

CLASSROOM DEBATE: DIGITAL HEALTH SHOULD BE TOP PRIORITY TOWARDS SUSTAINABLE DEVELOPMENT AND WELL-BEING BY UNDERGRADUATE MEDICAL STUDENTS IN MALAYSIA

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ABSTRACT

A classroom Debate on “DIGITAL HEALTH SHOULD BE TOP PRIORITY TOWARDS SUSTAINABLE DEVELOPMENT AND WELL-BEING” had been conducted as a Teaching learning activity. The activity had been organized by the 12 students of the rotation 4, Year3 students during the Paediatrics posting of 8 weeks’ duration in addition to other teaching learning activities. The aim of this activity is to foster learning with a unique learning strategy; to enable students to develop constructive arguments to support opposing views of the given topic. The students had been briefed on day 1 of the posting and the topic given by the Course Coordinator. The rules and regulations had been presented at start of the Debate session held in 4 th week of posting, by the Chairpersons. The speakers were allocated a total of 30 minutes per group strictly managed by the two timers. The 3 speakers each from the proposition and the opposition groups spoke, in alternate turns, to put across the message for or against the motion. A panel of 3 adjudicators scored the performances according to marking scheme template. The other students did the photography and video documentation. The Best speaker and the Best group were awarded prizes. all prizes being sponsored by principal author.

Keywords: Classroom debate; Digital health and Sustainable development and well-being.

INTRODUCTION

Digital health refers to the usage of digital technologies to enable universal healthcare access, improve healthcare quality / outcomes and enhance the health and physical and emotional well-being of populations. Under the threat of COVID-19, drastic measures are undertaken worldwide to break the chain of the virus transmission. Despite decreased revenues and rising operational costs, healthcare players continue to be committed in providing high quality healthcare services to patients. Nonetheless, the pandemic has exposed the shortcomings of healthcare systems worldwide. This offers compelling reasons for overburdened hospitals to upgrade on every level, from the infrastructure to their processes In 2017, UNICEF State of World Children had highlighted the Digital World in children with the Digital opportunity- the promise of connectivity; Digital divide- the missed opportunities; Digital Dangers- the harms of life online; Digital childhoods-Living online; Digital priorities- Harness the good, limit the harms; with concluding perspectives on empowering children to engage in the Digital world. But unless we expand access, digital technology may create new divides that prevent children from fulfilling their potential. And if we don’t act now to keep pace with rapid change, online risks may make vulnerable children more susceptible to exploitation, abuse and even trafficking – as well as

more subtle threats to their well-being. This report, in 2017, calls for faster action, focused investment and greater cooperation to protect children from the harms of a more connected world – while harnessing the opportunities of the digital age to benefit every child.

Thus, the Head of Paediatric Department had felt, it is opportune to arrange for a classroom Debate titled **DIGITAL HEALTH SHOULD BE TOP PRIORITY TOWARDS SUSTAINABLE DEVELOPMENT AND WELL-BEING** as a teaching learning activity during the Year 3 medical students posting in Paediatrics.

LITERATURE REVIEW

All the students and the Faculty did the literature review relating to topic. Please refer to the List of the References.

OBJECTIVE

The objective of this paper is to showcase the presentations made on this topic by the 3 speakers each for Proposition and Opposition group and highlight the Introduction, Discussion and Conclusions made upon the Debate session by the Faculty.

METHODOLOGY

All the 12 students (09/2018) posted to the Paediatrics posting in rotation 4 for 8 weeks, participated in the conduct of the classroom Debate session introduced as one of the Teaching Learning activities. The students elected their own Chairperson and Timer for the session and 3 speakers each for PROPOSITION and OPPOSITION Team of the topic given by Course coordinator on day 1 of the posting. Each one of them did a Literature review as evidenced by the list of References given. The rules and regulations for conduct of the Debate session and the marking scheme for grading of their performances are given in the students' guidebook.

FINDINGS (PRESENTATION)

The speakers spoke in turns, one from each group alternating with speaker from other group. However, the 3 presentations from each group are given as below

A. PROPOSITION TEAM

1ST SPEAKER: MS DIVITRA A/P CHANDRAN

Welcome to the debate. The motion that was given today is Digital Health should be top priority towards sustainable development and well-being. *Now we as the proposition team strongly believe that this is a true statement where digital health should be top priority towards sustainable development and well-being. Let me first define some important terms in this debate, according to the Encyclopaedia of Ecology, sustainable development is defined as “development that meets the needs of the present without compromising the ability of future generations to meet their own needs.”* According to Centres for Disease Control and Prevention (CDC), “well-being” is a positive outcome that is meaningful for people and for many sectors of society, because it tells us that people perceive that their lives are going well. Digital health refers to “the use of information technology/electronic communication tools, services and processes to deliver health care services or to facilitate better health”. The broad scope of digital health includes categories such as mobile health (mHealth), health information technology (IT), wearable devices, telehealth and telemedicine, and personalized medicine. World Health

Organization (WHO), also did inform that the use and scale up of digital health solutions can revolutionize how people worldwide achieve higher standards of health, and access services to promote and protect their health as well as well-being. Digital health provides opportunities to accelerate our progress in attaining health and well-being related Sustainable Development Goal (SDGs), especially SDG 3 (which is promoting health and well-being) and achieving our targets for 2023 as articulated in its Thirteenth General Programme of Work (GPW13). As an approach WHO has a three-tier approach to digital health delivery. Firstly, is on policymakers –as they will support decision-makers at the local, regional and national level to ensure the sustainable, safe and ethical use of technology. Next is for the practitioners where they will facilitate the capacity for practitioners to use digital technologies to deliver healthcare benefits effectively. Thirdly is on population as this will improve the health and well-being of people, with the interventions of digital health. WHO will focus on enabling countries to plan, adopt, and benefit from seamless and secure technologies that provide effective clinical and public health solutions to accelerate the achievement of the health and well-being related SDGs. This means leaving no one behind – children or adults, rural or urban, with digital solutions to improve their health and well-being. The best example will be during this COVID-19 pandemic.

