The Global Fund, Digital Health, and Human Rights: A Study of Digital Risks and Institutional Capacity

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DEVELOPED COUNTRY
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Table of Contents

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Executive Summary

The Global Fund is one of the largest investors in digital health in low- and middle-income countries. It spends over US$150 million annually to strengthen health information systems, improve the availability and quality of digital data, and provide digital tools for health workers, leveraging private sector partnerships to support its investments. The Global Fund's digital health portfolio and private sector partnerships align with what the World Health Organization describes as "innovation … happening at unprecedented scale" in the digital sphere. While new technologies transform national health systems, enhance public health surveillance, and offer new opportunities to promote individual health and well-being, they also present novel and, in some cases, unprecedented risks and challenges that are yet to be fully explored.

Commissioned by the Developed Country NGO Delegation to the Board of the Global Fund, this study investigated the challenges Global Fund communities and civil society experience in the digital health transformation, viewed from a rights-based perspective. The study further examined the Global Fund's mandate and capacity to address these challenges, identifying opportunities to strengthen the donor's approach to digital and artificial intelligence (AI) technologies. The study also considered the benefits and advantages digital technologies offer Global Fund communities. The study incorporated a literature and policy review, in-depth interviews with a range of Global Fund stakeholders, and critical analysis. The study uses the term "digital health rights" to refer broadly to the human rights impacted by digital and AI technologies that are central to ending HIV, TB, and malaria, building strong and resilient health systems, and preparing for future pandemics. These include the rights to health, science, non-discrimination, privacy, informed consent, physical integrity, and freedoms of speech and expression.

Interview participants implementing digital health projects reported experiencing restrictions or "chilling effects" on their freedom of expression online and witnessing online abuse and harassment of their program beneficiaries. The "digital divide," limited access to digital technologies, weak Internet infrastructure, and their reproduction of gender inequalities also emerged as crucial challenges facing Global Fund communities. Interview participants highlighted the challenges in protecting the security and privacy of personal health data collected and processed during Global Fund-supported interventions and the risks of stigma and discrimination from failing to do so. Bias, safety, quality, and other concerns around AI technologies also present emerging challenges for Global Fund-supported digital health interventions.

The Global Fund has taken meaningful steps to strengthen its mandate and capacity to address risks related to digital and AI technologies, but they remain underdeveloped. The *Global Fund Strategy (2023–2028)* commits to "Maximizing Health Equity, Gender Equality and Human Rights" and endorses digitized health data, digital surveillance systems, and digital tools for TB while setting some broader digital goals. However, it does not offer a comprehensive, coherent plan for the Global Fund's digital health investments or how the donor will protect digital health rights. The *Digital Framework* represents a step towards a more holistic, institutional approach to digital and AI technologies for health. The Framework prioritizes four "digital objectives," including "Amplify Access & Equity." The Framework also considers human rights in several places. Yet, it does not address the challenges Global Fund communities experience using digital technologies or discuss specific human rights. Moreover, to date, the Digital Framework has not been formulated in a concrete policy document, disseminated throughout the Secretariat, released publicly, or shared with external stakeholders.

The Global Fund's guidance supporting country-level planning and proposal development reflects similar concerns. Digital systems, digital data, digital surveillance, digital platforms, and digital tools feature in recommended programs and activities in Information Notes, Technical Briefs, and the *Modular Framework Handbook*. But the guidances do not recommend programs to identify or address the risks of these technologies or to protect and promote digital health rights. By contrast, several Technical Briefs concentrate on human rights, but by and large, they do not cover digital or AI technologies. This study also identified gaps in normative

guidance on digital health rights among the Global Fund's technical partners and a lack of coordination among the partners in adopting existing guidance. These shortcomings set the stage for confusion and uncertainty around digital health rights among the Global Fund's country-level stakeholders.

Overall, the Global Fund's approach to its digital health investments is often siloed, and consideration of their impact on human rights is incomplete. Guidance for country-level stakeholders generally encourages the use of digital technologies but does not sufficiently consider their human rights impacts. The Global Fund would also benefit from greater coordination with its technical partners around developing and implementing normative guidance to protect and promote digital health rights.

Recommendations Overview

We propose the following recommendations to strengthen and place human rights at the center of the Global Fund's approach to digital and AI technologies for health:

1.	**Create a Digital Technologies Coordinator in the Policy & Strategy Hub.**
2.	**Develop and enhance existing institutional strategies, policies, frameworks, and guidance for digital and AI technologies.**
3.	**Strengthen the capacity and enhance the Community, Rights and Gender Department's engagement on digital health rights.**
4.	**Publish a Digital Health and Human Rights Technical Brief in preparation for Grant Cycle 8.**
5.	**Augment the Modular Framework Handbook in preparation for Grant Cycle 8 with digital health rights and community-led digital health-focused modules, interventions, and activities and integrate digital health rights into the core lists of indicators.**
6.	**Expand the Country Risk Management Framework, adding pre-defined categories addressing risks associated with digital and AI technologies, digital and biometric data collection and use, and highlighting digital health rights.**
7.	**Prioritize digital health rights and community-led digital health-focused programming for funding, including through Catalytic Funds and Strategic Initiatives.**
8.	**Advance inclusive, human rights-based, participatory digital health and data governance at the country level.**
9.	**Ensure responsible, human rights-focused private sector engagement on digital and AI technologies, including through the Digital Health Impact Accelerator.**
10.	**Elevate the Board's engagement, expertise, and leadership on digital and AI technologies for health.**
11.	**Enhance the Technical Review Panel's expertise and capacity to evaluate the technical merit, strategic focus, and human rights impacts of funding requests involving digital and AI technologies.**
12.	**Strengthen the Office of the Inspector General's capacity to promote good practice, reduce risk, and evaluate reports of human rights abuses related to digital and AI technologies in Global Fund-supported programming.**
13.	**Harmonize the Global Fund's approach to digital and AI technologies with its technical partners, including WHO, UNAIDS, UNDP, and others.**

I. Introduction

The Global Fund affirms that it is one of the largest investors in digital health in low- and middle-income countries.[1] It spends over US$150 million annually to support health information systems, improve the availability and quality of digital data, provide digital tools for community health workers, and more.[2] The donor also leverages private sector partnerships with technology developers to support its digital health investments. In December 2022, the Global Fund launched the Digital Health Impact Accelerator, a private sector partnership initiative with US$50 million in catalytic funding "to accelerate digital health transformation in Africa."[3] In 2023, it announced a new private sector partnership to accelerate the use of artificial intelligence (AI) to diagnose tuberculosis (TB).[4]

The Global Fund's digital health portfolio and private sector partnerships align with what the World Health Organization describes as "innovation… happening at unprecedented scale" in the digital sphere.[5] Donors, technology developers, and the healthcare sector's expanding investments in digital technologies have supercharged the digital health transformation. While new technologies transform national health systems, enhance public health surveillance, and offer new opportunities to promote individual health and well-being, they also present novel and, in some cases, unprecedented risks and challenges. In the rush to digitize health systems and leverage the perceived advantages of new technologies, their risks are yet to be fully explored.[6] Understanding the Global Fund's mandate and capacity to address the risks of digital and AI technologies for health is thus vital to maximizing its impact while protecting and promoting the human rights of communities affected by HIV, TB, and malaria.

