



Cover Story

Chained Globalisation

702 **Prof. Johan G. (Hans) Blickman:**
On the Threats to Imaging...Should We
Be Worried?

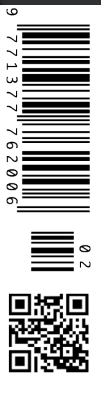
706 **Dr Christina Åkerman:**
Restoring Healthcare to Its Purpose

712 **Prof Henrique MG Martins:**
Digital Health Diplomacy in Chained
Globalised Health Context

716 **Prof. Arch. Simona Agger Ganassi:**
From Globalisation to a Health
Supportive Global Planet

728 **Dr Susan Henshall:**
Elevating Cancer Care to Global Level

746 **Dr Teresa Perillo, Dr Lorenzo
Ugga, Dr Renato Cuocolo:**
Radiomics in the Imaging of Brain
Gliomas: Current Role and Future
Perspectives





Eric de Roodenbeke
CEO
International Hospital Federation

Chained Globalisation

We have been reading for decades that we live in a global village and that the virtual world has put down all boundaries. However, the reality in healthcare does not really reflect this description.

Technological advancement has benefitted healthcare at the global scale although at a different pace. There is, no doubt, a global appetite for adoption of new technology. In any professional healthcare meeting, technical innovation always attracts interest, and healthcare leaders are willing to be early adopters, especially in competitive healthcare markets.

However, the way technology is used, the outcomes it provides and the efficiency of its usage vary dramatically across different countries and even within countries. Technology has more or less adapted itself to local practices rather than participating to a global standardisation of practices. It would be wrong not to recognise the interplay between technology and processes but except for technologies triggering a disruptive change, its adoption is primarily dependent on the purpose of the organisation and the processes that are in place to produce their services.

When looking at practices and models of care, globalisation is far from becoming a reality because of a local mindset driving the paradigm of those involved in health service delivery. This is understandable because health services are embedded not only in the local culture, but also in the socio-economic model of the community they serve. It is not always logical to copy and paste good practices from one place to another.

However, even if solutions cannot be replicated, there are two major drivers participating to **Chained Globalisation**. The concerns and priorities that are behind health services are quite universal: patient safety, quality of care, efficiency of resource mobilisation, patient centredness, value, accessibility, etc. The tools and methods supporting the processes are also quite universal: quality improvement methods, governance practices, effective leadership, management competencies and processes, etc. Behind these drivers there are numerous factors giving each organisation a certain level of specificity when considering their own time frame and level of priorities.

In this issue, our contributors outline the current challenges and opportunities in high value care, and talk about digital health diplomacy and how it can facilitate the creation of a global digital healthcare system. They explore corporate social responsibility policies and how they should drive COVID-19 vaccine development and distribution, and discuss communication flows within the global healthcare sector. They also explore regulatory restrictions on healthcare workers, limited imaging choices in low-income regions, the application of machine learning and radiomics, the threats to imaging and radiology, and the application of GeoAI for chronic disease management.

We hope you enjoy this issue. As always, your feedback is always welcome.

Happy Reading!