The COVID-19 pandemic has created an unprecedented disruption to global economies and health care, with extensive lockdowns and travel bans to flatten the curve. However, mounting economic pressures and unmet population needs have forced governments to reopen societies. A reopening had to be balanced with public health safety, including infection control and safe distancing measures. This balance has created an urgent need for digital transformation in many industries, enabling remote work and the continued provision of services while providing adequate safety to people and minimizing avoidable human contact. Health care has been disrupted on two fronts: the direct effect of COVID-19 on health care, and the indirect effects that arise from mitigating efforts. The indirect effects are particularly important now, as many societies reopen at different stages with different amounts of success. Importantly, the traditional face-to-face (F2F) patient physician care model must be re-examined to meet new requirements from public health measures to mitigate against COVID-19 transmission. Digital technology and new models of care have been rapidly deployed to meet these challenges. In this pandemic operationalization of digital health and new models of care in ophthalmology that have adapted to incorporate a range of digital health innovations. Digital health can improve health care by increasing access to health-care services for individuals, improving population health, and enhancing the experience of receiving or delivering care. COVID-19 has encouraged a renewed interest from both patients and health-care providers for digital health solutions. And this will automatically give a sustainable development and provide a well-being for our community.

Ladies and gentleman, with that I strongly affirm that digital health should be the top priority towards sustainable development and well-being. Thank you.

2nd SPEAKER: MS ANGELA A/P MARIADASS

The topic of our debate is ‘Digital health should be top priority towards sustainable development and well-being’. We, the affirmative team, whole heartedly agree on this statement. Digital health which was once considered as a high potential discipline in the near future but, is now one of the fastest growing discipline. Digital Health had grown by leaps and bounds within the last few years (**Jagasia, 2016**). Digital Health has been incubating itself for the last few years with several crucial deep-rooted changes that caused only few ripples on the surface but have

transformed industry's acceptance of digitization (**Jagasia, 2016**). It has now matured enough to be able to support massive changes in human healthcare systems (**Jagasia, 2016**). For instance, the healthcare system came to a halt during the Covid-19 pandemic but luckily due to Digital health, the healthcare system did not crash. Instead, a new era of healthcare system was created. I, Angela, as the second speaker from the proposition side will be presenting, on the advantages of Digital health and its contributions.

First and foremost, I strongly support the motion "Digital health should be top priority towards sustainable development and well-being" because more efficient and better-quality service can be provided to the consumers. This is because their health is our top priority and this is on par with the Sustainable Development Goal 3: good health and wellbeing with the aim to ensure healthy lives and promote well-being for all at all ages (**WHO, 2021**). For example, the Malaysian Ministry of Health had launched Malaysian Health Data Warehouse (MyHDW) that will collect, synchronize and store patient data from public and private clinics and hospitals including university hospitals and Armed Forces hospitals, as well as data from the National Registration Department (NRD), the Department of Statistics and other "health-related agencies" in a secured system (**Kamal, 2017**). This programme is redefining Digital health as there is no more hassle with the traditional method of recording, storing and handling patient's data. Therefore, MyHDW is more efficient in dealing with patient's record. In addition, healthcare workers could assess the patient's medical record to obtain more information especially for patients who do not have a written record at that particular health facility during emergency, this is very beneficial because prompt and right treatment can be given. Hence, better care can be provided for the patient. Thus, it is no surprise that the Malaysian government is gravitating towards digital health to unite the healthcare system in Malaysia to produce a more efficient and better-quality service for all.

Besides that, I support that Digital health should be the top priority towards sustainable development and well-being because it is a convenient tool that could save up hours and hours of waiting time of the patient without jeopardizing the quality of the care provided. Based on a Management Conference by MOH 2015 with the title "LEAN Management: A paradigm shift in public service delivery system", the fundamental goal is improving the patient's experience while balancing efficiency by aiming towards improving the clinical quality provided for the patient and reducing the waiting time (**Division, 2014**). If you have been to the hospital, be it a public or private hospital or a clinic, chances are that you have waited beyond the expected waiting time. Therefore, digital health is a vital mechanism for this purpose as time and tide waits for no man. For example, the Malaysian Ministry of Health had introduced an application known as MyUbat that was developed to make it easier for patients to apply pharmacy value added services through a smartphone without the need to go to the pharmacy (**MOH, 2021**). This app has 2 service that the patient could choose from, such as delivery of medications via postage with a charge of RM 5.30 or by setting an appointment to collect the medications without needing to wait. The patient could just make an appointment via the app and once it is acknowledged by the pharmacy, the patient could collect the medicines at the pharmacy counter without going through the hassle of queuing up and waiting for the medications. Some people would emphasize that the delivery of medication via postage has a delivery charge, but I would like to ask everyone, to put yourself in the shoes of a child working day and night, to make ends meet while looking after their ill parents. For people like them time is money, hence they can

avoid all the fuss to collect their parent's medication through the app which is only one click away. In addition, I would like to give another example, how digital health plays a vital role in time management. I am not sure if anyone of you, is aware that there is no more walking in, consultation available, be it in health clinic or even government dental clinics. All appointment is to be made via online, either through Facebook or website for consultations. This is one more evidence, on how digital health has shaped the current health care system in Malaysia. With just a smartphone, patients can make an appointment for themselves and this will and have reduced the waiting time to see a doctor from hours to less than 20 minutes. To conclude, I firmly believe that digital health has played crucial role in enhancing the patient's experience while reducing all the hassle and fuss of waiting time.