The Developed Country NGO Delegation to the Board of the Global Fund commissioned this study to investigate the risks Global Fund communities and civil society face in the digital health transformation, viewed from a rights-based perspective. The study also examined the Global Fund's mandate and capacity to address these challenges, identifying opportunities to strengthen the donor's approach to digital and AI technologies. Human rights lawyers and independent researchers Brian Citro and Elise Meyer conducted the research and wrote this report.

This study involved a literature and policy review, in-depth interviews, and critical analysis. The literature and policy review focused on the Global Fund's institutional strategy, policies, operational guidance, and other technical documents. The review also examined reports and other publications from the Global Fund's technical partners, civil society organizations, and human rights experts.[7] The interviews targeted three kinds of stakeholders: (1) Global Fund personnel, (2) Global Fund civil society and community representatives, and

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[1] The Global Fund, *Digital Health: Digital Health Investments Accelerate Progress in Ending AIDS, TB and Malaria* (Jan. 18, 2024), https://www.theglobalfund.org/en/resilient-sustainable-systems-for-health/digital-health/.

[2] *Ibid.*

[3] The Global Fund, *News Release: Global Fund and Private Sector Partners Launch US$50 Million Catalytic Fund to Accelerate Digital Health Transformation in Africa* (Dec. 14, 2022), https://www.theglobalfund.org/en/news/2022/2022-12-14-global-fund-and-private-sector-partners-launch-us-50-million-catalytic-fund-to-accelerate-digital-health-transformation-in-africa/

[4] The Global Fund, *News Release: Global Fund and Siemens Healthineers to Accelerate Adoption of Artificial Intelligence for Tuberculosis Diagnosis* (Oct. 16, 2023), https://www.theglobalfund.org/en/news/2023/2023–10–16-global-fund-siemens-healthineers-accelerate-adoption-artificial-intelligence-tuberculosis-diagnosis/.

[5] World Health Organization, *Digital Health: Overview,* https://www.who.int/health-topics/digital-health (accessed Aug. 7, 2024).

[6] *See, e.g.,* Andrew M. Nguyen, Alessandra Rivera, and Lisa Gualtieri, *A New Health Care Paradigm: The Power of Digital Health and E-Patients,* 1 Mayo Clinic Proceedings: Digital Health 203–209 (2023); Eric Perakslis and Geoffrey S. Ginsburg, *Digital Health — The Need to Assess Benefits, Risks, and Value,* 325 Journal of the American Medical Association 127–128 (2021); Katerini Storeng et al., *Digital Technology and the Political Determinants of Health Inequities,* 12 Global Policy 5–11 (2021).

[7] During this study, the researchers were also undertaking a study commissioned by STOPAIDS and the Digital Health Rights Project on bilateral and multilateral donors' relationships with digital technologies for health and development. Because the subject matter overlapped, the researchers incorporated some information gathered during that research into this study. This includes information gathered during an interview with Rob Cryer, the manager of the Country Technology Services team in the Global Fund's Information Technology (IT) Department.

(3) policy-makers at the Global Fund's technical partners. The researchers developed semi-structured questionnaires for each stakeholder group and used them to conduct twelve in-depth interviews with fifteen individuals. One additional stakeholder provided written responses to the questionnaire. Of the twelve interviews, six involved representatives of Global Fund civil society and community groups, three engaged Global Fund's technical partners, and three involved Global Fund personnel. A list of the study's interview participants and the semi-structured questionnaires are available in the Appendices.

This study's limitations included challenges in identifying and engaging interview participants and the limited experience of some interviewees in contexts where the digital health transformation is still nascent. Identifying interview participants was challenging because digital health policy- and decision-making cut across units within the Global Fund and other organizations. As a result, interviewees could often only speak to a limited portion or aspect of a questionnaire. Personnel in two Global Fund units could not participate in the study due to the research timeframe. Some interviewees from civil society or community groups had limited experience with digital and AI technologies for health due to their countries' early stages of digital development. This limited the scope and content of these interviews and the information they generated.

This study uses the term "digital health rights" to refer broadly to the human rights impacted by digital and AI technologies for health central to ending HIV, TB, and malaria, building strong and resilient health systems, and preparing for future pandemics. Depending on the context and technologies, these include the rights to life, health, science, non-discrimination, privacy, confidentiality, information, bodily autonomy, physical integrity, informed consent, freedom of speech and expression, and others.

This report first describes the situational context, highlighting the risks and challenges Global Fund communities face during the digital health transformation and considering the donor's mandate and capacity to address them. Then, the report presents and discusses recommendations targeting specific institutional actors to strengthen the Global Fund's capacity to anticipate and address these challenges while protecting and promoting human rights in its digital health investments.

II. Situational Context

This section outlines the risks and challenges communities affected by HIV, TB, and malaria face in the digital health transformation. Then, it examines the Global Fund's mandate and capacity to address these challenges as it accelerates investments in digital and AI technologies for health.

A. Challenges in the Digital Health Transformation

This study explored the risks and challenges Global Fund communities and civil society experience in the digital health transformation. It adopts a rights-based perspective on these challenges in line with the *Global Fund Strategy (2023–2028),* which commits to "Maximizing Health Equity, Gender Equality, and Human Rights." The findings flow from our literature and policy review and in-depth interviews with civil society and community groups, Global Fund personnel, and the donor's technical partners. The interview questionnaires are available in the Appendices.

The study did not gather sufficient information to formulate a comprehensive framework for digital health rights challenges. As noted above, the digital health transformation is still nascent in some Global Fund-supported countries. For example, none of the civil society or community group interviewees had direct experience using AI technologies in their Global Fund-supported programming. Interviewees often more readily discussed the benefits, advantages, and promise of digital technologies for health, requiring additional probing questions to explore their risks or challenges. Nonetheless, certain themes arose during the study that implicate digital health rights. The challenges and analysis below build on previous work for the civil society delegations to

the Board of the Global Fund[8] and are informed by civil society reports and the UN Special Rapporteur on the right to health.[9] We encourage the civil society delegations to the Board to continue focusing on the risks and challenges Global Fund communities face during the digital health transformation.

According to the UN International Telecommunication Union, approximately one-third of the global population, or 2.6 billion people, remained offline in 2023.[10] The "digital divide," limited access to digital technologies, weak Internet infrastructure, and their reproduction of gender inequalities emerged as critical concerns during our research. These challenges impact the rights to health, science, and non-discrimination and are closely related to the benefits and advantages digital technologies offer for health. Civil society and community groups emphasized that digital platforms expand their ability to reach members of vulnerable groups, including HIV key populations. They noted that, in some cases, digital platforms offer valuable confidential communication channels, including through apps or direct messaging services on commercial platforms. These technologies, including telemedicine platforms, foster protection against stigma and discrimination often experienced at clinics, particularly for members of stigmatized groups. Interviewees also valued the opportunity digital platforms provide to more easily share health information, including the location of clinics, how to access mental health services, and testing and treatment information. In this way, digital platforms may empower communities affected by HIV, TB, and malaria, especially in contexts where communities experience healthcare services as disempowering. One interviewee stated that this was especially true for digital platforms providing real-time access to healthcare professionals.

