CHECKLIST

Putting People and Human Rights first in Digital Health

A practical checklist for Donors and Implementers

STOP AIDS.

DHRP
Digital Health & Rights Project

In This Checklist

Purpose and Context **2**
Key Considerations **3**
Accessibility 4
Literacy and Empowerment 5
Safety and Efficacy 6
Privacy 7
Access to Justice 8
Participation 9
Resources **10**
Endnotes **12**

Purpose and Context

The digital health transformation has reached every corner of the globe, increasing access to services and enhancing the efficiency of health systems for millions. But the rapid proliferation of digital technologies and the emergence of powerful artificial intelligence-based tools for health have outpaced protections of human rights for many. Recent research illustrates this growing concern. The Digital Health and Rights Project[1] highlights the risks of digital health technologies in *Paying the Costs of Connection: Human Rights of Young Adults in the Digital Age in Colombia, Ghana, Kenya and Vietnam.* The study documents overlapping digital divides that leave many without access to essential health information and services, as well as the consequences of inadequate data protection and technology-facilitated abuse.

In light of these concerns, this brief aims to support donors and implementers in protecting human rights in health programs that utilize digital technologies and artificial intelligence (AI). Grounded in human rights law, it is informed by the principles and commitments outlined in the United Nations (UN) *Global Digital Compact* and the World Health Organization's (WHO) *Global Strategy on Digital Health 2020-2025*. The key considerations build on the UN Development Program's *Guidance on the Rights-Based and Ethical Use of Digital Technologies in HIV and Health Programmes*, the UN Special Rapporteur (UNSR) on the Right to Health's report on digital innovation, technologies and the right to health, and the UNSR on the Right to Privacy's report on the protection and use of health-related data. This brief also relies on conceptual frameworks for technology-facilitated abuse formulated by UN Women and the UN Population Fund (UNFPA).[1]

1 The Digital Health and Rights Project (DHRP) consortium brings together international social scientists, human rights lawyers, health advocates, and networks of people living with HIV, to conduct research and advocate for rights-based digital governance in Colombia, Ghana, Kenya, Vietnam, and globally.

Key Considerations

How to Use This Checklist

This section outlines key considerations to protect and promote human rights in digital health programming. It addresses six critical challenges that individuals and communities face when using digital technologies and AI for health: accessibility, literacy and empowerment, safety and efficacy, privacy, access to justice, and participation. Each challenge includes five questions to guide donors and implementers in designing, executing, and evaluating digital health interventions.

One or more of three courses of action may be appropriate when the answer to a question is "no":

- Do not proceed until implemented.
- Consult with civil society and affected communities to develop a mitigation plan.
- Obtain technical support from experts and partners to accomplish the task.

Accessibility

According to the UN International Telecommunication Union, 68 percent of the world's population, or approximately 5.5 billion people, remained offline in 2024.[2] This vast digital divide encompasses overlapping forms of digital exclusion arising from financial, geographic, cultural, and gender-related factors. The high cost of smartphones and mobile data, and the lack of internet access, act as gatekeepers to essential health services and information, particularly for young women and members of vulnerable groups.[3] Social stigma fuels the divide for many, particularly those who must share electronic devices and fear the lack of privacy. As new technologies emerge that require significant financial and technical resources and depend on robust digital infrastructure, accessibility gaps continue to grow. This vast digital divide risks deepening health inequities and infringes on the rights to health, science, and non-discrimination.

Key Considerations

1	Do you offer non-digital options, such as privacy-preserving in-person services or printed information, for individuals who may be unable to safely or effectively use the program's digital technologies?	
2	Have you verified that the program's participants and health workers have access to essential hardware, such as computers and mobile phones, and that the local digital infrastructure provides reliable connectivity, platform interoperability, and secure networks to support the intervention?	
3	Will you support participants and health workers who experience digital exclusion, lack private access to devices, or require content in local languages by providing access to the necessary hardware, software, mobile data, translation support, or other resources?	
4	Does the program ensure the full inclusion and participation of people with disabilities, such as by implementing the Web Content Accessibility Guidelines, providing assistive technologies, ensuring content accessibility, and addressing physical infrastructure barriers?	
5	Does the program include measures to support the affected communities' long-term and sustainable access to the intervention's technologies, including the hardware, software, and related expenses?	

Literacy and Empowerment

Digital health literacy comprises "the ability to search, find, understand and evaluate health information from electronic resources … to solve health-related problems."[4] High digital literacy, as measured by tools such as the eHealth Literacy Scale (eHEALS), is associated with increased participation in medical decisions, improved mental health, and a higher overall quality of life.[5] Alongside digital literacy, the Digital Health and Rights Project emphasizes the need for digital empowerment. This refers to the "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."[6] Elevating digital literacy and empowerment advances the rights to health, science, information, and non-discrimination.

