Digital Rights at Risk: The impact of ODA cuts on human rights in the digital transformation of health

A new STOPAIDS study demonstrates that major overseas development assistance (ODA) donors have paid insufficient consideration to human rights in their digital health investments.[i] The analysis focused on whether seven ODA donors (AFD, FCDO, GIZ, and USAID, the Gates Foundation, the Global Fund, and PEPFAR) integrate digital health into their strategies, with a focus on digital empowerment, digital literacy, and human rights protections. It indicated that while human rights are referenced in donor's digital strategies, they are rarely contextualised within digital health and there are few accountability mechanisms in place to address human rights risks.

Since the research was completed, the global health landscape has experienced fundamental shifts, including dramatic reductions in ODA funding by several donors. This includes the closure of USAID, the donor identified in the study as a leader in its digital health strategy. In this article, we argue that despite the ODA funding cuts, there cannot be further delays in ensuring a robust, human rights-based approach to the use of digital technologies in health and development.

Digital technologies are transforming the global and national health landscape, presenting both opportunities and risks to human rights. While digital tools can improve access to health information and services, reduce stigma, and increase autonomy, digital platforms also present risks, including inequitable access to technology, resulting in digital divides and exacerbating existing societal inequalities. Here, 'digital health' refers to the field of knowledge and practice associated with the development and use of digital technologies to improve health. This encompasses a range of technologies including digital communication and social media platforms, digital information, management and storage systems, and artificial intelligence to support health diagnostics, treatment, support, and decision-making.

In light of this, digital transformations are increasingly recognised as determinants of health[ii], with the UN Secretary General calling for a human rights-based approach to digital technologies to protect individuals' rights online as they are offline.[iii] Studies have demonstrated that human rights, such as the rights to health, freedom from stigma and discrimination and expression, privacy and dignity, are already at risk in digital spaces. These risks disproportionately affect historically marginalised groups including young people, people living with HIV, LGBTQ+ communities and others.[iv]

Key to protecting human rights in the digital transformation is to increase digital literacy so that users can safely and effectively engage with technologies for health. UNESCO defines "digital literacy" as "the ability to access, manage, understand, integrate, communicate, evaluate and create information safely and appropriately through digital technologies for employment, decent jobs, and entrepreneurship. It includes competencies commonly referred to as computer literacy, ICT literacy, information literacy and media literacy."v In addition, the Digital Health and Rights Project has coined the term digital empowerment to expand on digital literacy and make greater connections to human rights, defining this as "process of enabling individuals and communities to effectively use digital technologies to enhance their knowledge, access opportunities, exercise rights, and participate fully in society and the economy."[vi]

While many stakeholders contribute to the digital transformation of health at the national level, ODA donors are highly influential in setting norms and incentivising progress on specific priorities approaches to digital health, including digital literacy and empowerment and human rights-based approaches.[vii] STOPAIDS' recent research sought to better understand this potential influence by exploring how donors prioritise digital health.

The research found limited prioritisation of digital health among donor portfolios with only one donor (USAID) having a standalone digital health strategy and only two (USAID, Global Fund to fight AIDS, TB and Malaria ("Global Fund")) tracking investments into digital health. Digital health strategies are national plans to integrate digital technologies into healthcare for better access, efficiency, and outcomes and are an important tool for tracking donor priorities. When the research was conducted, USAID's digital strategy focused on two mutually reinforcing objectives: improving measurable outcomes through the responsible use of digital technology; and strengthening the inclusivity and security of digital ecosystems. A connected vision document committed to strategic investments in digital technologies, including building country capacity in digital health and investment in national digital-health infrastructure.

When it came to donors' approaches to digital empowerment, none of the seven ODA donors made explicit commitments. However, four (AFD, GIZ, the Global Fund, and USAID) demonstrated commitment to related concepts, including calling for stakeholders' involvement in data governance, empowering healthcare workers through digital solutions, advancing safe use of digital technologies, and promoting digital skills for economic empowerment. Only GIZ describes empowering communities to take a critical approach to digital technologies. Overall, however, the research demonstrated that ODA donors have not fully embraced the concept of "digital empowerment" in their development priorities. This highlights a critical gap in the need to invest in equipping communities with knowledge of their rights in the digital space.

Finally, the report found that no donor had an explicit focus on human rights in the digital health space; while most donors included human rights commitments in their broader strategies, there was limited explicit guidance on their application to digital health programmes or structured frameworks requiring analysis of human rights within digital health programming.

The lack of donor focus on human rights is alarming as human rights are already at risk in digital spaces; a recent report found that three-quarters of young adults surveyed had experienced technology-facilitated abuse.[viii] Together, these findings outline a severe lack of prioritisation by influential ODA donors of human rights in digital health and of key approaches for communities and civil society, including digital literacy and empowerment.

However, since STOPAIDS' analysis, the global health landscape has seen significant shifts that further pull into question how human rights will be protected in the digital age. This has largely been driven by withdrawal of funds by major ODA donors, including cuts by the UK, French, and Dutch governments and most drastically by the US government closure of USAID.[ix] These cuts have already had negative impacts on health outcomes with further projections for harm including that cuts by major donors will result in 770,000 to 2.93 million HIV-related deaths by 2030.[x]

We are concerned that ODA cuts are compounding digital risks—not just by reducing funding, but by weakening human rights leadership and oversight. This worsens an already weak foundation given that governments and global institutions have struggled to keep regulation up to speed in the face of

evolving technologies. For example, while USAID was a leading donor in STOPAIDS' research as the only donor with a specific digital health strategy, its closure has led to the termination of this entire portfolio of work. The strategy had contained commitments to working with local communities on key areas including digital infrastructure, governance and privacy.[xi] For example, during an interview for the report, USAID shared that it was gathering feedback on its draft Digital Policy 2024 – 2034 and was considering ways to integrate commitments to digital empowerment into this new policy. However, these documents have been taken offline since cuts were made, resulting in an emerging gap in best practice leadership in approaches to digital health.