With these advantages in mind, accessibility to digital technologies and the infrastructure on which they operate become critical concerns. Interviewees noted that access to digital technologies and the ability to use them effectively and safely—i.e., digital literacy—is mediated by individuals' age, gender, education, income, location, sexual orientation, and other factors. They highlighted that restrictive gender norms aggravate accessibility barriers for women and girls, especially in rural and more traditional communities. Two interviewees underscored that digital literacy was lower among members of LGBTQ+ communities in their countries and even lower among transgender persons as compared with men who have sex with men. As new digital and AI technologies improve diagnostic and clinical care, the enduring digital divide also risks exacerbating health inequities, as vulnerable communities lack access to the most effective care.

Protecting the security and privacy of personal health data collected and processed during Global Fund-supported interventions and the risks of stigma and discrimination stemming from failing to do so are also fundamental challenges. These risks impact the rights to privacy, confidentiality, non-discrimination, and informed consent and implicate national data protection and privacy laws. The collection of biometric data and "function creep," whereby personal data collected during health interventions are later used for other, unrelated purposes to which the beneficiaries did not consent, are of particular concern in this context. Interviewees emphasized that criminalized and stigmatized populations, such as people who use drugs, sex workers, and men who have sex with men, are at heightened risk from weak data protection and privacy. Members of these groups are also often reluctant to use digital technologies that collect their health information due to fears of stigma, discrimination, or law enforcement. Considering these risks, civil society interviewees underscored the need for technical support on projects using digital technologies to protect sensitive data or develop solu-

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[8] *See* Sara L. M. Davis, *Digital Technologies and Artificial Intelligence in Health I: Understanding the Landscape*, Joep Lange Institute (Aug. 2020), available at https://www.joeplangeinstitute.org/wp-content/uploads/2020/12/Digital-Technologies-and-Artificial-Intelligence-in-Health-I.pdf; Sara L. M. Meg Davis, *Digital Technologies and Artificial Intelligence in Health II: Human Rights Principles*, Joep Lange Institute (July 2020), available at https://www.joeplangeinstitute.org/wp-content/uploads/2020/12/Digital-Technologies-and-Artificial-Intelligence-in-Health-II.pdf.

[9] *See* KELIN and Kenya Key Populations Consortium, *"Everyone said no" Biometrics, HIV and Human Rights: A Kenya Case Study* (2018), available at https://www.kelinkenya.org/wp-content/uploads/2022/12/Everyone-said-no.pdf; Human Rights Council, *Report of the Special Rapporteur on the right to the highest attainable standard of physical and mental health on "Digital innovation, technologies and the right to health*," A/HRC/53/65 (Apr. 21, 2023).

[10] International Telecommunication Union, *Press Release: Population of global offline continues steady decline to 2.6 billion people in 2023* (Sept. 12, 2023), https://www.itu.int/en/mediacentre/Pages/PR-2023-09-12-universal-and-meaningful-connectivity-by-2030.aspx.

tions that avoid collecting such data in the first place.

Interviewees implementing digital health projects reported experiencing restrictions or "chilling effects" on their freedom of expression online and witnessing online abuse and harassment of their projects' beneficiaries. These challenges infringe on freedoms of speech and expression and present risks to the rights to bodily autonomy and physical integrity should online abuse lead to physical violence offline. Digital interventions that use commercial, public platforms, such as Facebook, Instagram, TikTok, and X/Twitter, may expand the reach of civil society and community groups, as noted above. However, they expose project implementers and beneficiaries to abuse and harassment from other users or government scrutiny in some jurisdictions. In some cases, project implementers lack the capacity to effectively monitor and respond to the online abuse that occurs during their interventions. One interviewee noted that they could not check on and ensure the safety of all the beneficiaries targeted for online harassment in their programming. This interviewee also disclosed that they removed the rainbow or pride flag and deleted references to transgender persons in their social media posts in response to a restrictive government policy targeting LGBTQ+ groups.

Bias, safety, quality, and other concerns around AI technologies present emerging challenges for Global Fund-supported digital health interventions. These risks implicate the rights to health, science, and non-discrimination. A chief concern is that AI models trained on health data that reflect racial, gender, or other biases may reproduce those biases in their outputs, impacting their quality and safety in healthcare settings. For example, a seminal study of a "commercial prediction algorithm" used to identify and care for patients with complex health needs in U.S. hospitals found that the algorithm exhibited "significant racial bias."[11] The bias, stemming from the algorithm's reliance on healthcare spending data, resulted in Black patients receiving substantially less care than similarly situated White patients. Another recent study of computer-aided diagnostic (CAD) tools for TB used in a community-based screening program in South Africa found that "wide variations in triaging thresholds" between different versions of the CAD's software posed a "risk to end-users in TB … programmes who may unintentionally introduce systematic screening errors."[12] The availability and accessibility of emerging AI technologies for health may also be restricted in some contexts, depending on their cost and the technical and human resources required to integrate them into health systems at scale.

B. The Global Fund's Mandate and Capacity

The Global Fund's mandate and capacity to address the risks and challenges posed by digital and AI technologies are underdeveloped. The donor's approach to its digital health investments is often siloed, and consideration of their impact on human rights is incomplete. Guidance for country-level stakeholders generally encourages the use of digital technologies but does not sufficiently consider their human rights impacts. The Global Fund would also benefit from greater coordination with its technical partners around developing and implementing normative guidance to protect and promote digital health rights.

The *Global Fund Strategy (2023–2028)* commits to "Maximizing Health Equity, Gender Equality and Human Rights." The Strategy endorses digitized health data, digital surveillance systems, and digital tools for TB. It also sets broader digital goals such as achieving "more equitable access to … technology and virtual tools to facilitate community engagement, … mitigate unequal power dynamics and strengthen CCM functioning." The Strategy also touches on human rights associated with collecting, storing, and processing health data, stating that "they must comply with human rights principles." However, the Strategy does not offer a comprehensive, coherent plan for the Global Fund's digital health investments or how the donor will protect digital health rights.

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[11] Ziad Obermeyer et al., *Dissecting Racial Bias in an Algorithm Used to Manage the Health of Populations,* 366 Science 447-453 (2019).

[12] Jana Fehr et al., *CAD4TB Software Updates: Different Triaging Thresholds Require Caution by Users and Regulation by Authorities,* 27 International Journal of Tuberculosis and Lung Disease 157-160 (2023).

The Global Fund's *Digital Framework* represents a step towards a more holistic, institutional approach to digital and AI technologies for health. Developed by the Information Technology (IT) Department, the Framework aims to "Maximize the internal and external use of technology" and "Turbo-charge towards universal health coverage." The Framework prioritizes four "digital objectives," three focusing on technical goals and support for digital health systems and data. The fourth commits to "Amplify Access & Equity" towards "universal … quality healthcare" to further the Global Fund's strategic objective on equity and human rights. The Framework integrates three "accelerators," including one on data governance to "ensure confidentiality, integrity and safe accessibility of health-related information." The Framework also poses a set of "guiding questions" to mitigate "current risks," but they do not address specific digital health rights.