Key Considerations

1	Have you assessed whether the participants possess the digital health literacy and skills needed to use the intervention's technologies safely and effectively, such as through a validated assessment tool?	
2	Does the program include digital empowerment initiatives and activities to enhance participants' digital health literacy, such as capacity-building workshops, community-based digital advisors, peer-to-peer mentoring, access to online courses, and "training of trainers"?	
3	Do you have a plan to ensure that health workers and other implementers possess the digital literacy and understanding of the regulatory environment, including data protection rules, needed to employ the intervention's technologies safely and effectively, such as through pre- and in-service training?	
4	Does the intervention include processes to monitor and evaluate the effectiveness of its digital literacy and empowerment initiatives in collaboration with the affected communities and adapt and improve them as necessary?	
5	Do you have a sustainability plan to ensure that resources are available to support ongoing digital empowerment initiatives for participants and their communities after the intervention concludes?	

Safety and Efficacy

Ensuring the safety and security of individuals and their communities during digital health programming is paramount. Like clinical interventions, this means prioritizing technologies that have been tested for safety and efficacy. However, unlike other health products, most digital and AI technologies for health have not undergone rigorous evaluation through scientific studies or clinical trials. Moreover, bias and inaccuracies in the information produced by AI systems for health are well-documented.[7] Technology-facilitated abuse, such as cyberbullying, fraud, hacking, and blackmail, is also common and often leads to physical violence offline.[8] Guaranteeing the safety and efficacy of digital health interventions is crucial to upholding the rights to personal security, health, and non-discrimination.

Key Considerations

1	Is there existing independent and peer-reviewed scientific evidence, such as from randomized controlled trials or observational studies, or have you conducted a risk assessment or commissioned an independent algorithmic audit to ensure the safety and efficacy of the intervention's use of digital or AI-enabled technologies?	
2	Does the intervention include a dynamic informed consent mechanism that clearly explains the risks and benefits of the intervention's use of digital technologies and data processing, allowing individuals to opt out of their use?[2]	
3	Do you have a plan to prevent, identify, and respond to technology-facilitated abuse, such as establishing reporting and documentation procedures, implementing content moderation, ensuring perpetrator accountability, and providing trauma-informed counseling and support?	
4	If the program uses public social media or messaging platforms, are measures in place to minimize the public sharing of sensitive information and support participants in reporting technology-facilitated abuse, misinformation, or other harmful content to the platform moderators or trust and safety teams?	
5	If the intervention uses machine learning, AI chatbots, or other AI systems, are the models transparent and explainable, and are they tailored to the intervention domain and target populations to prevent bias and ensure accuracy in the information shared directly with participants or used in clinical or programmatic decision-making?[3]	

2 Dynamic informed consent mechanisms enable participants to revise and change their consent choices over time through ongoing communication, enhancing their autonomy and control over their involvement the intervention

3 Transparency refers to how clearly the internal workings of an AI model can be interpreted or examined. Explainable AI enables users to understand the reasons behind a model's outputs and make sense of its decisions. Customizing generative AI systems, such as chatbots, may involve techniques like fine-tuning, prompt engineering, or linking the model to a domain-specific knowledge base.

Privacy

Safeguarding privacy is crucial to delivering safe and effective digital health programming. Data privacy is especially critical for members of groups whose behaviors are stigmatized or criminalized, and in light of online surveillance and data gathering by governments and private corporations. Both accidental and intentional data breaches are common, often leading to the loss, unauthorized disclosure, or misuse of sensitive personal data. To safeguard participants' data, programs must implement technological protections and access controls, while also addressing broader factors such as digital literacy. Program implementers must also stay informed about and comply with national data protection laws and standards. Protecting data privacy during digital health interventions promotes the rights to privacy, health, and non-discrimination.

Key Considerations

1	Do you have a comprehensive, written data protection policy that aligns with national laws and international standards, and the technical capacity to implement it?	
2	Does the program apply data minimization, purpose limitation, and storage limitation, including measures to protect against "function creep" and ensure only essential data is collected, processed, and stored for agreed-upon purposes and duration?[4]	
3	Does the intervention employ de-identification techniques, such as data anonymization or pseudonymization, for personal data and offer end-to-end encryption (E2EE) on all messaging platforms, ensuring that only the message sender and receiver can read the messages, not the platform itself, intermediaries, or third parties?	
4	Do you collect or process biometric or genetic data, and if so, do you employ heightened protections to ensure the security and privacy of such data in line with applicable law and the rights of the data subjects?	
5	Does the program employ access controls to protect against the unauthorized use of personal data, such as Role-Based Access Controls, Privileged Access Management, and robust authentication methods?[5]	

4 Data minimization, purpose limitation, and storage limitation are core data protection principles. Together, they require collecting only the data that is strictly necessary, using it solely for limited agreed-upon purposes, and not retaining it longer than needed.

5 Role-Based Access Controls, Privileged Access Management, and authentication methods are data security measures that ensure users of digital systems access only what they need for their role, that high-level access is strictly controlled, and that login methods securely verify users' identities.