Lastly, in my opinion Digital health should be top priority towards sustainable development and well-being because digital health will be able to empower individuals to make better-informed decisions about their own health and identifying future risk of diseases, aiming at prevention and early diagnosis of diseases before it is too late. In this era of digitalization and globalization, digital transformation in healthcare has been rapidly growing. In the past, most patients were satisfied with undergoing a physical check-up once a year, and only checking in with their doctors when something went wrong. But in the digital age, patients are focusing on prevention and maintenance, and demanding information about their health more frequently. For example, many people have invested and purchased a wearable medical device such as a health tracker, exercise tracker, heart rate sensors and so on. This wearable medical device although pricey is well proven to have many benefits. Individuals are able to monitor and assess their own health and risk of diseases without needing to visit the doctor unless it is of utmost necessity. As a result, healthcare companies are being pro-active by investing in wearable technology devices that can provide up-to-date monitoring of high-risk patients to determine the likelihood of a major health event. (Reddy, 2021). A research conducted by Yimeng Fan on Vital Sign Measurement in Telemedicine Rehabilitation Based on Intelligent Wearable Medical Devices with research targets of 60 patients, 28 males and 32 females, discussed that the traditional devices wasted lots of time and energy in repeated data transfers and imports, resulting in inefficiency, illegible writing and transcript errors. In this case, special personnel are needed for regular verification of the data, which pushes up the labour cost (Yimeng Fan, 2019). The repetitive and mechanical labour also takes time away from direct care, making it hard to provide good nursing care (Yimeng Fan, 2019). Wearable medical device achieved a low labour cost, accurate data acquisition, automatic data transfer (Yimeng Fan, 2019). These devices enabled automatic import of data, eliminating the errors and saving the time of manual entry (Yimeng Fan, 2019). In data transcription, the wearable medical device could load data into the healthcare system in just a few seconds (Yimeng Fan, 2019). The conclusion of the research, the wearable medical device can achieve the same level of accuracy as traditional devices in the monitoring of such vital signs as temperature, pulse, blood oxygen saturation and blood pressure and outperform the traditional devices in efficiency, quality and safety (Yimeng Fan, 2019). In conclusion, Digital health can transform the healthcare system to be a more efficient, patient-centered system and provide better quality care for the patient. That is why I believe the Digital health is still the answer and a pathway towards building a better, a brighter future for everyone and everywhere, in the country with Sustainable Development Goal 3. Thank you.

3rd SPEAKER: MS PRETHYGA A/P GUVENDERAJU

I can understand why the opposition group wants to reject today's motion.

To rebut the point of speaker 1 from the opposition group, I would like to add some points. Ms Fatimah mentioned that the number of the people who registered for Covid-19 vaccination via mySejahtera app is low. While there are 21 million people who are using the app. She stated there is no accessibility to register and they are left behind. I agree with that statement, but it cannot be the sole reason on why some has not registered for covid-19 vaccination via mySejahtera. Covid-19 pandemic occurred in the beginning of 2020 in Malaysia, people are still not aware of it and they have confusion about covid-19 and the vaccine. They still have nervousness and confusion as well as not brave enough to take the vaccine. So, this might be another reason why people have not registered for the vaccination. In addition, there are a lot rumours about covid-19 vaccinations where after you get vaccinated, you will have blood clots and die and also that the vaccines have serious side effects. Thus, this makes the public scared to take the covid-19 vaccine. So, this can be another reason why the public have still not registered for covid-19 vaccination via mySejahtera app.

Today our topic is digital health should be top priority towards sustainable development and well beings. To support this statement, I as the third speaker from the proposition group would like to add on some points in supporting the topic today. First and foremost, I would like to suggest a patient app development. This app will be a communication tool between patients and doctors. The aim of patient app development is to interact with people suffering from illnesses such as chronic kidney disease patients who go for dialysis weekly, TB patients who are on home treatment, heart patients, etc. Through this development, more patients can talk to their physicians freely, from anywhere at any time. Many feel shy and uncomfortable to talk to their physicians regarding their illnesses during face-to-face consultations. For example, Sexually Transmitted Disease patients. Hence, they hesitate to provide a complete history to their physicians. After the patient app development, many patients can make appointments and give their full and complete history to their physicians before having a face-to-face consultation. Besides, by this patient app development, patients can open up what they are going through to the physicians or health care workers, there are so many people suffering from chronic illnesses like end-stage kidney failure, heart failure, cancers, etc. And definitely no words could describe their sorrow, despair, pain and some of us even wish not to be in their shoes. They might be lonely. Either they themselves want to be alone, ignore others or ignored by others. Hence, this action of loneliness will lead to depression, or other mental illnesses. Worst comes to worse, depressed patients will tend to kill themselves. Therefore, these patients need constant care, and they should not feel lonely. By the patient app development, it provides a good opportunity for them to talk to their physicians or a counsellor regarding their conditions, illness, feelings. Thus, physicians or counsellors who will be part of the patient app are able to show empathy, support and encourage them on how to deal with their life. Moreover, the app also assures the patient that everyone is there for them and they are not fighting the battle alone.