The *Digital Framework* nonetheless considers human rights in several places. Rights are components of suggested initiatives to fulfill the Framework's access and equity objective. The Framework also highlights human rights as an input required from communities and civil society and as components of data protection policies. Yet, the Framework does not explicitly address the risks and challenges communities affected by HIV, TB, and malaria experience using digital technologies and does not discuss specific human rights. Our research also found that, to date, the *Digital Framework* has not been formulated in a concrete policy document, disseminated throughout the Secretariat, released publicly, or shared with external stakeholders.[13]

The Global Fund's guidance supporting country-level planning and proposal development, including Information Notes, Technical Briefs, and the *Modular Framework Handbook,* reflect similar gaps and concerns. Digital systems, digital data, digital surveillance, digital platforms, and digital tools feature in many recommended programs and activities in the Modular Framework Handbook and Information Notes on HIV, TB, malaria, and Resilient and Sustainable Systems for Health (RSSH). But the guidances do not recommend programs or activities to identify, understand, or address the risks of these technologies or to protect and promote digital health rights. By contrast, several Technical Briefs concentrate on human rights, providing a spectrum of investment approaches and recommended human rights programming. However, by and large, the Briefs do not cover digital or AI technologies.

For example, the *Modular Framework Handbook* and the *Information Note: Tuberculosis* encourage applicants to consider digital technologies in funding proposals, such as digital surveillance tools, digital adherence technologies (DATs), and digital chest x-rays. While the Handbook and Note touch on broad human rights standards, neither consider any risks or human rights impacts associated with the recommended digital technologies for TB. Conversely, the *Technical Brief: Removing Human Rights-related Barriers to TB Services* contextualizes the Global Fund's human rights commitments for the fight against TB and lays out a comprehensive platform of investment approaches and programming to eliminate human rights-related barriers to TB services. However, the Brief does not discuss digital or AI technologies at all. Remarkably, the word "digital" appears 25 times in the 36-page TB Information Note but does not appear at all in the 41-page TB human rights Technical Brief.

This study also identified concerns around the formulation and adoption of normative guidance on digital health rights among the Global Fund's technical partners. For instance, WHO's *Global Strategy on Digital Health 2020–2025* sets forth guiding principles, strategic objectives, and a framework for action for digital health, but it does not consider digital health rights. The term "human rights" appears only once in the 60-page document. By contrast, WHO's guidance on the *Ethics and Governance of Artificial Intelligence for Health offers* rich ethical and governance frameworks to guide the use of AI technologies for health. However, it only briefly touches on the risks AI technologies pose to digital health rights. Other partners have developed more robust human rights frameworks, such as UNDP's *Guidance on Rights-Based and Ethical Use of Digital*

[13] During a July 2024 interview, an IT Department representative stated that the unit was finalizing a new version of the *Digital Framework* for publication in the coming weeks.

Technologies in HIV and Health Programmes. However, the Global Fund and its partners lack clarification and coordination on their roles in adopting such guidance. The gap in normative guidance on digital health rights at the global level and the lack of coordination among the Global Fund and its technical partners in adopting existing guidance sets the stage for confusion and uncertainty around digital health rights among the Global Fund's country-level stakeholders.

III. Recommendations Rationale & Discussion

This section presents the study's recommendations, targeting specific institutional actors, with detailed sub-components and rationale. Overall, the recommendations aim to strengthen and place human rights at the center of the Global Fund's approach to digital and AI technologies for health. The recommendations derive from the study's literature and policy review and in-depth interviews.

A. The Secretariat

The Secretariat runs the Global Fund's day-to-day operations, supports program implementers, and executes the institution's strategies and policies, among other things. These recommendations seek to leverage the Secretariat's impressive structural, procedural, and departmental features to strengthen the Global Fund's policies, personnel, processes, guidance, and relationships in the digital space.

1. Create a Digital Technologies Coordinator in the Policy & Strategy Hub.

Policies, governance, and day-to-day decision-making related to digital technologies are spread throughout the Global Fund and, in some cases, siloed in ways that obscure potentially valuable synergies. For instance, the IT Department's Country Technology Services (CTS) team implements the *Digital Framework*, the Global Fund's primary digital policy. The CTS team provides technical and policy support to countries on demand for health management information systems (HMIS) and other digital health technologies. However, our research indicates that, in implementing the *Digital Framework,* the IT Department does not regularly liaise with or leverage the expertise of other Secretariat units, such as the Community, Rights and Gender (CRG), Risk Management, or Legal & Governance Departments. The CTS team also does not consistently engage key actors outside the Secretariat, like the Technical Review Panel. Conversely, our research suggests these departments and external units do not proactively take advantage of the CTS team's mandate, expertise, or technical working relationships with implementing partners. We therefore recommend the Secretariat:

a. Create a new position in the Policy & Strategy Hub to monitor and coordinate the Global Fund's use and support for the use of digital and AI technologies across the organization, liaising between internal and external stakeholders, including Country Coordinating Mechanisms (CCMs), Implementing Partners, the Information Technology (IT) Department and its Country Technical Services (CTS) team, the Technical Review Panel, the Community, Rights and Gender (CRG) Department, the Private Sector Engagement Department, the Legal & Governance Department, and others.

i. The Coordinator's primary role would be to facilitate and ensure mutual awareness and open communication among internal and external stakeholders using or supporting the use of digital and AI technologies to leverage the Global Fund's existing institutional strengths in information technology, risk management, legal and governance, and communities, rights and gender.

ii. The Coordinator's mandate could include identifying when digital or AI technologies risk negatively impacting the Global Fund's "four key principles" and "five minimum human rights standards" and convening stakeholders with relevant expertise to weigh in, such as the CRG and IT Departments.

iii. The Coordinator could lead efforts to harmonize the Global Fund's approach to digital and AI technologies with its technical partners, including WHO, UNAIDS, UNDP, and others (recommendation 13).

iv. The Coordinator could oversee the implementation of a proposed Global Fund Digital Strategy, which, if created, could subsume the current Digital Framework (recommendation 2(a)).

2. Develop and enhance existing institutional strategies, policies, frameworks, and guidance for digital and AI technologies.

The Global Fund Strategy (2023–2028) sets an ambitious goal with concrete objectives and enablers. The Strategy contains numerous references to digital tools, technologies, and platforms, promotes supply chain and health data digitization, and discusses other technology-focused activities and commitments. However, it does not set forth an overarching vision or approach to the use of digital technologies in Global Fund-supported programming. Notably, the Strategy does not mention artificial intelligence at all.

