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# Digital Health: An opportunity to advance Health Equity

Presentation Document

November 2022



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# What we will cover today

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- 
- A Define health equity in the context of HealthTech**
  - B Review how health disparities can be addressed**
  - C Overview what HealthTech players can do and are currently doing to improve health equity**
  - D Tips for digital leaders**
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# Gila Tolub

Partner, Tel Aviv

Consultant for 17+ years; McKinsey for 10+ years

France, US, Israel

Passionate about making a difference in people's lives

Work with Pharma companies, medtech and biotech companies

MBA from University of Chicago Booth School of Business

Married with 4 children



## A. Question 1

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**Are Health Equality and Health Equity the same thing?  
Can the two be used interchangeably?**

Yes

No

I don't know

## A. Question 1

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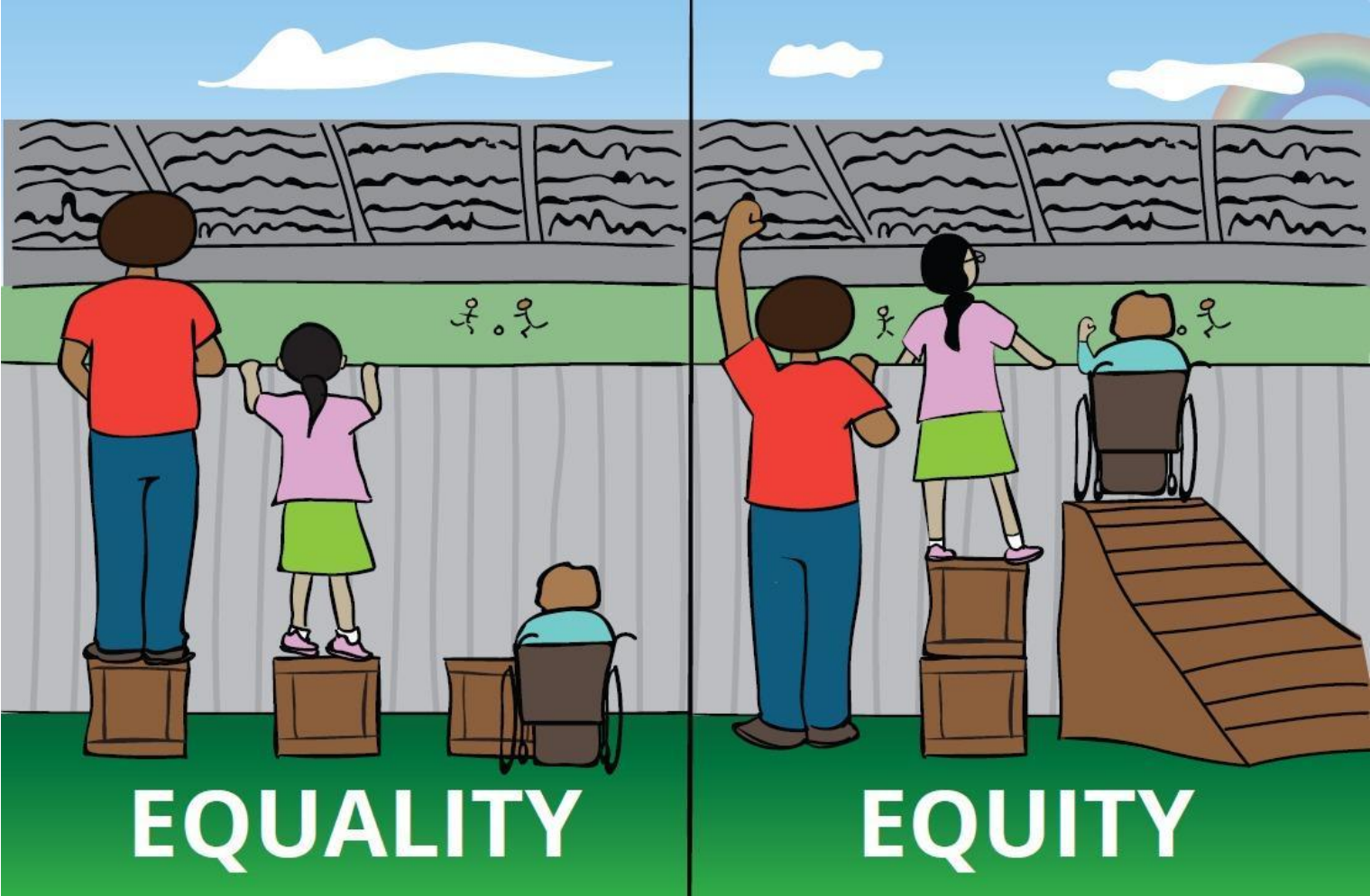
**Are Health Equality and Health Equity the same thing?**  
**Can the two be used interchangeably?**