Second, I would like to create a website or webpage related to health concern. The purpose is to make the public to be able to communicate about health issues. In this busy world, many people are chasing money each and every day of their life. Hence, they are lacking care for their own health issues. Some even work overtime and they tend to overload themselves with work until they themselves face depression and mental illnesses. Some people are not even practicing

healthy eating habits by consuming fast food, skipping breakfast or lunch due to work stress. This may escalate to gastric problems too. Unexpectedly, there are still many people who are lacking knowledge of health issues. Therefore, healthcare providers can upload some awareness about mental health problems on that website. For those who have mental health problems like depression or stress, they can read the blog uploaded on the website to have awareness regarding their mental state. Moreover, they also can come up with some solutions to counter their depression or stress by reading the blogs posted by healthcare professionals on that website. Next, there will be a google survey about mental health for everyone who is interested to participate. This will encourage everyone to take part in the free google survey and access their mental status. At the end of the survey, they can know their score. Thus, there will be a suggestion of e-counselling for those who are needed. If they prefer to have a face-to-face counselling section, they also can register and make an appointment.

Third, I would like to suggest an organization webinar weekly or monthly regarding healthy life and well beings. The purpose is to develop a personal commitment to promote health and wellbeing for themselves, their family and others including considering volunteers or professional worker in health and social care. We can hire healthcare workers and professions to conduct the webinar related to current health problems example obesity. According to the World Population Review 2019, Malaysia has the highest prevalence of obesity among adults in South-East Asia at 15.6 percent, followed by Brunei (14.1 percent), Thailand (10.0 percent) and Indonesia (6.9 percent). The National Health and Morbidity Survey (NHMS) 2019 findings, showed that 50.1 percent of adults in Malaysia were either overweight or obese – 30.4 percent were overweight and 19.7 percent obese. These findings clearly shows that many are still not aware of eating habits and the control of food intake as obesity is one of the risk factors for coronary heart disease, stroke, hyperlipidaemia and etc. Healthcare providers will explain on what are the causes, the complications and on how prevent obesity through the webinar. In addition, they will also conduct aerobic exercise sessions at the end of the webinar to remind participants that exercise is vital for healthy lifestyle. Those who tend to be obese will get the awareness and be able to practice a healthy lifestyle. Moreover, the webinar will be conduct for free to encourage and attract more people to participate. If there are new upcoming sessions planned for webinar, it will be advertised in Facebook, Instagram, Twitter, radio and YouTube ads. By this action, I hope that the public will get a holistic understanding of healthy life and wellbeing. To conclude, I strongly agree that digital health should be top priority towards sustainable development and well beings.

B. OPPOSITION TEAM

1ST SPEAKER: MS FATIMAH AZ ZAHRA' BINTI SABARIN

Today, I am standing as the leader of the opposition team, would like to disagree with today's motion which is 'Digital Health should be a Top Priority towards Sustainable Development and Well-being, simply because we do believe that by looking at the current situation of pandemic Covid-19, digital health should not be as the top priority at the moment as there are lots of other issues that were left unresolved by the government since a long time ago. So, by looking at the other factors and aspects, we believe that all of these should be our main concern and top priorities in order to build sustainable development. So, as today's opposition we strongly believe that today's motion is not relevant. Without further ado, I will first define some few important terms in today's debate. We defined digital health as a broad scope which include

categories such as mobile health, health information technology (IT), wearable devices, telehealth, telemedicine and personalized medicine and all of these categories required and fully rely on technologies nowadays. Next, top priority and in order to avoid from any confusion coming from the government table, I would like to clarify that we in the opposition team are not rejecting, we are not forbidding the government from developing this digital health. However, from this context with the meaning of top priority we defined as the greatest importance which it requires the most efforts, investments, trials and money by having for an example more than 30% compared to the other aspects. Next, sustainable development. We defined as a long-term progression which it is able to continue over a period of time without failing as we refer development as a positive axis and if you cannot see or provide positive results, then it is not considered as development, right? So, you have no option of failing in creating development. And last one is well-being, according to CDC, they defined well-being as positive outcomes that are meaningful for people and for many sectors of society. Easy to say, too much of anything is never a good thing, it applies to almost everything surrounding us. For an example, you have planted a plant and you watered them like almost 4-5 times per day and excessive fertilizers, don't you think that the plant will eventually die? Why? Because the nature and environment that you have created for the plant is not suitable and efficient for the plant to grow healthier. Same thing applies to this digital health, it will never work if the background of the people in Malaysia do not suit and cannot cope with the new system it will eventually fail. Without any further delay, I will proceed with our first point 'Digital Divide'. Do the government realized by developing and prioritizing this new system, it will widen and making the digital gap that is already existing in Malaysia.