The Global Fund's *Digital Framework* represents a step towards a more coherent, institutional approach to digital and AI technologies for health. The Framework identifies challenges and risks and commits to four "digital objectives," including to "amplify access and equity." However, our research found that the Framework has not been released publicly or formulated in a concrete policy document disseminated throughout the Secretariat or shared with external stakeholders. We also identified gaps and opportunities in other institutional guidance and policy domains. We therefore propose the Secretariat:

a. Consider developing a *Global Fund Digital Strategy* that sets forth the objectives, processes, principles, and human rights commitments associated with the Global Fund's use and support of digital technologies for health.

b. Reassess, update, and strengthen the *Digital Framework* based on the IT Department's CTS team's experience implementing the Framework to reflect country demand for technical support, integrate explicit, actionable protections for digital health rights as a new Digital Objective with support from the proposed CRG Department Digital Health Rights Technical Advisor (recommendation 3(a)), and establish new commitments and processes to support Global Fund communities and civil society employing digital and AI technologies, bearing in mind the information gathered during the proposed CRG Department community engagement on digital health (recommendation 3(b)).

c. Update the Eligibility Requirements in the Country Coordinating Mechanism Policy to ensure CCM membership encompasses expertise and experience in digital and AI technologies for health and their impact on human rights.

d. Update and strengthen the *Advocacy Roadmap,* including community and civil society perspectives on human rights risks and governance of digital and AI technologies for health, addressing issues such as accessibility and the digital divide, data protection and privacy, stigma and discrimination related to the use of digital technologies, online abuse and harassment, restrictions or "chilling effects" on freedom of expression online, and bias, safety, and quality concerns for AI technologies.

e. Consider developing a Global Fund Biometrics Policy, potentially as part of the Digital Strategy, similar to the *Policy on the Processing of Biometric Data* of the International Committee of the Red Cross (ICRC), that mandates an inclusive country-level decision-making process involving civil society and communities affected by HIV, TB, and malaria, and ensures robust protection for biometric data collected or processed during Global Fund-supported programs, allowing for a prohibition on the collection or processing of biometric data under certain circumstances or in accordance with country-level decision-making processes.

3. Strengthen the capacity and enhance the Community, Rights and Gender Department's engagement on digital health rights.

The Communities, Rights and Gender (CRG) Department is a unique unit that plays a crucial role in implementing the *Global Fund Strategy (2023–2028).* CRG staff engage civil society and community groups, protect human rights in Global Fund-supported activities, develop guidance for grant applicants, and support programming to reduce "human rights-related barriers" to HIV, TB, and malaria services. However, our research identified a gap in the CRG Department's capacity to fulfill its roles vis-á-vis digital and AI technologies. As Global Fund-supported countries undergo a digital health transformation, this gap presents an opportunity to enhance the unit's ability to provide support across the Secretariat to protect and promote human rights in the digital space and strengthen its distinctive programs, including the Breaking Down Barriers (BDB) initiative. To this end, we recommend the CRG Department:

a. Create a Digital Health Rights Technical Advisor with expertise in how digital and AI technologies impact human rights, including issues such as digital literacy and empowerment, accessibility and the digital divide, digital privacy, online safety and security, freedom of expression online, and bias, safety, quality, and other concerns with AI technologies, in furtherance of the Human Rights & Gender Equality risk control and mitigation strategy in the November 2023 *Semi-Annual Risk Management Report,* which recommends "Reorganiz[ing] CRG and review[ing] CRG support across the Secretariat to ensure effective implementation" of the Global Fund Strategy.[14]

b. Proactively engage Global Fund Principal and Sub-Recipients, including civil society and community groups, through a structured process to better understand and develop effective responses to the human rights risks they experience using digital and AI technologies for health and support the proposed *Digital Strategy* development, the *Digital Framework* update, and other policy processes (recommendation 2).

c. Create a Digital Health Rights Checklist for the CRG Department's second-line review during Country Risk Management processes, leveraging the expertise of the proposed Digital Health Rights Technical Advisor (recommendation 3(a)) and information gathered during the proposed technology-focused engagements with Global Fund recipients, civil society, and community groups (recommendation 3(b)), in furtherance of finding 3.2 in the OIG's 2024 *Audit of the Global Fund Approach to Grant Monitoring*, which asserts, "Improvements are needed to better define the oversight role of the second-line teams."[15]

d. Integrate digital health rights into the Breaking Down Barriers (BDB) initiative, highlighting and developing programmatic responses to "human rights-related barriers" to HIV, TB, and malaria services stemming from the use of digital and AI technologies, as well as the laws, policies, and practices governing data protection and privacy in the 24 BDB countries.

4. Publish a Digital Health and Human Rights Technical Brief in preparation for Grant Cycle 8.

Technical Briefs are a vital source of information for Global Fund grant applicants and an essential tool for advancing human rights programming for HIV, TB, and malaria. Current briefs cover a wide range of topics, including HIV key populations, community systems strengthening, and priorities for investments and enhanced impacts in prisons and other closed settings. These and the other briefs address digital technologies in certain circumstances. However, they do not offer focused, in-depth guidance on the impact of digital technologies on human rights, leveraging new technologies in human rights programming, or critical emerging issues related to AI technologies for health. To fill this gap, we encourage the Secretariat to:

a. Jointly develop and publish a Digital Health and Human Rights Technical Brief in preparation for Grant Cycle 8, leveraging the proposed technology-focused engagements with Global Fund communities (recommendation 3(b)), engaging the Grant Management Division, CRG Department, Private Sector Engagement Department, and IT Department and its CTS Team, that, among other things, (1) provides a comprehensive framework for how digital and AI technologies for health impact human rights and (2) outlines program areas to address human rights risks stemming from digital and AI technologies, such as accessibility and the digital divide, data protection and privacy, stigma and discrimination related to the use of digital technologies, online abuse and harassment, digital literacy and empowerment, restrictions or "chilling effects" on freedom of expression online, human rights-based oversight and accountability for digital interventions, and bias, safety, quality, and other concerns around AI technologies.

5. Augment the Modular Framework Handbook in preparation for Grant Cycle 8 with digital health rights and community-led digital health-focused modules, interventions, and activities and integrate digital health rights into the core lists of indicators.

The Global Fund *Modular Framework Handbook* offers standard modules, interventions, and performance indicators to support grant applicants' funding requests. The modules comprise broad program areas divided

[14] The Global Fund, *Semi-Annual Risk Management Report: 50th Board Meeting,* p. 19 (Nov. 2023).

[15] The Global Fund Office of the Inspector General, *Audit Report: Audit of the Global Fund Approach to Grant Monitoring,* pp. 20, 17-21 (May 2024).

into comprehensive intervention sets to address HIV, TB, and malaria and build resilient and sustainable systems for health (RSSH). The lists of indicators include impact, outcome, and coverage indicators to facilitate grant performance assessment. The Handbook contains many references to digital tools, systems, and processes as components of recommended activities in the four modular frameworks. However, the document does not offer modules, interventions, or activities focused on protecting and promoting human rights during digital health interventions. The lists of core indicators also fail to account for human rights concerns related to digital and AI technologies for health. To address these gaps, we recommend the Secretariat:

a. Create new modules for digital health rights and civil society and community-led digital health-focused projects for the RSSH, HIV, TB, and malaria modular frameworks with interventions and illustrative activities addressing issues such as accessibility and the digital divide, data protection and privacy, stigma and discrimination related to the use of digital technologies, online abuse and harassment, digital literacy and empowerment, restrictions or "chilling effects" on freedom of expression online, human rights-based oversight and accountability for digital interventions, and bias, safety, quality, and other concerns around AI technologies.

b. Integrate new impact, outcome, and coverage indicators addressing digital health rights into the lists of core indicators for the RSSH, HIV, TB, and malaria modular frameworks, mirroring the interventions and activities suggested in recommendation 5(a).

