Policy Brief: Reorienting Public Services Platformization in Health

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Reorienting Public Services Platformization in Health

TF5 - Inclusive Digital Transformation, Subtopic 2
(Digital Transformation and Platformization of Public Services)

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Abstract and Keywords

Following the 70s economic crisis, the State's role in providing welfare services has receded, giving primacy to the market. The advancement of digitalization in service delivery builds on this dynamic. A solutionist, silver-bullet approach to bridge gaps in service delivery and improve last mile access has positioned private entities at critical nodes, particularly within the healthcare sector.

In this policy brief, we highlight the pitfalls of a techno-deterministic approach to digitalization that include the increased commodification of health services, the shrinking space for civic action, and the dilution of individual and community data rights. The trend towards government-as-platform has deepened the distance between the citizen and the state. These concerns have wider relevance as digital innovation is sought to be exported by first movers and lead firms through the G20 cooperation route to less developed countries (for instance, in the African Union). We argue that the constraints imposed on states to imitate the supposed successes of other nations by implementing uprooted practices and systems in vastly different contexts, results in perpetuating the capability trap. It also masks deeper dysfunction in the lack of institutional capacity.

Tied to the global governance discussion and debates about digitalization, colonization and imperialism, a reorientation of public services platformization is thus vital. Our key recommendations include the need to center democratic discourses in the policymaking process; subject public-private partnerships to strict evaluation and monitoring mechanisms, and enforce a life-cycle approach for data governance that centers data rights.

Keywords: Platformization. Commodification. Participation. Data Governance.

1. Diagnosis of the Issue

Platformization – the penetration of network-data infrastructures and an associated shift in governance norms, rules, and protocols – in the domain of health policies, programs, and practices marks a paradigmatic change. The impact of the current mode of platformization under capitalism on health services delivery, particularly through digital health interventions (DHIs), is the main thrust of this policy brief. Through experiences from Brazil and India, we demonstrate the differential impact of the DHIs in peripheral countries. Notably, the digital trade agenda consolidates the position of dominant countries in global data value chains, while others on the periphery are reduced to mere exporters of raw data and importers of technological infrastructure.[1]

1.1. Digitalization and a Market-first Approach

The transition to digital health coincided with a change in the role of the State, which went from being the sole provider of services to contracting and acquiring services from the private sector.[2] However, these partnerships are insufficiently monitored and scrutinized, with a worrying lack of transparency regarding their terms and implications for the overall health systems.

With the commodification and financialization of healthcare (digital and otherwise), the patient has become the consumer and commercial interests were prioritized over others. India’s digital journey mirrors this approach. For instance, the State’s role has been limited to the provision of limited foundational infrastructure, which is expected to catalyze privately-led horizontal integration of digital health services and innovation.[3] Similarly, Brazil’s Datasus, the Information Department of Brazil's Unified National Health System (SUS), has counted with private players, such as Amazon Web Services, who provide the cloud infrastructure for the country's health data.[4]

Without grounded evidence on the efficacy and risks of private platforms in health, peripheral countries are rushing to adopt digital health strategies anchored in market-led platformization. The Brazilian Digital Health Strategy 2020-2028 and the 2020 National Digital Health Blueprint, of the Indian Ministry of Health & Family Welfare, are both based on this formula. This approach does not adequately address pressing concerns in the health sector, including limited investment in research, inadequate capacity building, and dilapidated healthcare infrastructure.[5] Attempts to bring efficiencies through digitalization have not really taken off. For instance, while convergence between the national ID, Aadhaar, and the Ayushman card under the state insurance scheme (Pradhan Mantri-Jan Arogya Yojana) is being pushed in India, problems lie elsewhere, with mounting dues from the government forcing healthcare providers in India to refuse admission to patients through the scheme.[6]

1.2. Digitalization and Participatory Governance

Digitalization of service delivery in social welfare has been top-down in several respects—designed through coercive measures, inadequate public consultations, and without meaningful involvement of end users. India's digital health mission has prioritized scale rather than impact. For example, the health ID was simply allocated to individuals without their consent when they used the CoWIN platform to access COVID-19 vaccinations.[7] Public consultation processes within the Indian Ayushman Bharat Digital Mission often have short timelines and lack accessibility for non-English speakers or non-digital modes, hindering meaningful engagement.[8] In Brazil, while social participation is a foundational pillar of the National Health Systems, the digital health strategy included just private consultants who provided subsidies (such as pro bono consultations) based on international frameworks.[9]

Expedient methods of hasty adoption and scaling have led to poorly drafted policies or even the absence of legislation. Alternative and more sustainable modes of digitalization—such as democratic ownership of data, and community-centric governance frameworks—are thus not considered.