Digital divide refers to the gap, between demographic and regions that have the access to modern information and communication technology and those who do not. The technology can include the telephones, televisions, personal computers and the internet. The most obvious thing that is actually happening in Malaysia right now is the registration for Covid-19 vaccination, as what have been stated in New Straight Times, until 25 February 2021, only 670,000 individuals in Malaysia have registered for this vaccine through MySejahtera applications and now the apps have almost 21 million active users. Only 21 million? While the total populations in Malaysia are 32.7 million people and where did another 12 million go? Are they being ignored by the government? Don't they have the right to register for the vaccination just because they don't have the accessibilities to register? So, this condition is proving that our digital gap in Malaysia is not at its best as there are still few persons, who are being left behind. This is what actually government need to put as their top priorities and by solving these root problems, we can achieve any further development as how being suggested by the government, but the most crucial step is to solve all of the main issues in Malaysia first, then we can proceed with other plans. As far as we are concerned, people in rural areas in Sabah and Sarawak, they don't even have coverage for telephone calls, not enough transportation, not even having a perfect shelter and the hospitality, which are way too remote for access to them. In the face of these conditions, how can the government dare to come up with an idea to prioritize the digital health? They can put the budgets, money and effort for these matters which they need to be our main concern for now. So, by giving these current situations that is actually happening in Malaysia, we in the opposition team, once again we would like to disagree with today's motion simply because we believe that there are other factors such as low-income levels, increase unemployment rate, increase in

suicide rates, low literacy and geographical restrictions which they need to be prioritized at this present time. And for that, I rest my case. Thank you.

2ND SPEAKER: MS ADHWA HUSNA BINTI MUHAMMAD KHIRUDDIN

Today I Adhwa Husna, the second speaker of the opposition team would like to stand strong with our statement that digital health should not be a top priority towards sustainable development and well-being.

As mentioned by first speaker of my team, Malaysia is still facing far more greater issues. For today, I will be supporting the opposition team's stand with two important points. My first point will be to focus more on our country's illiteracy rate and free education status. We from the opposition side believe that this is a basic issue that we should tackle before anything else. Based on the statistics of Literacy Rate in Malaysia obtained from UNESCO Institute for Statistics, Malaysia has recorded a reduction in the literacy rate from 95.082% in 2017 to 94.854% in 2018 (1). The percentage in year 2018 was even lower than the percentage that was recorded in 2016 with 94.881%. Now, I would like to invite all members of the floor to try and imagine a situation. Let say there is a man in his 40s who is an illiterate, which means he can neither read nor write. This also means he is unable to fully utilize a cell phone or even smartphone. Even if this man can use it, it is probably due to his memorization of the steps. If we are going towards a nation with standardized system of digital health, how would you think this situation would be in this man's shoes? For example, a simple procedure as mentioned by the second speaker of the proposition team, where patients can book an online appointment to see the doctor. This may seem easy and doable to us, the privileged ones. But, how about this man? Don't you think this will be difficult for him to see the doctor for his treatment? This man will not be able to see his doctor because of this system of online booking. Subsequently, this issue will lead to decreased patient's satisfactory with the healthcare services. Director General of Health Malaysia, Tan Sri Datuk Dr Noor Hisham Abdullah has mentioned in the 12th Malaysia Plan Kick-Off Conference back in July 2019, where patient's satisfaction is one of the areas of concern to achieve Health for All. For your information, Health for All campaign was launched by WHO to achieve Universal Health Coverage as stated in the SDG 3.8. Hence, I am emphasizing here that before advancing to the higher level where the use of technology can be incorporated in our daily life especially the health sector, we should go back to the root of the problem.

Based on this issue of illiteracy, we can actually relate this to the educational aspect. The Sustainable Development Goals (SDG 4) which is to provide Quality Education with the aim to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all and also Target 4.5 which is to Eliminate All Discrimination in Education. So, here I am strongly stating that providing free education for all should be our top priority for now. It is undeniable that Malaysia is committed towards achieving all the 17 SDGs. However, referring back to SDG4 we are still far from achieving this goal because Malaysia has not adopted inclusive universal education yet. I am sure that everyone is aware that the most basic requirement in our system is to have a citizenship as a ticket of enrolment into the national school system. This is actually crushing the dreams and opportunity for thousands of stateless children and refugee children in our country to receive their early education at schools. These children do not have the opportunity to obtain their rights. Now, you might be thinking that why

should we have the concerns for all these stateless or refugee children when they are not the citizen of our country? I understand your doubt, so let me clarify this with a different perspective. These children are currently staying in Malaysia. If they do not have the access to education which include basic health education like personal hygiene or even sexual education, what do you think will be the effect if they ever come in contact with our citizens? They might be the disease carriers or even criminals that can jeopardize our citizens' safety and well-being. In the end, it all comes back to knowledge, if you have the proper knowledge, you can build yourself! Thus, I am trying to say that when we provide the access of education for them, we are actually implementing the long-term management to reduce the crime rates in our country as well as reducing the transmission of diseases in our country. Reduction in crime rates and disease transmission will contribute towards sustainable development and wellbeing, isn't it? If we, who are currently living in Malaysia with them are not helping them, how can they develop themselves and subsequently try to not become a burden for us?