6. Expand the Country Risk Management Framework, adding pre-defined categories addressing risks associated with digital and AI technologies, digital and biometric data collection and use, and highlighting digital health rights.

The Global Fund has a robust risk management framework administered by the Programmatic Monitoring & Risk (PMRD) Division, coordinated by the Risk Management department, and involving Country Teams and other stakeholders. The Global Fund monitors strategic, internal, and external risks, including grant-related risks. The Country Risk Management Framework contains 13 pre-defined risks with over 30 sub-risks. However, the current framework does not account for risks stemming from the use of digital or AI technologies in Global Fund-supported programming, nor does it consider digital technologies in the Human Rights & Gender Equality risk category. In fact, the word "digital" does not appear in the November 2023 Operational Policy Note on Country Risk Management (available here). We therefore recommend the Programmatic Monitoring & Risk Division:

a. Create two new risk categories in the Country Risk Management Framework in furtherance of the OIG's 2024 *Audit of the Global Fund Approach to Grant Monitoring,* which calls for improvement in the design and execution of the Framework, addressing (1) risks from using digital or AI technologies, ranging from clinical medical devices and software to health-focused mobile applications, and (2) risks associated with collecting and using biometric data for research or public health interventions, especially those involving key and vulnerable populations and criminalized groups and considering data protection legal and policy frameworks.

b. Integrate human rights risks associated with the use of digital and AI technologies in the risk category "10—Human Rights & Gender Equality," including those related to data privacy and security, data protection laws and policies, accessibility and the digital divide, online abuse and harassment, freedom of expression online, and bias, safety, quality and other concerns for AI technologies.

7. Prioritize digital health rights and community-led digital health-focused programming for funding, including through Catalytic Funds and Strategic Initiatives.

In addition to its primary Allocation Funding, the Global Fund makes funds available through unique mechanisms during the three-year replenishment cycle. Catalytic Matching Funds promote innovative and ambitious

evidence-based programming, targeting certain strategic areas for each allocation period. The Global Fund lists nine priority areas on the Catalytic Matching Funds webpage for the 2023–2025 allocation period.[16] Strategic Initiatives support countries' primary allocations through "programs that cannot be funded through country grants."[17] The Strategic Initiatives webpage also lists several priority areas for funding, including the Digital Health Impact Accelerator. The Community Engagement Strategic Initiative makes short-term technical assistance available to civil society and affected communities to support their engagement with the Global Fund and national processes. To leverage these mechanisms to address the human rights impacts of digital and AI technologies for health and support civil society and community groups during the digital transformation, we encourage the Secretariat to:

a. Prioritize digital health rights and community-led digital health-focused programming for funding available through Catalytic Matching and Multicountry Funds and Strategic Initiatives, noting the recent Data Science Catalytic Fund supported by The Rockefeller Foundation to strengthen community health data in four African countries.[18]

b. Dedicate funding for community engagement on digital and AI technologies as part of the Community Engagement Strategic Initiative (CE SI) to strengthen the engagement and leadership of communities most affected by HIV, TB, and malaria on the topic.

8. Advance inclusive, human rights-based, participatory digital health and data governance at the country level.

The *Global Fund Strategy (2023–2028)* commits to "Maximizing the Engagement and Leadership of Most Affected Communities." As national data protection and privacy laws proliferate and efforts to regulate AI pick up steam,[19] the Global Fund can advance this objective by leveraging its institutional mechanisms and influence to support community and civil society participation in law and policy development for digital and AI technologies. To this end, we propose the Secretariat:

a. Leverage CCMs and the Global Fund's broad convening power to promote meaningful participation of communities affected by HIV, TB, and malaria in developing digital health and data governance law, policy, and practices in furtherance of the Global Fund Strategy's second "Mutually reinforcing contributory objective" on "Maximizing the Engagement and Leadership of Most Affected Communities to Leave No One Behind."

9. Ensure responsible, human rights-focused private sector engagement on digital and AI technologies, including through the Digital Health Impact Accelerator.

The Global Fund recognizes the private sector as a "founding partner" in its *Framework on Private Sector Engagement.* A 2023 Technical Brief on Private Sector Engagement in Service Delivery emphasizes that private sector engagement is "key to maximizing the impact" of programs to fight HIV, TB, and malaria. As noted above, the Global Fund launched the US$50 million Digital Health Impact Accelerator in December 2022, a private sector partnership "to accelerate countries' digital health transformation in sub-Saharan Africa."[20] The donor announced a partnership with Siemens Healthineers, a German health technology company, promoting

[16] The Global Fund, *Catalytic Matching Funds,* https://www.theglobalfund.org/en/applying-for-funding/sources-of-funding/catalytic-matching-funds/ (accessed Aug. 5, 2024).

[17] The Global Fund, *Strategic Initiatives,* https://www.theglobalfund.org/en/applying-for-funding/sources-of-funding/strategic-initiatives/ (accessed Aug. 5, 2024).

[18] *See* The Global Fund, *Data Science Catalytic Fund: Stronger data for better community health* (Mar. 2022), available at https://www.theglobalfund.org/media/11850/pse_2022-data-science-catalytic-fund_report_en.pdf

[19] *See, e.g.,* UN Trade & Development, *Data Protection and Privacy Legislation Worldwide,* https://unctad.org/page/data-protection-and-privacy-legislation-worldwide (accessed Aug. 5, 2024); International Association of Privacy Professionals, *Global AI Law and Policy Tracker* (Jan. 2024), available at https://iapp.org/media/pdf/resource_center/global_ai_law_policy_tracker.pdf

[20] *Digital Health Impact Accelerator News Release, supra* note 3.

the use of AI for TB screening in October 2023.[21] As the Global Fund champions private sector partnerships with health technology developers, we urge the Private Sector Engagement Department to:

a. Develop, with support from the IT and CRG Departments, and mandate the use of a Human Rights Impact Assessment or a tailored digital health rights assessment (noting the German GIZ and Danish Institute for Human Rights' Digital Rights Check) as a prerequisite for all contracts and partnerships with private sector health technology developers.

b. Expand section 4.9 on "private sector engagement and digital health" in the *Resilient and Sustainable Systems for Health* (RSSH): Allocation Period 2023–2025 Information Note to include a subsection under part B titled "Digital health rights and community-led programming" that recommends investments in programming to promote and protect human rights and support civil society and community groups around the use of digital and AI technologies for health.

B. The Board

The Global Fund's Board provides strategic guidance and governance oversight, supports risk management, engages partners, mobilizes resources, and advocates for the institution globally. These recommendations aim to enhance the Board's capacity and leadership as it steers the Global Fund through the digital health transformation.