1.3. Digitalization and Data Governance

Digitalization in the healthcare sector assumes that the critical gap in service delivery is the scarcity of data; and so, the remedy often employed is that of large-scale data extractivism.[10] In the absence of a robust data governance regime within the Indian healthcare sector, private entities operate behind a veil of opacity.[11] In Brazil, big data in health is considered to be a "laboratory of open innovation", making data potentially available to those aiming to profit from this public resource.[12] Data protection regulation often prioritize the economic and/or market value of data. As a result, value propositions that challenge the commercial use, such as privacy of health data and patient autonomy, are automatically seen as less important.

2. Recommendations

As more public services are being platformized through a market-led model, including transportation, education, and welfare services, it is essential for the G20 agenda to address the potential risks of this phenomenon. A stocktaking and reorientation of public services platformization will enable the G20 to address concerns in a geopolitical conflicting arena for citizen rights, and quality and accountability of services, in all their complexity. Without such reorientation, the opportunity for appropriate platformization is bound to be lost in the medium to long run. With this in mind, we propose some recommendations in the table below:

Issue	Recommendation	Rationale
Digitalization and a Market-first Approach		
Private solutions built on public digital health infrastructure presume that this will lead to efficiency improvements and cost reduction.	● Public consultations and evaluation and monitoring mechanisms should be institutionalized at the state and central levels to examine the impact of dominant approaches from a systemic standpoint.	The normalization of privately delivered solutions over public services platforms creates perverse incentives for marketization and undermining of public systems.
Data on partnerships with PPPs is not easily available.	● MoU's and data sharing agreements should be made public and open to public consultation. ● Data sharing agreements should address the following— ○ consent mechanism, nature of data collected, purpose of collection i.e. primary and secondary uses of data (if any), ○ how the data will be monetized (if at all and if this is within legitimate purpose), ○ process for correction and erasure of data, ○ start and end date of the agreement, and ○ data retention policies.	This is a necessary step towards enforcing social accountability for the digital age i.e. what a private for-profit entity can do i.e. what is legally permissible, and what they should do, i.e. does it uphold patient care?
Digital Health Interventions (DHIs) do not address pressing concerns in the healthcare sector.	● DHIs should accompany State investment in healthcare infrastructure. ● Participatory governance provisions should be backed by legislation to identify appropriate use cases for digitalization based on democratic debate about the pressing concerns.	Without grounding in specific purposes and in the interest of the public health system dependents, DHIs will not improve access to healthcare for the most marginalized. Technology alone does not guarantee accessibility.
Health systems data is increasingly made available without any guardrails for the market.	● Policies must provide express access-and-use conditionalities to manage public data resources robustly.	Appropriate governance of access to public datasets will prevent the indistinct

	• Innovation and sectoral data governance policies are needed to establish the vision and goals of digitalization in health according to historic guarantees.	reuse of data for business purposes and also for public services that are not compatible with health provision, and maximize their public value.
Digitalization and Participatory Governance		
Opacity around the workings of DHIs preclude participation of stakeholders.	• The state must invest in awareness programmes that are needed for patients, community health care workers, public health practitioners, etc. • Awareness initiatives must operate to demystify technology and center community-led digitalization as a right.	Capacity building that caters to local contexts and needs will allow a diverse range of groups to effectively participate in the decision-making processes as rights-holding citizens.
DHIs are not designed by or with the end-user in mind.	• The state must consult a wide range of groups affected by public systems platformization. • This must be done at every stage of developing a DHI, including its implementation.	A co-design process or a use-case approach will foreground the needs of the end-user and would help develop DHIs that can sufficiently address their concerns.
Data on digitalization of health is not easily available for public scrutiny.	• Data on pilots of digitization initiatives as well as partnership details underpinning such pilots should be made public	Transparency of initiatives supported by public funds can be used to generate useful evidence and course correction of policies and programs.
Digitalization and Data Governance		
While some populations tend to be exporters of raw data, they lack the ability to scrutinize or contest the infrastructural power of large private platforms.	• A global governance regime for data must be developed. • It must address the economic and developmental aspects of data's immense value as a local resource. • The debate over Digital Public Infrastructures (DPI) should be located firmly in the domain of public innovation ecosystems and be precise about property-related concerns, such as ownership and the associated bundle of rights.	Global data governance measures could enhance local capabilities building w.r.t. digital intelligence and new innovation ecosystems without trade rules presenting a barrier.