Yes

No

I don't know

# A. Question 1



# A. Multiple definitions of **Health Equity**



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*Health Equity is defined as the **absence of unfair and avoidable or remediable differences** in health among population groups*



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*Health equity is when **everyone has the opportunity to be as healthy as possible***



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*Health equity means that **everyone has a fair and just opportunity to be as healthy as possible***



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*The route to achieving equity will not be accomplished through treating everyone equally. It will be achieved by treating **everyone justly according to their circumstances***



## A. Question 2

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How long will a **woman** with a heart-attack wait to receive treatment in a **French hospital** compared to **males**?

- 1 hour less
- 30 min less
- Same
- 30 min more
- 1 hour more
- 90 min more

## A. Question 2

---

How long will a **woman** with a heart-attack wait to receive treatment in a **French hospital** compared to **males**?

- 1 hour less
- 30 min less
- Same
- 30 min more
- 1 hour more
- 90 min more

# A. Not only about **North and South**



## Access to healthcare

**38%**

of Hispanics, 26% of Black Americans have no stable care provider, compared to 17% of White

**4x**

low income groups in EU report unmet medical needs vs. high income groups

**10-20%**

of clinical trial participants in the US belong to a racial or ethnic minority, despite representing ~40% of the population



## Quality of care

**5x**

higher pregnancy-related mortality rates for college-educated Black vs. White women in the US

**8x**

infant mortality rate in LICs in Asia compared to HICs in Asia and OECD average (30 deaths/1000 live births)

**+1.5h**

that female heart-attack victims in France wait to receive treatment compared to males

## A. Question 3

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Compared to white Americans, the estimated **age-adjusted COVID-19** mortality rate for **black Americans** is:

- Same
- 1x
- 2x
- 3x
- 4x

## A. Question 3

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Compared to white Americans, the estimated **age-adjusted COVID-19** mortality rate for **black Americans** is:

- Same - 1x

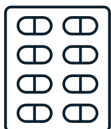
- 2x

- 3x

- 4x



# A. Health disparities have been exacerbated by COVID-19



**1 in 4**

adolescents in Latin America and the Caribbean, did not have access to family planning services, during COVID-19



**8-39%**

increase in maternal deaths in LMICs due to COVID-19 reduction of perinatal care



**1.6-3.3x**

Black, Asian and minority ethnic (BAME) groups in the UK<sup>1</sup> have 1.6x to 3.3x higher risk of death from COVID-19 than Whites



**2.5-3.8x**

Black, Indigenous, and Hispanic populations in the US age-adjusted COVID-19 mortality rates are 2.5x to 3.8x that of Whites<sup>4</sup>

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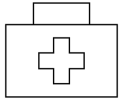
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# B. Health Inequities