Moving on to my second point, I am again referring to the SDG 3 which is to ensure healthy lives and promote wellbeing for all, at all ages with specific focus in SDG 3.8 to achieve Universal Health Coverage (UHC). Universal Health Coverage (UHC) highlights the power of Primary Health Care to advance the protection & promotion of health and leaving no one behind. I would like to ask a question to all the members of the floor, do you honestly think that all people in Malaysia from urban to the secluded rural vicinities that are not accessible by normal mode of transportation are receiving the same amount of healthcare services from public facilities? Because from my point of view, those in secluded rural areas are not privileged enough to receive healthcare services primarily due to their geographic location and also poor infrastructure development. Hence, should not this be a top priority for us in order to achieve sustainable development and wellbeing? If the people are not well, how can a country achieve its state of wellbeing? Now I would like to give you an insight on a first-hand personal experience. This happened in a rural village in Sarawak with the population of 138 people. These people only have three four-wheel drive vehicles as their only mode of transportation. Can you imagine that? 138 people with only three vehicles. For your information, the nearest health facility to this village is a health clinic which is 25 minutes away from the village. This health clinic is only providing once-a-month check-up visit for the villagers. The services include the basic screening test such as blood pressure and blood glucose monitoring. If any of the villagers has any indications of any health complication, they will be given a referral letter to the hospital during this once-a-month check-up visit. As there is limitation in commuting, these patients usually missed their appointment and subsequently missed their chance, to receive treatment, which would have ensured their state of wellbeing. This is the sad truth of our people that we need to acknowledge and try to rectify. The 12th Malaysia Plan Kick-Off Conference delivered by the Director General also highlighted that mobile clinic & Flying Doctor services for rural areas is one of the ways to strengthen the health services in Malaysia. This is depicting that we need more efforts to settle this issue and ensure access to healthcare for all people. Leaving no one behind, remember? 'When solving problems, dig at the roots instead of just hacking at the leaves', quoted by Anthony J.D' Angelo. With this, I would like to end my presentation. Thank you.

3RD SPEAKER: MS NUR NAJWA SYAZWANI BINTI BADRUL HISHAM

Welcome all, for joining our healthy discussion on a very hot, but controversial topic with the title of Digital Health should be a top priority toward sustainable development and well-being.

However, standing here today as the third speaker of the opposition team I would like to clarify the opposition's stance where we wholeheartedly, agree to disagree with today's motion because we strongly believe that digital health should not, even be a top priority for the Malaysian government to even think of, especially during this COVID-19 pandemic. The reason I am so confident in putting out such a very strong claim is because of the reasons that have been presented by my first and second speakers which unfortunately despite their hardest effort to relay the information, the proposition team has failed to understand. The proposition team could not comprehend the reason we are opposing today's motion because we are not claiming that we do not believe the importance or the advancement that digital health could bring but purely out of today's debate context, which is: "whether we should prioritize digital health service or not". However, the 3rd speaker of the proposition team claimed that she understood our concern for rejecting today's motion, but I beg to differ since opposition's main concern is finding the relevance of prioritizing digital health service in Malaysia.

So, I will be continuing with my 2nd speaker's point which she beautifully elaborated regarding on increasing the accessibility rate toward healthcare should be the utmost importance and the 2nd point is on literacy rate and free education status for Malaysians. I would like to ask the government one question despite knowing their inability to answer. We have illiterate rate of 4.92% in Malaysia which brings a huge number of 1,608,840 of people who could not read nor write. If the government is still adamant in implementing today's motion, wouldn't you be condemning the same illiterate persons, to be persons who are digitally illiterate as well? I do not understand the government's sentiment in prioritizing digital health service instead of giving free education despite knowing it will create a string of problems. Moreover, the number of digital illiteracies will increase tremendously with the contribution of pre-existing vulnerable groups. There are few factors that can influence digital illiteracy such as age, socioeconomic status, educational level, geographic location and others that have been mentioned by my 1st speaker of the Opposition team. For example, digital illiteracy will rise with the addition of elderly people who are already illiterate in the first place. Their inability to cope with the everchanging drastic technology development will make them to be the main contributor towards digital illiteracy rate.

DISCUSSION**CONCLUDING REMARKS by OPPOSITION TEAM**

I then will be continuing with providing rebuttals for the 1st, 2nd and 3rd speakers of the proposition team. For the 1st speaker, she mentioned on implementation of policy making by 3 ways, in order to provide sustainable and deliver healthcare effectively. Sadly, she and her government team promised that no one is going to be left behind, contradicting what my 1st speaker of the opposition team explained that with this prioritization, they will widen the digital divide that is already present in the Malaysian strata because of aforementioned factors. They will make the gap of socioeconomic status to become more apparent in Malaysian society. The leader of the proposition team did justify, that the implementation of policy making in Malaysia can enable more digital health solution for our current situation. However, does the government

really think that it is a good idea to monopolize the already stretched thin the Malaysian federal budget 2021 just to allocate more funds and prioritizing the digital health service.

And as for the 2nd speaker, she mentioned on the fast-growing development of digital health service that can contribute toward the society. But we are not denying the advantages of what digital health services can bring, however you are forgetting about the disparity and inequality as a cause of the existing digital divide. The poor will become poorer due to inability to access the service you provided and the rich will become more rich-privileged. I do not really understand their rationality of doing so. The 2nd speaker also mentioned on MyUBAT which is a digital pharmacy dispensary mechanism through a smartphone. Sure, I am not denying a thing on the benefit it brings but it is only suitable for people who are living in the urban setting. How about those people who are living 25minutes away from the KK or does not own a smartphone like Adhwa, the 2nd speaker of the Opposition had mentioned?