10. Elevate the Board's engagement, expertise, and leadership on digital and AI technologies for health.

The Board's membership, committees, and policies set the tone and lay the foundation for its leadership and governance of the Global Fund's complex institutional system. The diverse geographic, demographic, sectoral, and experiential composition of the Board's membership and committees are vital to its efforts. To ensure proactive and effective leadership as Global Fund-supported countries undergo a digital health transformation, we recommend the Board:

a. Ensure Board Members, Focal Points, and Board Committee Members possess sufficient knowledge about digital and AI technologies and their impact on human rights and prioritize expertise on these issues among new Members and Focal Points.

b. Initiate discussion among the Board's Strategy, Ethics and Governance, and Audit and Finance Committees on enhancing governance and oversight and providing strategic direction for the Global Fund's investments in digital and AI technologies to ensure optimal impact while protecting human rights and empowering communities and civil society in the digital health transformation.

c. Update the Global Fund's Ethics and Integrity Framework to address ethical challenges posed by digital and AI technologies for health.

C. Technical Review Panel

The Global Fund Technical Review Panel (TRP) plays a vital role in strengthening funding requests through its reports and observations. These recommendations envision a more robust TRP focus and capacity on digital and AI technologies for health and their impact on human rights.

11. Enhance the Technical Review Panel's expertise and capacity to evaluate the technical merit, strategic focus, and human rights impacts of funding requests involving digital and AI technologies.

Like the Board, the Technical Review Panel's (TRP) diverse geographic, demographic, and experiential composition is critical to its ability to evaluate and propose effective measures to strengthen Global Fund funding

[21] *Siemens Healthineers News Release, supra* note 4.

requests. The TRP's Equity, Human Rights, and Gender member group is notable for prioritizing and elevating the panel's capacity to review human rights-focused proposals and anticipate the human rights impacts of all kinds of proposed investments. To enhance and expand these capabilities for proposals involving digital and AI technologies for health, we encourage the TRP to:

a. Proactively recruit experts in digital and AI health technologies, data privacy and protection, and digital health rights for TRP membership, establishing a new TRP expert group on "Digital Health and AI" and integrating digital rights experts into the Equity, Human Rights and Gender group.

b. Consider developing a TRP Digital and AI Technologies Advisory Paper (similar to the 2021 TRP Advisory Paper on Resilient and Sustainable Systems for Health) to strengthen and optimize Global Fund investments using digital and AI technologies and ensure they protect and promote the human rights of communities affected by HIV, TB, and malaria.

D. Office of the Inspector General

The Office of the Inspector General (OIG) safeguards the Global Fund's assets, investments, reputation, and sustainability through audits, investigations, and advisory work. The OIG is committed to protecting human rights in Global Fund-supported programming. These recommendations seek to deepen the OIG's capacity and focus on the effectiveness, risks, and human rights impacts of digital and AI technologies employed internally and in Global Fund-supported programs.

12. Strengthen the Office of the Inspector General's capacity to promote good practice, reduce risk, and evaluate reports of human rights abuses related to digital and AI technologies in Global Fund-supported programming.

To fulfill its critical role, the Office of the Inspector General (OIG) must be prepared to investigate and advise the Global Fund Board and Secretariat on a range of topics and technical issues. As the Global Fund's internal and external processes and programming increasingly run on digital systems and online platforms, with digital tools and emerging AI technologies, the OIG's capacity to safeguard the Global Fund's investments depends heavily on the OIG staff's knowledge and experience with digital and AI technologies. Moreover, our research indicates that the Global Fund's "five minimum human rights standards," under the purview of the OIG, have not been updated to reflect human rights risks stemming from digital and AI technologies. The OIG has also not yet used its investigative or advisory authorities to examine the Global Fund's use of such technologies in the programming it supports. We therefore propose that the OIG:

a. Build the capacity of OIG staff and consider recruiting new staff to strengthen the OIG's expertise in digital and AI technologies, data protection and privacy, and digital health rights.

b. Update the definitions on privacy and non-discrimination under the 'five minimum human rights standards' to include reference to digital technologies.

c. Consider an OIG Advisory Review of the use of digital and AI technologies in Global Fund-supported programming, building on the 2023 Audit of In-country Data and Data Systems but focusing on data protection and privacy, the safety, quality, and effectiveness of digital and AI technologies used in clinical and public health settings, digital and AI technologies' impacts on the human rights of communities affected by HIV, TB, and malaria, and the existence and sufficiency of existing policies, frameworks, and strategies to address these concerns.

E. Technical Partners

The Global Fund and its funding recipients rely on partnerships with technical agencies worldwide. These include the World Health Organization, UN Development Program, UNAIDS, and many other international, regional, and domestic organizations. These recommendations aim to harmonize and leverage these relationships to enhance shared governance and ensure human rights-focused use of digital and AI technologies for health.

13. Harmonize the Global Fund's approach to digital and AI technologies with its technical partners, including WHO, UNAIDS, UNDP, and others.

Our interviews with Global Fund Secretariat staff and policy-makers at technical partners revealed a need and interest in scaling up coordination between the Secretariat, CCMs, and other Global Fund stakeholders and partners, such as the World Health Organization (WHO) and the UN Development Program (UNDP), around digital and AI technologies for health. Interviewees highlighted shared objectives, overlapping programming, and mutually reinforcing institutional capacities as key reasons, along with avoiding confusion and redundancy among country-level stakeholders juggling relationships with multiple donors and technical agencies. With this in mind, we recommend the Global Fund:

a. Proactively engage the Global Fund's technical partners, including WHO, UNAIDS, UNDP, and others, to develop a Digital Health Joint Workplan to harmonize approaches to digital and AI technologies for health, considering existing normative guidance, risk mitigation, impact assessments, and other policy domains, and identifying and planning to fill gaps.

b. Identify technical needs associated with the use of digital and AI technologies in Global Fund-supported programming at country and regional levels and engage and consider funding technical partners well-positioned to address them.

Appendices

List of Interview Participants

The Global Fund

Community, Rights and Gender Department

Maria Phelan,
Senior Technical Advisor, Key Populations
Alistair Shaw,
Technical Advisor, Human Rights
Conducted on May 28, 2024

Legal and Governance Department

Legal professional (requested anonymity)
Conducted on June 10, 2024

Information Technology Department

Michael Johnson,
Chief Information Director
Conducted on July 2, 2024

Technical Review Panel

Unable to participate

Senior Fund Portfolio Manager

Unable to participate

Civil Society and Community Groups

Plan International Inc. (El Salvador)

Erick Fuentes,
Digital Supervisor
Kerlin Belloso,
Civil Society and Youth Coordinator
Conducted on May 16, 2024

Caribbean Vulnerable Communities Coalition (Jamaica)

Ivan Cruickshank,
Executive Director
Conducted on May 21, 2024

CCM Ghana, NAP+ Ghana (Ghana)

Elsie Ayeh,
Representative, Board Member
Conducted May 21, 2024

Drug-Free and Preventive Healthcare Organization (DAPHO) (Nigeria)

Aniedi Akpan,
Executive Director
Conducted on May 22, 2024

CCM Malaysia, University of Malaya, RAISE Global Health (Malaysia)