## manifest in three ways



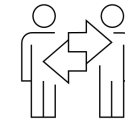
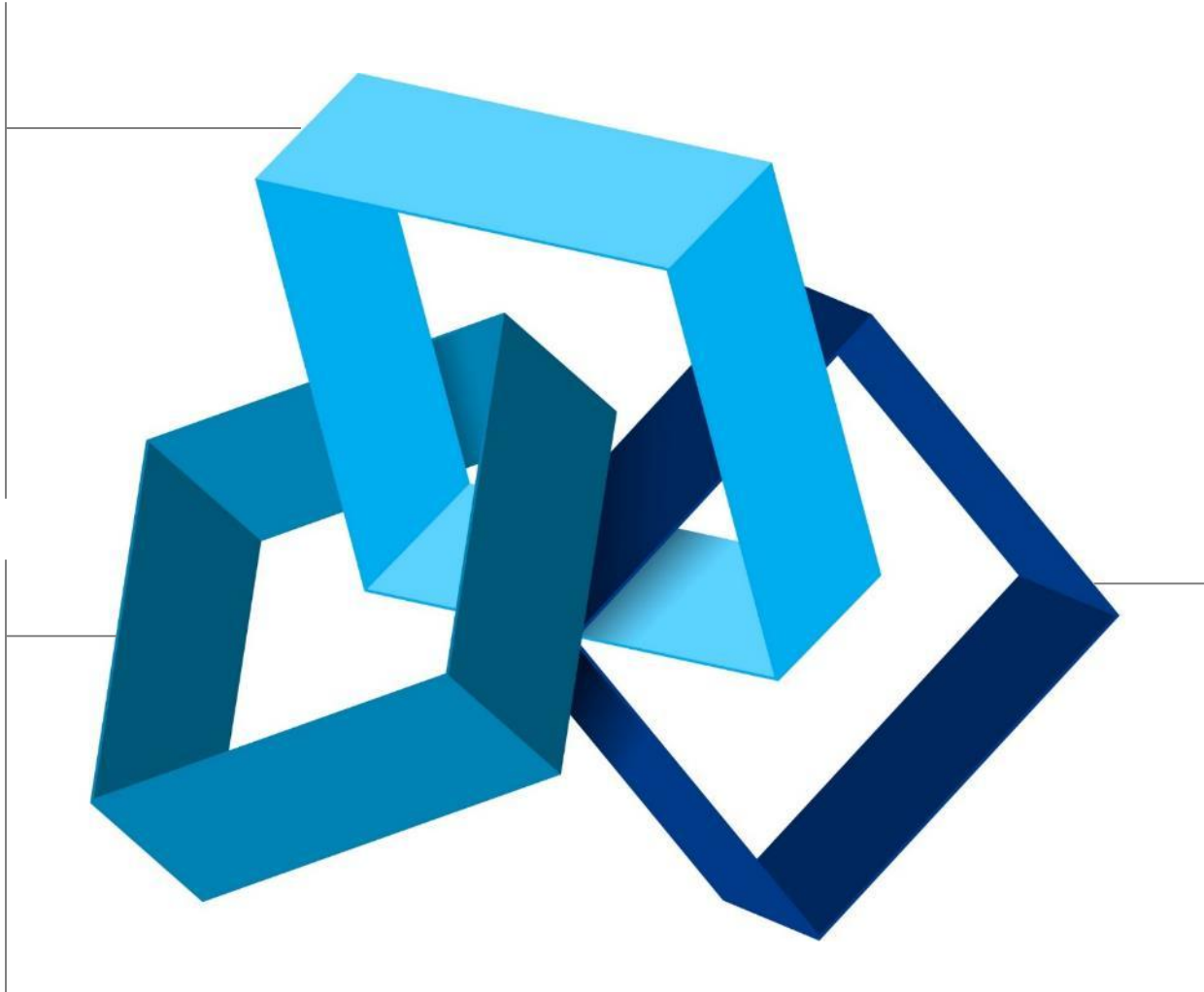
### Limited Access

Patients unable to reach and/or afford e.g., healthy food, appropriate healthcare, or vital medication



### Unmet need

Innovation efforts not sufficiently aligned with Global Burden of Disease or epidemiology




### Underserved communities

Health ecosystem (i.e., payers, providers, Life Sciences) failing to build trust and engage groups commensurate with need