For the 3rd speaker, her rebuttal on my 1st speaker's reason there is low number of MySejahtera app usage among Malaysian is due to nervousness of the society toward COVID-19. However, she totally misunderstood the message that my leader had brought to the table. Sadly too, she included unnecessary points like suggesting to hold a webinar on mental health and obesity for the Malaysian society. Which I personally deem totally irrelevant with this discussion. Since the government failed to answer our inquiries, we took this as a sign for their inability and incapability to implement today's motion.

Therefore, with that said, I would like to recap the reasons why we are objecting today's motion for the members of this house. The 1st speaker of the opposition team clearly mentioned on the widening of the digital divide which is the main effect of prioritizing digital health service if the government is unable to deter arising issues that my 2nd speaker highlighted. My 2nd speaker discussed on the increasing digital illiteracy rate, unstable economic status as well as the poor infrastructure development in rural setting. I would also like to remind about the attributes of digital divide which are income level between classes, education level, geographic setting, age level, intrinsic drive of a person and digital literacy that were explained by my 1st speaker.

I would also like to share an analogy for this scenario to make you guys understand the root of the problem toward this motion. I would also like to remind that we are not denying the importance and advantages of digital health service. For example, Prof Soe wanted to give us 10 breads each and she relayed the information to our class group via WhatsApp. She mentioned the time and designated place in order for the 13 students to take the food she provided. However, on the day, there are 30 breads left over and we can deduce that 3 people did not take their share. Prof Soe got disheartened and sad since her effort is not appreciated. Upon investigation, the 1st person could not take her share due to having no transport to go to the designated place whereas the 2nd person could not receive the information because she broke her phone. Meanwhile, due to health issue the 3rd person missed out on the information and all of them were deprived of the food that the rest of the students got. To put it simply, it is not fair for us to judge them saying they are not appreciating the service that Prof Soe provided. The 10 people who received them are privileged since all of them have a functional phone, internet access and means of transportation. It is unfair of us to judge and unfair for the underprivileged classmates since we were ignorant of their situation. This analogy depicts Prof Soe as the government, food as digital

health service and the 3 people as the underprivileged people that are left behind in the digital divide. However, the government still have the audacity to say that they will not leave anyone behind but clearly forgotten those people from rural setting, the lower socioeconomic class as well as those living in underdeveloped infrastructural setting.

I would also to share a shocking statement from The Star where an article is published on 31st July 2020 last year during the peak of the COVID-19 pandemic where the article mentioned on 3 things. The 1st is on the increase in government control since the newly implementation of travel restriction, social distancing and new SOPs were introduced. The 2nd is on shrinking economy stability and the 3rd point is the increase of technology dependance. I would like to highlight the 3rd point since Dato Seri Mohd Zuki Ali; the chief secretary of the government reiterated Malaysian government's commitment to digitalization as the country embraces the 'new norm' of COVID-19 pandemic. Upon receiving this declamation, The Star conducted an online survey which they received 738 respondents. I found this figure to be comical and funny because 738 respondents out of 32.7 million of total Malaysian population, it constitutes only 0.00226% of Malaysia. Therefore, I would like to ask one question to the floor, which group does these respondents belong to? Of course, the people must be from an educated background since they need to be able to understand and converse in English. They also must have a smartphone and having access to internet in order to answer the survey online. How about those who are not able to participate in this survey? Plus, this survey does not even cover the Malaysian strata so it is not fair for them. Moreover, this survey itself is bias but I am not talking about the bias of this survey. What I want to highlight is the findings from this survey where 69% believe there is disparity between the urban and rural setting. These respondents are normal civilians like us, they are not higher up of any organization but they could see huge disparity between them and I don't understand how the government doesn't see like they do. Therefore, I beg the government members to get off your high horse and take off the rose-colored glasses and come see the reality. This is the reality that most of Malaysian are facing. The 2nd finding is 76% agree there is apparent digital divide between the rich and the poor. I repeat 76% agreed to this statement. The 3rd finding is 52% of the respondents agree that government agencies are currently well-equipped to handle huge online transactions and services. The rest of 48% does not believe so and this figure speaks volume since words can lie but numbers doesn't. Another finding I like to highlight that less than half which constitute 41% agree that government servants are well-trained to handle online services. The rest 59% disagree because they believe government servant are not well trained properly enough. I am not saying that the government servant is in wrong, I am just stating that if this motion is implemented, don't you think it will create a huge burden on them and later lead to job dissatisfaction in job survey? In IT-wise, 45% believe Malaysia has adequate IT infrastructure. 55% does not believe so. The 55% respondent that disagree are the same respondent that has the privilege to answer this online survey and they still believe there are disparity of infrastructural underdevelopment in rural setting. How come they can realize this while this government cannot? And education wise, which we can closely relate, only 19.7% respondents agree Malaysia is ready for online teaching for kindergartens. 25% believe Malaysia is ready for online teaching for primary and secondary schools. And only 30% of the respondents agree that Malaysia is ready for online teaching for higher learning institution.

Last but not least, to summarize this article, I would like to share an infamous story of a Sabahan university girl, Veveonah Mosibin. Her story went viral, sensationalized and picked up globally.

Her video had made it known about the disparity and the inequality in Malaysia. And that is when the government was very ashamed and could not turn a blind eye anymore and they responded to Veveonah Mosibin. In her case, she is quite lucky, how about those who are just like Veveonah but did not get the attention and help they deserve? As the government, a body that is responsible for governing countries and responsible for all of us, do you think this is fair? This case is the perfect illustration of the country's severe digital divide in term of geographical lack of proper infrastructure as well as socioeconomic class.

