Call to action for the BMJ Innovations community after COVID-19

Ashley McKimm

2020 was perhaps the most challenging year that many of us who work in healthcare will face in our lifetimes. As we pass the grim milestone of 1.5 million recorded deaths from COVID-19 this month, we are finally starting to see early progress towards a more normal 2021.

Alongside the human and economic devastation of this pandemic, we also know that global disasters on the scale of COVID-19 bring a huge imperative for innovation.1 Like past pandemics, we are likely to see these new innovations continue to make a lasting impact on health long after we have brought this global health crisis under control.

This is not new. Since the first documented pandemic in 541 AD, almost all have precipitated a stepwise jump in healthcare innovation. The third Cholera pandemic of the mid-1800s was defined by the birth of epidemiology. The Spanish Flu of 1919 gave us our focus on public health and the international bureau for fighting epidemics in Vienna, which was the precursor to WHO.

Looking back on COVID-19, it is likely we will see this as the ‘digital health pandemic’. COVID-19 was the first where the rapid deployment of technology, and specifically digital technology, became a core component of the race to understand, contain and deliver a potential solution.

It was an artificial Intelligence (AI) algorithm that first alerted much of the world to COVID-19 on 31 December 2019 and went on to successfully predict 10 of the first 12 cities to be impacted.2 It was also unthinkable at that point that we had one vaccine within a year—never mind eight viable vaccines from many different vectors.

We saw many digital health advances—Bluetooth apps tracked and traced millions in an attempt to control spread; AI algorithms worked to analyse possible treatments and speed up clinical trials; and telemedicine became the default in many countries. Not all innovations were a success—many failed dramatically—but like past global crises, some will evolve to play a permanent role in health beyond COVID-19.

With some caution, and not forgetting the horrific impact of COVID-19 and the lives it affected, it is time to start looking forward to the positive future that the health innovations from COVID-19 will bring in 2021 and beyond.

As we enter the new year, BMJ Innovations does so with a new editor-in-chief, editorial board and a renewed focus. More than ever we feel our mission of championing ideas for a healthier world is critical and we will do this with renewed vigour and with more innovation ourselves.

I want to thank all those who have contributed to our journey so far—our excellent editorial board members and particularly outgoing editor-in-chief professor Prashant Jha who has nurtured the journal from inception. I also want to welcome those who will continue the journey with us and the new members of our editorial team.

Our next issue has a special focus on the innovations that were developed or matured during the COVID-19 pandemic and how they will impact the future of global health over the next decade. To coincide with this issue, we have announced a call for papers on innovations that have been developed for or during the pandemic.

We will cover topics such as the mainstreaming of virtual healthcare; the role of big data and AI on disease modelling; and the rapid iteration of medical devices, such as ventilators and vaccines. Please do contribute your original research, early-stage innovations and review manuscripts via the BMJ Innovations website.

Post-COVID-19 we want to make BMJ Innovations a stronger global...
community of innovators. We hope you’ll be part of this by publishing, implementing, and championing innovations that make the world a healthier place.

Twitter Ashley McKimm @ashleymckimm

Contributors Editorial was solely authored by AM.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests Editor-in-Chief of BMJ Innovations and full-time employee of BMJ Publishing Group Ltd

Patient consent for publication Not required.

Provenance and peer review Commissioned; internally peer reviewed.

This article is made freely available for use in accordance with BMJ’s website terms and conditions for the duration of the covid-19 pandemic or until otherwise determined by BMJ. You may use, download and print the article for any lawful, non-commercial purpose (including text and data mining) provided that all copyright notices and trade marks are retained.

ORCID iD
Ashley McKimm http://orcid.org/0000-0002-1398-9335

REFERENCES