# B. Health Equity is at the center of ESG



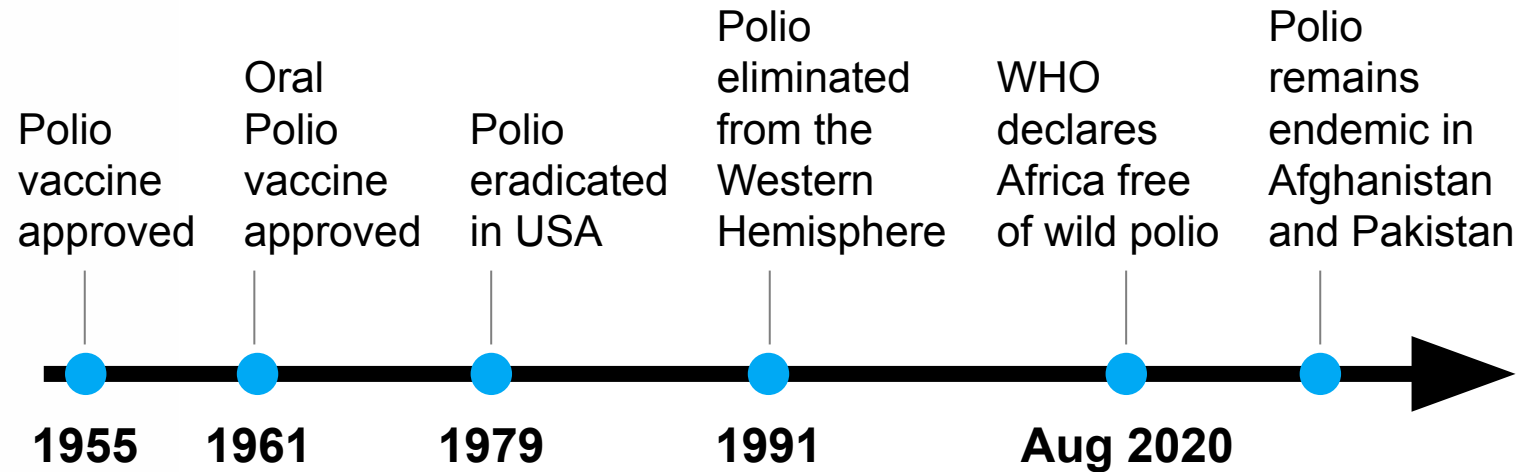
○   
**Environment**

○   
**Social**

○   
**Governance**

1. Decarbonization
2. Zero waste
3. Reduced water consumption
4. Biodiversity
5. Access to medicines
6. R&D investments in unmet needs
7. Building trust in communities
8. Responsible business conduct
9. Long-term business resilience
10. Diversity and inclusion
11. Data & privacy
12. ESG transparency

# B. Reducing the “equity gap” for Breakthrough Cures

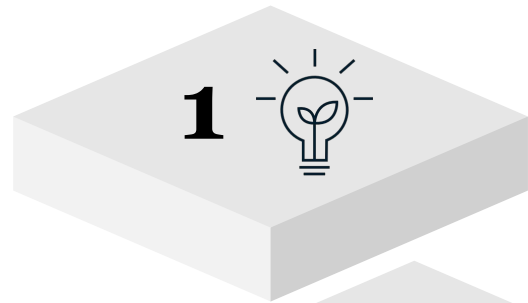


**41 years**

Gap between Polio eradication in USA vs Africa

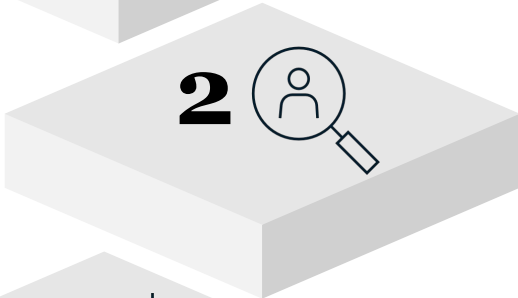
# B. Going beyond Affordability

Not exhaustive



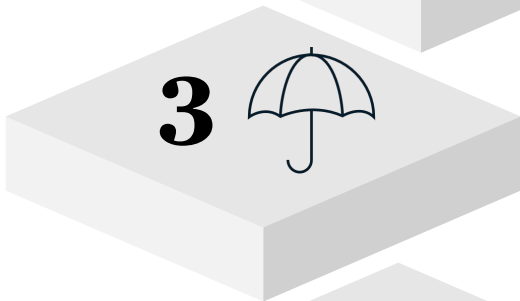
## Awareness

Experience symptoms and seek help



## Diagnosis and treatment plan

Get diagnosed and receive prescription of treatment



## Insurance approval

Receive approval (e.g., insurance prior authorization)