Before I really end my presentation, I would like to give another analogy for example I am a patient, and you guys are a future doctor. And I come to you with a complaint that I have a splinter stuck deep in my thumb. This splinter is causing to secrete pus and I am in severe pain. However, for the treatment, what you guys did is clean the puncture site and prescribed me with painkillers. I went home, consume my medicine and came back to you with the same condition. This analogy actually represents the doctor's inability to notice the root of the problem that is creating these symptoms which is the splinter. And the only main solution is by removing the splinter, which in our context is eliminating all the factors that can contribute to digital divide if the government is still stubborn enough in prioritizing digital health. And I would like that analogy to drill into your mind and for you guys to think about it and come up with your own rational decision. And with that I rest my case, Thank you.

CONCLUDING REMARKS by PROPOSITION TEAM

As speaker 3 from the proposition group, I would like to rebut the points from the opposition group. As I listened to them, there is one repeated question which is why digital health should be top priority now. So, I would like to add on more points to the statement. Digital health has been seen as an emerging, strategic health priority for years. Even prior to the COVID-19 pandemic, the use of digital health technologies to make health systems and services more effective was widely recognized. Countries have also indicated the importance of digital health. Linked to WHO's 13th General Programme of Work, the European Programme of Work commits to ensuring better access to health for people throughout the Region through universal health coverage and recognizes digital health as key to realizing this vision. The term digital health may conjure images of advanced, futuristic technology, but in fact it can include a range of interventions, including electronic health records and standards underpinning the exchange of data, mobile health apps for monitoring and prevention; public health portals that provide transparent access to an individual's personal health records and contacts with the health system, telemedicine, integrated care delivery, clinical decision-making support tools in primary care, robotics, personalized medicine and so on. COVID-19 as an accelerator. The role that digital health can play has come under the spotlight during the COVID-19 pandemic. The use of digital tools such as contact tracing apps to monitor outbreaks and online consultations to help keep health professionals and patients safe while providing continued care are some of the ways that the potential of digital health has been harnessed. Hence, it is one of the ways for the government to access where the Malaysian check in and also to access the spread covid-19 chain nationwide. They keep on saying it is not a priority. So, let me use Covid-19 as an example. Just as the opposition speaker mentioned there are millions of citizens in Malaysia. And definitely we are still a developing country. For sure we are unable to cover all the millions of people in Malaysia. The only way to cover all the citizens is via digital health. Not 100% but at least we can cover 50% or 75% of the citizens through digital health during this covid-19 pandemic to access their

activities with the aim of breaking the transmission chain of covid-19. The opposition team mentioned that not all people are using phones. For an instance, in a family, there will be for sure a person who is using a mobile phone. So, that one person in the family can convey the information to the whole family. Just now, one of the opposition speakers stated we do not want rural area people to be left behind by giving top priority to digital health. I would like to give an example. Before covid-19 pandemic, there was a lot of incidents that happened in Malaysia. For example, educational system. Since my era, we are applying for university via online and there is no face-to-face applications. So how about students who want to achieve in their education? How can they apply in their rural area? They need internet access. So, it is a proof that rural areas still have accessibility to digital equipment. If they want to achieve their goals, they definitely will find a way to reach their goals. To support my statement, I would like to give another example. There is a viral video which is spreading on the internet which was a Sabah student who climbed the tree to get internet access for her online classes. Hence, it is a wrong concept that rural areas will be left behind. We are still developing together and of course there is a way for rural areas to develop together.

The third speaker from the opposition rebutted the point of the first speaker from my team. Strangely, I agree with her. Then she also rebutted my points regarding obesity saying that it was irrelevant to the topic of debate. I think the third speaker of the opposition team has misunderstood my point. I stated my point as “conduct webinar related to health consent”. Hence, I gave obesity as an example. I hope that opposition speaker 3 gets it. To conclude my rebuttal session, I strongly believe that digital health should be top priority towards sustainable development and well beings. “The journey of a thousand miles begins with one step”. Thank you!

REMARKS BY FACULTY

The six speakers had spoken with vigor and passion upon the pros and cons regarding the motion. There are a lot to be discussed upon it. However, due to time constraints during Debate session and word limitations set for this publication, the Faculty will not be dwelling upon further discussion on it except put in the concluding remarks. We would like to congratulate the speakers upon their search for references and their mode of delivery and contents of their arguments put forward on both sides.

CONCLUDING REMARKS by the FACULTY

Digital health is so important because an easier, flexible access to patients gives **healthcare** professionals the potential to better understand those under their care, not just during, but also between visits. This provides them with a wealth of real-world insights that can ultimately help them provide better care. The response to COVID-19 has been a huge undertaking, both for the Malaysian’s health services and the wider industry. The solutions that were rapidly adopted during the crisis have highlighted just how much of a positive difference digital health solution can make in healthcare. Only time will tell if solutions created to tackle the pandemic can break down the barriers to adoption that many health solutions have faced up to the present. But with patients and healthcare professionals already benefiting, there is a

forecast, that digital health solutions will be a permanent, increasingly essential part of the health landscape going forward.

Nevertheless, in this Debate session, the performance by the Opposition team had excelled above that by the proposition and they had become the **WINNER** by a significant margin. The BEST speaker **MS NUR NAJWA SYAZWANI BINTI BADRUL HISHAM** also achieved the highest marks amongst the six speakers.

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