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# Health Policy and Technology

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## Editorial

### Conference to mark the 10<sup>th</sup> anniversary for the Health Policy and Technology journal



*Health Policy and Technology* (HPT) is a journal that focuses on health policy and the role of technology in national and international health environments, across the spectrum from drug discovery to diagnostics, devices, health technology assessment and e-health. The aim of *HPT* is to support policymakers, health professionals, health technology providers, patient groups and academia through publishing relevant, timely and accessible articles and commentaries on health policy and technology.

HPT is published by Elsevier on behalf of medical society the *Fellowship of Postgraduate Medicine* (FPM) [1]. The FPM, founded in 1918, provides authoritative updates on advances in medicine to health professionals around the world, through HPT and its other official publication the *Postgraduate Medical Journal*, and through conferences and webinars.

To mark the 10th anniversary of the launch of HPT, the journal is organising an online conference in partnership with the FPM, with media support from health policy catalyst Vital Transformation.

The conference will be held as a series of 5 monthly themed online sessions on Tuesdays at 4pm UK time, with an hour for discussion by distinguished international panels of health policymakers, clinicians, academics and other senior health and biotechnology experts, followed by presentations of peer-reviewed abstracts on topics related to the themes of the conference. The organisers are pleased to invite our readers and authors to join the conference as audience participants and as presenters of peer-reviewed abstracts. Recordings of the sessions will be available on the HPT and FPM websites and abstracts of the peer-reviewed presentations will be published in the *Health Policy and Technology* journal.

Registration for the conference is free [2]. Electronic certificates of attendance will be available subject to providing feedback on the sessions.

The first session, on 27<sup>th</sup> July 2021, will consider “Vaccines, Trusted Information and Fake News”. The public, health professionals and policymakers increasingly use social media as a source for health information and to guide important decisions on choices and actions about the prevention and treatment of disease. However, the world is also faced by a pandemic of fake news and half-truths on health matters [3]. Key questions include: how do we ensure that valid information regarding vaccines is circulated and accepted at all levels of society both in developed and in less developed countries? How do we disentangle outright vaccine refusal from vaccine hesitancy?

In many countries the COVID-19 pandemic is entering a 3rd wave and vaccine confidence is a live issue. A recent study about COVID-19 misinformation across five countries suggests that misinformation reduces affected people’s self-reported compliance with public health recommendations and both decreases willingness to get vaccinated and to recommend the vaccine to others [4]. On a background of differences in regulatory approaches to COVID-19 vaccine approvals and statements critical of COVID-19 vaccine efficacy by national leaders, Belgium at one point in 2021 had received 200,000 units but had only been able to distribute 4% of this quantity due to a lack of acceptance in the general public. Source of the vaccine, side-effect profile and the attitude of general practitioner have important influences on reversing vaccine hesitancy [5]. A survey conducted in France in July 2020 found complete vaccine refusal in 29% of a representative working-age population of 1942 subjects [5]. In contrast, a August 2020 survey in Australia found a much more favourable attitude to COVID-19 vaccines: only 6% of a sample of 3061 adults were resistant to getting vaccinated [6].

The second session, on 24th August, will discuss “Artificial Intelligence – Improving Health, from Smart Hospitals to Smart Homes”. Terms such as smart hospitals and smart homes are frequently used to capture the huge potential for disease prevention and treatment in those locations. But how much evidence is there that all expectations will be met? Moreover, when we assess AI applications in healthcare, should we include other criteria besides health outcomes and healthcare efficiency? For example, it is likely that many people would not desire a smart home that is proven to improve health outcomes if IT sensors in every room were required; for them, privacy overshadows health.

Key issues for discussion include: what do developments of smart hospitals and smart homes mean for patients, health professionals and policy makers? Better diagnostics? Better medicines? Greater efficiency? Use of the term artificial intelligence (AI) elicits all sorts of reactions, from enthusiasm to fear. How much are these reactions well-founded? One thing is clear: when it comes to health, artificial intelligence can be applied in myriad ways, from every department in a hospital to every corner in one’s own home.

A further theme for this session is applying artificial intelligence to understanding Big Data. Given the patchy performance of public health approaches during the COVID-19 pandemic, how can we use AI to harness data to improve decision-making for better societal health, cost management, and patient outcomes – greater safety of medicines, control of long-term conditions and solutions for rare/orphan diseases [7]?

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The third session, on 28th September, will discuss “Equity and Outcomes, Ensuring Fair Access to Healthcare”. It is widely known that life expectancy has generally increased over the years. Moreover, healthy life expectancy (i.e. the number of years lived in good health) has also increased. Many will point to the availability of new treatments that have greatly improved the chance of survival following the diagnosis of life-threatening diseases such as types of cancer. However, comparisons of cancer survival rates reveal striking differences among countries, even between countries with a similar GDP [8]. Key issues include: is this true for other diseases, what are the reasons for any differences and, more importantly, what are the best ways to address unacceptable differences?

The fourth session, on 26th October, will address “Geopolitical Challenges to the Price of Medicines”. Innovative health technologies are often enthusiastically viewed as game changers, however their costs are sharply criticised. Take, for example, CAR T-Cell therapy, which has a price of up to 500,000 euro per person. This raises many questions. For example, what is a fair price for a medicine? How should the price be related to the effectiveness or the number of end-users? What about the risks taken by the company to get the therapy to market? What about the risks taken by the end-user of the medicine? And what about the risks taken by the payer? Is it unrealistic to think that there is a solution that would be fair to all stakeholders? And how can we ensure that the whole system is financially sustainable in the long term [9]?

The fifth and final session, on 23rd November, will discuss “Climate and Health – why should policymakers and the public be concerned?” With increasing climate instability and global temperatures on the rise, what will be the impact on health [10]? How can society best respond now to future challenges that both address the economic realities of climate change and anticipate any demands that may be placed upon public health systems which are already under severe strain due to demographic shifts and aging populations. Natural experiments of the impact on health of enforced rapid reduction in economic activity and reduced pollution are being seen in response to the COVID-19 pandemic.

Topics to be considered in the webinar include impacts of planned efforts to limit climate change on financial health and thus funding for healthcare; increasing need for emergency support for floods and associated epidemics; health effects of forced migration; and climate change, pollution and health. Reducing global warming via less pollution would reduce risks of communicable diseases and non-communicable diseases, including cancers. A priority question is: what evidence on health benefits of limiting climate change would lead to a change in policy?

Please go to the FPM website [2] for updates on the HPT 10<sup>th</sup> anniversary conference, how to register and, if you wish to do so, how to

submit an abstract to be considered for presentation at a conference session.

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