## Prescription fulfillment

Access treatment (e.g., drugs, device, procedure)



# B. How HealthTech is supporting the availability and affordability challenge

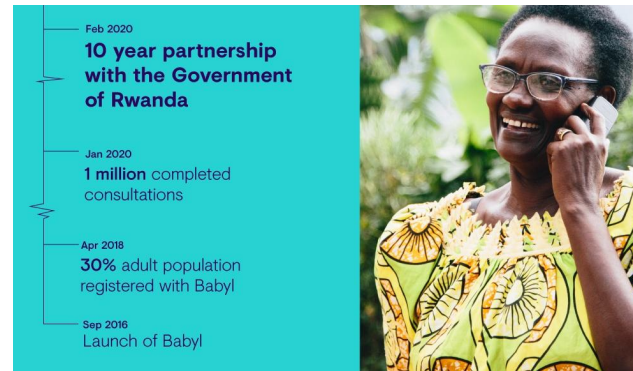
# univfy

Know Your Potential.  
Plan for the Best  
Chance to Succeed.



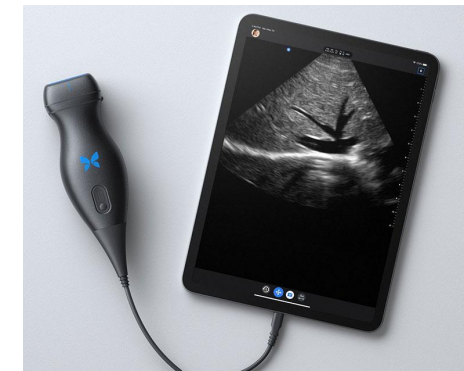
Univfy is making **IVF more affordable with AI prediction** of IVF success, which **enables risk-based payment** to refund unsuccessful IVF treatment cycles

# babylon



Babylon co-developed Babyl platform, **compatible with most Rwandan's phone features** and registering 2.6M patients as of 2021

