE begins consultancy with HIF with four major components based on identified need for ethics resources to complement HIF Innovation guide. Key elements include: scoping review, key stakeholder interviews, and resource development.

**September 2019**: Presentation of provisional scoping report and "core" tool for feedback at R2HC Research Forum.

**October 2019**: Workshop and feedback solicitation with HIF grantees and innovation community in the Phillipines.

**December 2019**: Interviews completed, provisional findings shared at WFP Innovation Accelerator Week with Humanitarian Grand Challenge Innovators.

**January 2020**: Piloting of ethics toolkit and feedback solicitation with new cohort of HIF grantees.

**March 2020**: Initial consultancy concludes, ongoing work focusing on piloting resources with innovators, aiming for public dissemination in late 2020, and study publications in mid 2021.
50+ INNOVATORS have engaged with the tool in group or one-on-one mentorship settings and provided feedback.

5 WORKSHOPS led at events hosted by the Humanitarian Innovation Fund, elrha, and Grand Challenges Canada/WFP.

6 CASE STUDIES were drawn from real innovator experiences, to highlight common challenges faced at various stages of innovating.

5 UNIQUE TOOLS have been developed to engage in ethical deliberation at individual, team, and organizational levels.
Some Provisional Findings

- The term "innovation" does not have a clear definition/common understanding amongst humanitarians - with some actively avoiding using the term
- Much of the existing discourse about innovation focuses on experimentation and scaling
- Funding structures (and related metrics of impact/failure) are the most commonly cited barrier to humanitarian innovation
- Participatory, community-led and owned, integrated innovation is generally seen as the most effective and ethical approach
THREE RECOMMENDATIONS

BE WARY OF (TECHNO)-SOLUTIONISM.
Is this a case of everything looking like a nail to a hammer, or an app to a developer? Ask who is defining the problems before searching for solutions. Ethical innovation begins well before adaptation/invention.

CLOSELY EXAMINE CLAIMS OF NEUTRALITY.
AI and digital technologies reflect the perspectives and biases of the individuals and society from which they are borne. Of the seven fundamental principles, neutrality is particularly at risk in a digital world.

ORIENT TOWARDS ACCOUNTABILITY.
Even with an ethicist on hand, the "right" answer will often be impossible to determine and/or enact - such is the nature of an ethical dilemma. Focus should be on ethical decision making structures that encourage organizational accountability and reflexivity.
"ethics inevitably leads to innovation. In line with the principle that ‘if you always do things the same way, you always get the same results’, and assuming a goal of continual improvement, we cannot sit back and continue doing things in the same way"

Jane Fontrondona, 2013
QUESTIONS?
STAY IN TOUCH!

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HUMANITARIANHEALTHETHICS.NET

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Sustaining the humanitarian principles in a digital era: proximity tracing and Covid-19

Cecile Aptel
23 June 2020
Proximity Tracing Apps
Data Protection