Belle Razali,
Youth TGW Representative, Community Advisor Board Member, Consultant
Conducted on May 23, 2024

Civil Society Organization (requested anonymity) (India)

Director and health care professional
(requested anonymity)
Conducted on May 30, 2024

GATE (Global organization, based in the United States)

Erika Castellanos
Executive Director
Provided written responses on June 27, 2024

Technical Partners

UN Development Program

Mandeep Dhaliwal,
Director, HIV, Health and Development Group
Manish Pant,
Policy Specialist – Digital Health, HIV, Health and Development Group
Conducted on June 10, 2024

UNAIDS

Ali Feizzadeh,
Head, Strengthening National Capacities and Dissemination
Conducted on June 12, 2024

World Health Organization

Alain Labrique,
Director, Department of Digital Health and Innovation
Conducted on June 17, 2024

Semi-Structured Interview Questionnaires

The Global Fund

Questions

	Personal and Institutional Information
1.	Please tell us your full title(s) and describe your position(s) and role(s) at the Global Fund.
2.	How does your work touch on digital technologies or artificial intelligence (AI) for health?
	Digital Health Policy and Programs
3.	Has the Global Fund's "Digital Framework" been finalized and implemented across all the Fund's investments and programs?
	a. If so, is there a final draft of the framework, and may we review it? / b. If not, is there a reason the framework isn't yet operational or available for review?
4.	Relatedly, the 2022 draft "Digital Framework" pre-read mentions establishing a "Digital Vision" and drafting "Digital Vision, Framework and Objectives." Have these been completed?
	a. If so, may we review them? / b. If not, is there a reason they're not in place or available for review?
5.	We were interested in learning about the Global Fund's partnership with Siemens Healthineers to accelerate the use of AI to diagnose TB. Is this partnership a component of the Digital Health Impact Accelerator initiative? Could you tell us a bit about the Digital Health Impact Accelerator?
6.	What M&E or oversight processes will guide the Global Fund's partnerships with private tech companies like Siemens? Do they consider the human rights impacts of the digital health technologies involved?
	Mandate and Authority for Digital Rights
7.	How does the Global Fund support country-level planning and proposal development for the use of digital technologies and AI for health, and what guidance is in place for country teams and CCMs to address challenges associated with digital and AI tools during grant planning?
8.	What's the role of the Community, Rights and Gender (CRG) team in supporting country-level planning, proposal development, or program implementation for the use of digital technologies or AI for health? For example, is there an explicit focus on the human rights impacts of digital and AI technologies in the Breaking Down Barriers Initiative?
9.	The Global Fund's "Advocacy Roadmap, 2023-2025" is remarkable in acknowledging the role of civil society and communities in the Global Fund's success. The roadmap highlights concern about using digital technologies for increased surveillance of community and civil society groups and online abuse and harassment as the rationale for the roadmap's Objectives 1 and 4. However, in reviewing the "Key Performance Indicators Handbook for the 2023-2028 Strategy," we didn't see KPIs tailored to monitor and evaluate the human rights impacts of Global Fund-supported digital health interventions. Nor did we see mention of risks from digital health interventions' impacts on human rights in the "Q1-2023 Organizational Risk Register" (ORR). We were interested, though, in seeing human rights-related metrics to measure outcomes for "Digital Framework" Objective IV on amplifying equity and access. Considering all this, what oversight, accountability, and M&E mechanisms are in place at the Global Fund to address the impact of digital health technologies on the human rights of beneficiaries and their communities?
	Final Thoughts
10.	Is there anything else you'd like us to know about the Global Fund's digital health policy or mandate to address challenges stemming from digital or AI technologies for health?

Civil Society and Community Groups

Questions

Personal and Institutional Information

1. Please tell us your organization's name and your title and role there and describe the work your organization does.

2. Please tell us about your or your organization's experience using digital technologies for health.

3. Do you have experience using artificial intelligence (AI) in your health-related work? If so, please tell us about it briefly.

Challenges

4. What are some of the challenges and concerns faced by affected communities that you've seen or experienced related to the use of digital technologies and AI for health?

5. What kinds of human rights issues have you encountered in your work related to the use of digital health and AI technologies?

6. [Tailored question to specific CSO or CBO, if relevant.]

7. As part of our research, we're developing case studies highlighting challenges experienced by communities engaging with the Global Fund in the digital health space. Can you tell us about a specific digital health intervention that involved difficulties or problems for the people involved?

a. What was your role, and what kinds of challenges were involved?

b. Were the challenges addressed in a way you felt was satisfactory? If so, how? If not, how would you have wanted them to be resolved?

c. Were there any positive aspects of the experience that you would like to see replicated in other digital health projects?

8. What are the unique challenges communities face in the digital health space related to projects or programs funded by the Global Fund?

Solutions

9. What kinds of support or tools do you and your organization need to address the challenges you've identified today?

10. Are there ways the Global Fund could more effectively anticipate and eliminate the challenges we discussed today or support organizations like yours in doing so?

11. Is the Global Fund uniquely positioned over other stakeholders to help?

Final Thoughts

12. Is there anything else you'd like us to know about challenges Global Fund-supported communities face in the digital health or AI space that we didn't discuss today?

Technical Partners

Questions

Personal and Organizational Information

1. Please tell us your full title and describe your department at [Technical Partner] and your role there.
2. Can you briefly describe the kinds of engagements or collaborations [Technical Partner] has with country stakeholders around their use of digital technologies for health?
3. Has [Technical Partner] used artificial intelligence (AI) in its work to improve health outcomes? If so, please tell us about it briefly.

Global Fund-related Work

4. Has [Technical Partner] received Global Fund funding or collaborated with Global Fund-supported projects or partners on digital health interventions? If so, please provide a brief overview of this work.
5. In your work on Global Fund-supported health projects, what guidance, norms, or procedures does [Technical Partner] follow on digital technologies? For instance, does [Technical Partner] primarily follow its own digital health guidance or the Global Fund's?
   a. What guidance, norms, or processes for digital health technologies do you find most effective?
   b. What did you find challenging?
6. Considering these experiences, what role do you think the Global Fund should play in providing guidance on digital technologies or AI for health, or how could it improve its guidance?

Challenges and Solutions

7. What challenges and human rights issues has [Technical Partner] witnessed affected communities experience using digital technologies or AI for health?
8. [Question tailored to a specific project or program of the technical partner, if relevant.]
9. As part of our research, we're developing case studies. Can you tell us about a digital health intervention that [Technical Partner] was involved with wherein the beneficiaries or communities encountered challenges or human rights issues?
   a. What was [Technical Partner]'s role, and what challenges were involved?
   b. Were the challenges addressed in a way [Technical Partner] felt was satisfactory? If so, how? If not, how would you have wanted them to be resolved?
   c. Were there any positive aspects of the experience that [Technical Partner] would like to see replicated in other digital health projects?
10. What kinds of tools or processes does [Technical Partner] have to address the challenges you've identified today?

Final Thoughts

11. Is there anything else you'd like us to know about [Technical Partner]'s experience using digital technologies or AI for health that we didn't discuss today?