# butterfly labs

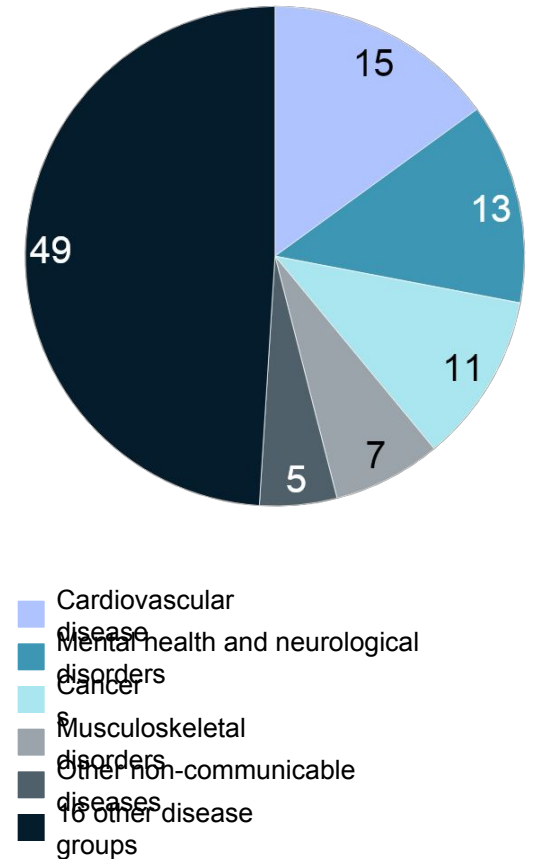
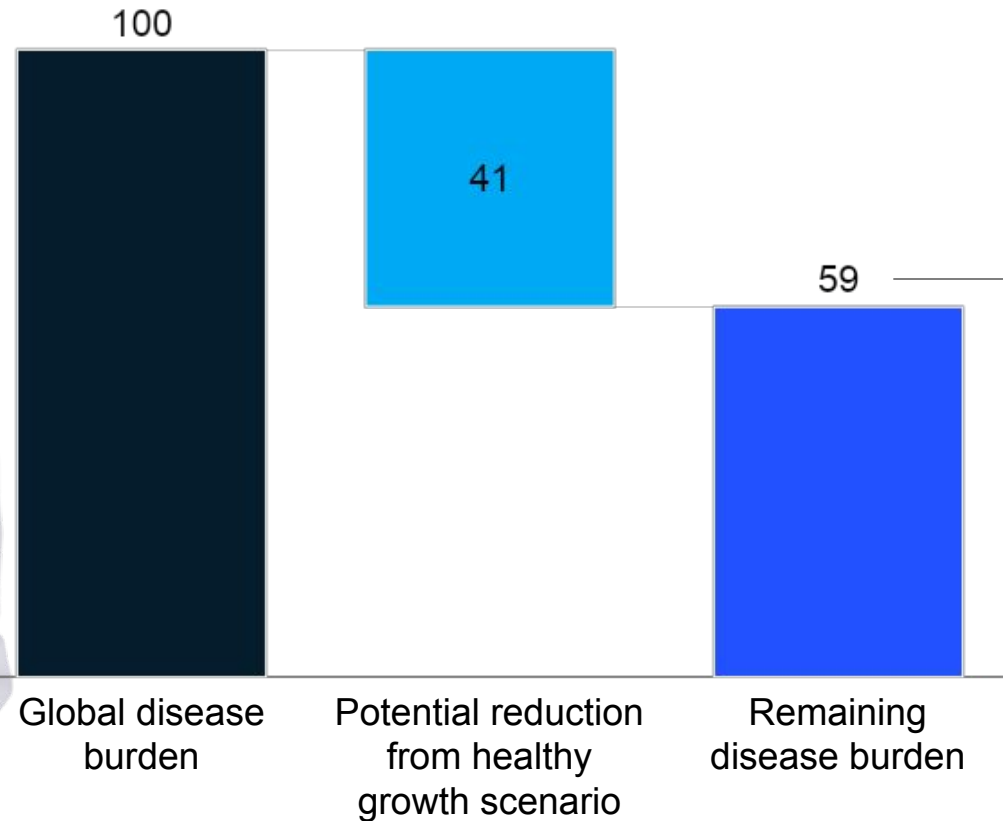


Butterfly Network's \$2,000 handheld ultrasound to **makes diagnostics available to previously unreachable populations**, due to cost and access challenges