Similarly, the Global Fund has shown examples of global leadership in promoting digital rights, for instance by providing capacity building on digital tools for a range of stakeholders, from Principal Recipients to community health workers, recognising that training is necessary and that "you can't just give a community health worker a mobile phone and say, 'there you go, get on with it.'"[xii]However, such progress may be in jeopardy if the Global Fund misses its replenishment funding targets this year, and difficult decisions need to be made about cuts to its services, which may mean that digital aspects are deprioritised.

We argue there is a strong likelihood that ODA cuts will further weaken efforts to build a human rights-based approach to digital health. This is especially true in the face of the increased ambition to increase the use of digital technologies within limited resource contexts in order to find efficiencies. Failing to bring human rights to the forefront of digital strategies and to achieve progress in adopting and fostering human rights-based approaches to digital health in this context will only amplify inequalities and increase digital risks, threatening the right to health and other related human rights.

Donors need to address these gaps, including working with governments and multilateral institutions to strengthen the regulatory environment and improve digital literacy and empowerment skills among communities. We face a pivotal moment as ODA cuts are worsening already escalating digital risks, including the amplification of growing anti-rights movements online, increasing instances of data bias and breaches, and continued techno-solutionism. At the same time, the disruption of traditional development financing systems presents opportunities for innovative solutions and positive changes at the systemic level to address longstanding challenges faced by communities and civil society.[xiii] In this moment of crisis and opportunity, we call on funders, governments and the wider global health community to ensure digital health and human rights are prioritised at all levels to reduce harm and enhance lives.

---

[i] New STOPAIDS Research on ODA Donor Investments into Digital Health - STOPAIDS [Internet]. STOPAIDS - Uniting UK voices on the global HIV response. 2025 [cited 2025 Jun 5]. Available from: https://stopaids.org.uk/2025/06/03/new-stopaids-research-on-oda-donors-for-digital-health/

[ii] Kickbusch I, Holly L. Addressing the digital determinants of health: health promotion must lead the charge. Health Promotion International. 2023 Jun 1;38(3).

[iii] Deepak Khazanchi, Saxena M. Navigating digital human rights in the age of AI: challenges, theoretical perspectives, and research implications. Journal of Information Technology Case and Application Research. 2025 Jan 20;1–14.

[iv] Davis et al, 'Paying the Costs of Connection: Human rights of young adults in the digital age in Colombia, Ghana, Kenya and Vietnam', 2025 [cited 2025 June 5] Available from: https://digitalhealthandrights.com/wp-content/uploads/2025/05/DHRP-UOW-report-April-2025-digital-final.pdf

[v] UNESCO, 'What you need to know about literacy', 2025 https://www.unesco.org/en/literacy/need-know#:~:text=UNESCO%20defines%20digital%20literacy%20as,employment%2C%20decent%20jobs%20and%20entrepreneurship

[vi] New STOPAIDS Research on ODA Donor Investments into Digital Health - STOPAIDS [Internet]. STOPAIDS - Uniting UK voices on the global HIV response. 2025 [cited 2025 Jun 5]. Available from: https://stopaids.org.uk/2025/06/03/new-stopaids-research-on-oda-donors-for-digital-health/

[vii] Charani E, Abimbola S, Pai M, Adeyi O, Mendelson M, Laxminarayan R, et al. Funders: The missing link in equitable global health research? Ventura D de FL, editor. PLOS Global Public Health. 2022 Jun 3;2(6):e0000583.

[viii] Davis et al, 'Paying the Costs of Connection: Human rights of young adults in the digital age in Colombia, Ghana, Kenya and Vietnam', 2025 [cited 2025 June 5] Available from: https://digitalhealthandrights.com/wp-content/uploads/2025/05/DHRP-UOW-report-April-2025-digital-final.pdf

[ix] VisaVerge [Internet]. VisaVerge. 2025. Available from: https://www.visaverge.com/news/state-department-confirms-closure-of-usaid-after-months-of-cuts/

[x] Brink D ten, Rowan Martin-Hughes, Bowring AL, Nisaa Wulan, Burke K, Tidhar T, et al. Impact of an international HIV funding crisis on HIV infections and mortality in low-income and middle-income countries: a modelling study. The Lancet HIV. 2025 Mar 1

[xi] Empowering Digital Health: USAID's Strategic Path Forward to 2030 | Center for Global Digital Health Innovation [Internet]. Center for Global Digital Health Innovation. 2024. Available from: https://publichealth.jhu.edu/center-for-global-digital-health-innovation/empowering-digital-health-usaids-strategic-path-forward-to-2030

[xii] New STOPAIDS Research on ODA Donor Investments into Digital Health - STOPAIDS [Internet]. STOPAIDS - Uniting UK voices on the global HIV response. 2025 [cited 2025 Jun 5]. Available from: https://stopaids.org.uk/2025/06/03/new-stopaids-research-on-oda-donors-for-digital-health/

[xiii] Kyobutungi C, Okereke E, Abimbola S. After USAID: what now for aid and Africa? BMJ. 2025 Mar 11;388:r479.