Data governance policies and practices of private entities is largely opaque.	• Accountability must move beyond notice and consent mechanisms (which are often reduced to a checkbox exercise).
	• Laws and policies should clearly demarcate roles and responsibilities of private actors, including:
	  ○ mandatory transparency measures to share data and data related practices;
	  ○ evaluation and monitoring mechanisms, such as data audits.
		Data governance in the context of platformization of health needs to be based on principles and norms promoting local autonomy, transparency, accountability, equity and inclusion.

In sum, the objective of 'inclusive digital transformation' requires a critical approach that moves away from a largely top-down governance approach towards democratic processes in public policy making. This would require a shift away from techno-deterministic frameworks, to include a central role for public imagination and participation in services delivery. DHIs must operate in lock-step with investments in primary healthcare infrastructure, community monitoring mechanisms, and improvement in data accessibility.

The grand narrative of digital innovation tends to legitimize the outsourced model of digitalization, allowing powerful technology actors in the private sector to gain infrastructural control of the public health systems, reinforcing commercial and competitive values inimical to social justice. Public-Private Partnerships (PPPs) in digital health, therefore, need to be rethought so that they do not compromise public universal health delivery.

Participatory democracy, in the context of the digital should be rooted in meaningful participation by communities — translating into public consultation, scrutiny, people's assemblies, debates and decisions; and commons-based/community-managed digital and data models.[13]

3. Scenario of Outcomes

3.1. Difficulties in the Shift Towards Southern Models

Market-based values have taken precedence over other possibilities for digitalization. The free trade and free market agenda that peripheral countries have been coerced into adopting preempts regulatory approaches that can check dominant platform monopolies. In the absence of a global data governance regime, the problem is compounded. The infrastructures of service delivery in these countries are increasingly being controlled by powerful countries and their corporations, even as "aid for trade" measures are introduced to deepen dependencies.[14] This undercuts global equity in the distribution of benefits arising from the data and AI paradigm.

It stymies the possibility for the local development of digital public infrastructure as an alternative to proprietary solutions, or for building a heterodox technological development strategy.

A meaningful people-centric approach reaching the concreteness of how social relations are being subordinated to the techno-deterministic process can promote national capabilities and is likely to face several road-blocks. First and foremost, building digital infrastructure outside the walled garden of platform monopolies is extremely difficult. The entrenchment of these infrastructures at a society-wide scale has reduced opportunities for non-proprietary solutions.

To address the inevitable push-back from the private sector to new pathways for digital transformation, social movements must act in the defense of public-community models.

3.2. Challenges to Contextual Health Sector Digitalization

Participatory models in service delivery present difficulties in scaling. Context-specific success in one community is hard to replicate in another. A one-size-fits-all policy approach to digitalization will not be able to address diversity and people's participation. Regulation should therefore enable decentralized models and the involvement of local and state level public authorities.

3.3. Making the Public Value of Data a Viable Proposition

Questioning commercial interests in digitalization of public health is necessary, although not easy. Increased public participation in policy-making can bring in and generate the legitimacy for non-commodified visions of data value. This is not just desirable, but also in keeping with the fundamentals of the Public Healthcare System in Brazil and India.[15]

Monitoring and evaluation mechanisms must also place public interest as a performance metric for implementation of DHI. This will challenge techno-solutionist narratives. The impact of data access and data sharing must be studied across stakeholders, with community and economic rights as a core aspect of such assessments. Data governance regimes at the national level must foreground the public and social value accruing from digital intelligence, and institutionalize a dynamic, responsive and inclusive participatory governance mechanism for data.

Given that the insights presented within this document extend beyond the realm of health discussions, it is imperative that the reasoning and issues it raises are taken into account when shaping digital government regulations as a whole.

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5. Appendices

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