# B. Tackling the remaining Disease Burden



Disease burden impact, %  
2040 projected

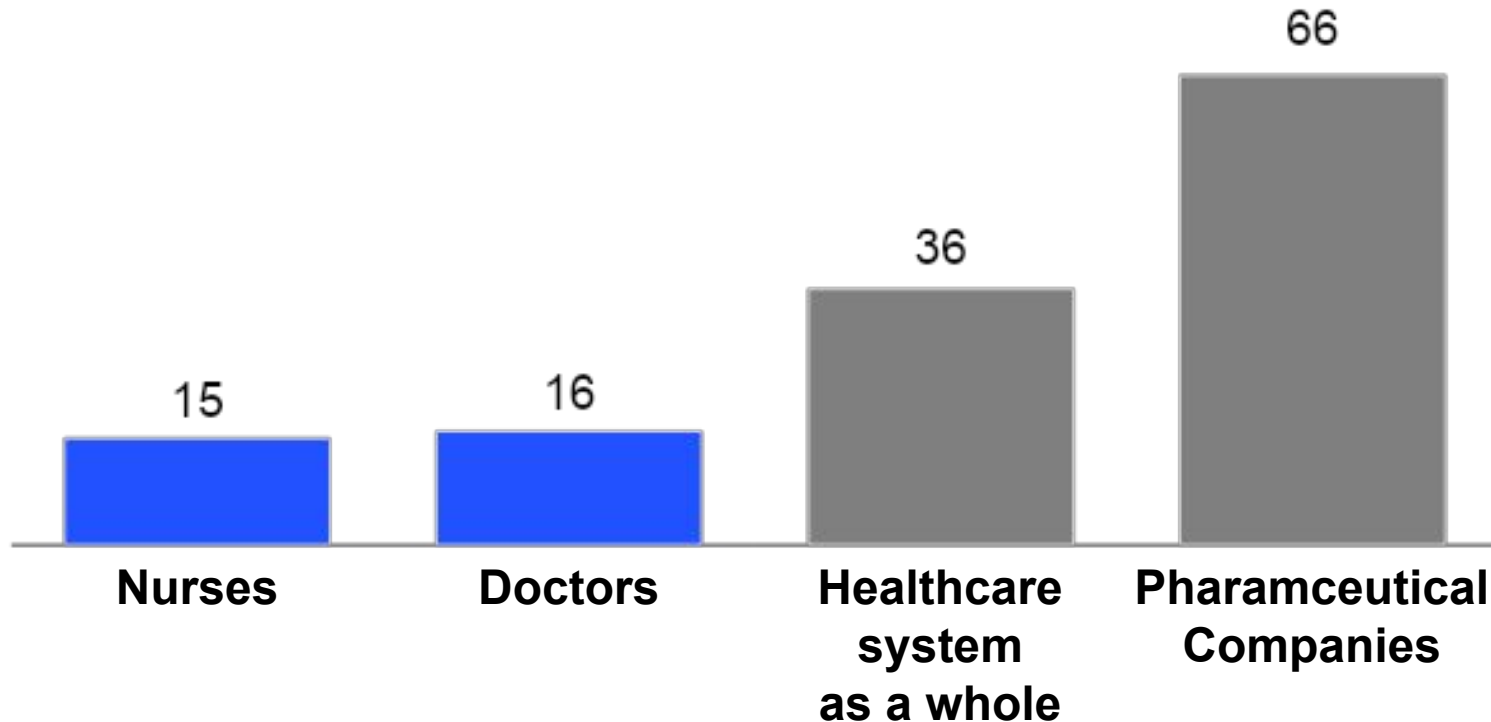


# B. Building Trust

## with underserved communities

### Public distrust in healthcare system (US)

% of respondents that did not trust...<sup>1</sup>



# 70%

of respondents agreed that  
*“Drug Companies are too concerned about profits, **not** concerned enough about helping people”<sup>2</sup>*

1. National Opinion Research Center, 2021, "Surveys of Trust in the US Healthcare System", n=2,069 adults

2. Kaiser Family Foundation/Harvard School of Public Health/USA Today, 2008, "The Public on Prescription Drugs and Pharmaceutical Companies"

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# C. How HealthTech is bridging the gap to historically under-served groups

Generating representative evidence



Increasing diversity in clinical trials

Streamlining flow of clinical and lab data into clinical trial database to **increase the pool of patients accessible to clinical trials**



Generating RWE to fill data gaps

Analyze retrospective data to shed light on **previously-overlooked unmet medical needs** and inequities



Delivering culturally competent and tailored care

Virtual clinic for women's and family health **serves populations with low health literacy**; providing on-demand



Fighting the 'diagnostic odyssey'

Algorithmic population screening of electronic health records to **accelerate identification and intervention of rare diseases in low-access populations**



**Tigerlily**  
Foundation  
*Beauty. Strength. Transformation.*

Engage patients via new channels

**Breast cancer education** to 'meet patients where they're at'

Bringing and tailoring care to the under-served

## C. Question 4

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**Health Equity is the “right thing to do” but it also helps with...**

- Access to Capital
- Create Customer Loyalty
- Attract and Retain Top Talent
- All of the above

## C. Question 4

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**Health Equity is the “right thing to do” but it also helps with...**

- Access to Capital
- Create Customer Loyalty
- Attract and Retain Top Talent
- All of the above

# C. Not only “the right thing to do”

**Access to Capital**  
**130%**

p.a. growth in global sustainable funds flow in 2020 vs. 2018<sup>5</sup>

**Talent Attraction and Retention**

**70%**

of employees consider a company's stance on social issues when deciding where to work<sup>3</sup>

