Event Readout:
Why is health absent in the Global Digital Compact? A discussion on the critical need for health in digital governance

On Thursday 11th July, STOPAIDS and the UN Major Group for Children and Youth hosted a virtual roundtable event: 'Why is health absent in the Global Digital Compact? A roundtable discussion on the critical need for health in digital governance' attended by civil society, governments and WHO.

The event explored the proposal that an explicit reference to health should be included in the Global Digital Compact. Hosts acknowledged the contributions of many member states and multilateral institutions to ensuring the good governance of digital health, but outlined that without health in the Compact, we risk having siloed governance of health data and technologies in ways that are not consistent with principles and approaches in other sectors. Further, speakers noted that the health sector has valuable experience to contribute to governance, particularly in engaging and collaborating with communities and civil society. This discussion should extend beyond the Compact text, to also considering its implementation and the broader digital governance ecosystem.

Roundtable participants discussed the potential harms of technology on health and wellbeing, and the need for more inclusive and equitable approaches.They also highlighted the role of digital platforms in shaping health outcomes, the need for responsible digital practices, and the importance of youth participation in decision-making processes.

Below we outline key interventions from panellists and the roundtable discussion:

Courtenay Howe (STOPAIDS, Health ImPACT Coalition) - Courtenay presented five key areas of focus for the Health ImPACT coalition, working under the Summit of the Future processes, including reinforcing health as a cross-cutting issue for all policy areas, increasing investments in sustainable public health systems, and advancing health rights in the Pact for the Future and Global Digital Compact.

Meg Davis (Warwick University, Digital Health and Rights Project) - Meg described research findings from the DHRP and highlighted the challenges key populations face in accessing digital technologies, accurate health information and access to redress for digital harms. She stressed the need for a more inclusive and equitable approach to digital health that takes into account the broader environments of gender, race, and other inequalities.

Andrea Carstensen (Major Group for Children and Youth) - Andrea highlighted the impact of digitalization on mental health and well-being, particularly for children and youth, highlighting the risks of cyberbullying, misinformation, and the exacerbation of existing mental health issues. She emphasised the importance of promoting digital hygiene and responsible digital practices to ensure mental health and well-being in the digital age.

Louise Holly (Digital Transformations for Health Lab) - Louise considered the intersections between digital transformations and health, highlighting that digital technologies can have both positive and negative impacts on health and well-being. She recommended that the Compact recognise - and outline ways to address - digital transformations as determinants of health.

Sithembile Sakala (Restless Development) - Sithembile stressed the need for youth participation in decision-making processes related to digital governance, noting that young people are increasingly using digital platforms for health, education, and mental health support but are often left out of decision-making processes.

Achieng Akena (LGBTI Stakeholder Group) - Achieng outlined the intersectional issues of digital governance, focusing on global inequalities, systemic oppression, and the need for enabling laws to facilitate inclusion. They also highlighted the importance of digital protections, expanding infrastructure for digital accessibility, and the need for digital literacy, and raised parallel regional processes such as the African Digital Compact.

Other themes that arose during the discussion include:
- The links between these processes and the UHC agenda
- The lack of funding for health governance
- The arising interest in the potential to develop a UN Major Group on Health
- Transparency and trust as key issues in digital governance
- Different intersections of health including the importance of specifically recognising mental health
- Concerns regarding the successful implementation of the Compact and inclusion of civil society in this process, as well as the need for clarity on how imPACT coalitions will be engaged in the Pact for the Future beyond the September Summit
- Proposed methods for youth inclusion including through institutionalisation of youth into structures and consultation processes
- Avoiding duplication of digital governance mechanisms

Next Steps:

We are pleased that Revision 3 of the Compact includes reference to 'mental health and wellbeing' (paragraph 30). However, we maintain that **there should be explicit reference to health in the Global Digital Compact.** We recommend the following additions:

1. Reference to health within the preamble, highlighting the unprecedented, pervasive impact of digital transformations on all aspects of life, including health.
2. Additional text in paragraph 11 to include commitments to connect all health facilities and health workers to the internet.
3. Additional text in paragraph 22 to recognise that there are intersecting harms that users of digital technologies may be exposed to. It should be explicitly stated that these include harm to people's physical health, mental health and overall wellbeing.
4. A standalone paragraph under Objective 5 committing member states to evaluate the impact of digital technologies (including emerging technologies) on health, including mental health, and take actions to protect the right to health.
5. A paragraph under Objective 5 to detail the role of the WHO in complementing and/or implementing the Global Digital Compact.