**Customers**

**80%**

of consumers would switch to a brand supporting a cause<sup>2</sup>

**Activists & general public**

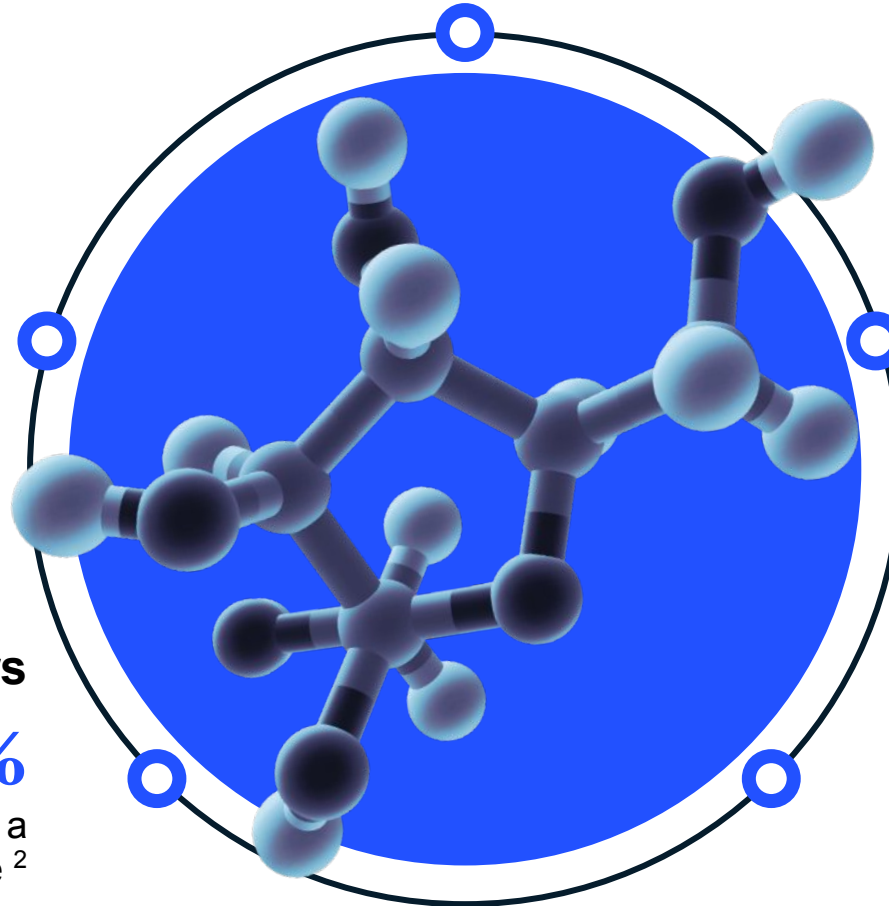
**92%**

of people want large corporations to address societal issues<sup>1</sup>

**Regulators**

**35%**

growth in ESG related policy instruments in 2020 vs. 2019<sup>4</sup>



1. Just Capital 2020 Roadmap for Stakeholder Capitalism; 2. 2020 Compare Cards survey – 87% of consumers say they would boycott according to a 2017 Cone communications CSR study; 3. 2019 Brunswick Insight survey; 4. According to PRI; 5. Global Sustainable Investment Review, 2018 - Calculated for five major markets (EU, US, Japan, Canada, AU/NZ);

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# D. What I hope you will take away from today's discussion



Multiple definitions of Health Equity – all highlight having equal opportunity to be as healthy as possible



This is not only about North and South hemispheres – disparities exist everywhere

These disparities have been further exacerbated by COVID-19

There are three main challenges:

- The access challenge – How do we reduce the “equity gap” for breakthrough cures?
- The focus of innovation – What can we do to address the remaining disease burden?
- The trust of communities – How can we increase diversity and improve research and care delivery?

Digital Health is naturally positioned to help address all of these challenges

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## **D. Tips for digital leaders...**

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**Health inequality** persists in the form of limited access, unmet medical needs, and underserved communities

**Digital health** can help make care more affordable, tackle medical needs unmet by current interventions, and improve trust among underserved groups

**Health equity is not only ‘the right thing to do’** but also helps startups’ talent retention, customer loyalty, and capital availability

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**Thank you!**

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