Access to Justice

People living with HIV, human rights advocates, and their allies have long championed access to justice as key to ending the HIV epidemic.[9] The UN Development Programme underscores the importance of "legal, regulatory and other accountability mechanisms," and the Global Fund supports legal literacy, "know your rights," and other initiatives for access to justice and redress in health programming.[10] However, individuals often face obstacles to reporting technology-facilitated abuse, responding to data breaches, or accessing legal services for other rights violations online. Access to justice and redress are vital to ensuring accountability in digital health programming and upholding the rights to an effective remedy, health, and non-discrimination.

Key Considerations

1	Does the intervention provide affected communities access to an independent complaint or grievance and redress mechanism that offers appropriate and timely redress for harms and rights violations stemming from the use of digital or AI technologies?	
2	Does the jurisdiction in which the initiative is being implemented provide legal remedies for harms and rights violations resulting from the use of digital and AI technologies for health, such as data breaches, discrimination, and technology-facilitated abuse?	
3	Do the participants have access to legal services to pursue legal and administrative remedies for harms and rights violations stemming from the use of digital or AI technologies during the intervention?	
4	Are there processes in place to hold funders and implementing partners, including private sector actors, accountable if participants experience harm or rights violations?	
5	Does the program incorporate a "know your rights" component to enhance the legal literacy of the affected communities regarding digital rights, including digital inclusion, data privacy, non-discrimination, personal security, freedom of expression, and access to justice?	

Participation

The UNSR on the Right to Health recently affirmed the importance of "public participation in … decision-making at [the] community, national and international levels" for digital health systems.[11] WHO's *Global Strategy on Digital Health* calls for mechanisms to foster "more effective public participation and transparency" in digital health decision-making, including through consultation processes and forums.[12] However, to engage in governance and decision-making, civil society and communities must be adequately resourced, including with support from global health institutions.[13] Ensuring that civil society and communities participate meaningfully in all stages of digital health programming advances the rights to health, science, and participation.

Key Considerations

1	Were participants and their communities, including youth representatives and members of hard-to-reach populations, meaningfully involved in designing and implementing the intervention, including decisions about the use of digital or AI technologies?	
2	Does the initiative provide spaces, funding, and technical support for sustained dialogue on digital health rights and risks among participants, communities, civil society, the State, and the private sector?	
3	Were the program's digital or AI technologies designed or tested with meaningful input from end users, including young people and members of the affected communities?	
4	Are the participants meaningfully involved in the intervention's monitoring and evaluation processes, including for its use of digital or AI technologies?	
5	Does the program utilize community-led monitoring to identify and address human rights challenges arising from the use of digital or AI technologies?	

Resources

This section shares practical resources to support donors and implementers in protecting human rights in digital health programming. The list contains guidances, toolkits, research, case studies, and other resources.

Guidances and other normative publications:

- Ethics and Governance of Artificial Intelligence for Health, WHO
- Ethics and Governance of Artificial Intelligence for Health: Guidance on Large Multi-Modal Models, WHO
- Global Digital Compact, UN General Assembly
- Global Strategy on Digital Health 2020-2025, WHO
- Guidance on Human Rights Impact Assessment of Digital Activities, The Danish Institute for Human Rights
- Guidance on the Rights-Based and Ethical Use of Digital Technologies in HIV and Health Programmes, UNDP
- Recommendations on Digital Interventions for Health System Strengthening, WHO
- Report on Digital Innovation, Technologies and the Right to Health, UN Special Rapporteur on the Right to Health
- Report on Protection and Use of Health-Related Data, UN Special Rapporteur on the Right to Privacy

Toolkits, workshop materials, and other resources:

- An Infographic Guide to Technology-Facilitated Gender-Based Violence, UNFPA
- Be Safe Online: A Guide for Women and Minority Groups, TechHer
- Digital Empowerment Library, Digital Health and Rights Project
- Digital Literacy 101: Workshop Materials for Youth Advocates, Global Network of People living with HIV (GNP+), STOPAIDS, Young Experts: Tech For Health (YET4H)
- Digital Rights Check, GIZ, The Danish Institute for Human Rights
- Inclusive Cyber Norms: Toolkit, Global Partners Digital
- We Matter, Value Us: A Guideline for Organisations on the Meaningful and Ethical Engagement of Young People Living with HIV in the HIV Response, Global Network of Young People Living with HIV (Y+ Global)

Endnotes

1 A study from the UN Human Rights Council Advisory Committee on technology-facilitated gender-based violence and its impact on women and girls was forthcoming at the time of this brief's publication. HRC Res. 56/19 (July 2024).

2 International Telecommunication Union, Facts and Figures 2024: Internet use continues to grow, but universality remains elusive, especially in low-income regions, https://www.itu.int/itu-d/reports/statistics/2024/11/10/ff24-internet-use/ (accessed 11 Aug. 2025).

3 Digital Health and Rights Project (DHRP), Paying the Costs of Connection: Human Rights of Young Adults in the Digital Age in Colombia, Ghana, Kenya and Vietnam (2025), available at https://digitalhealthandrights.com/wp-content/uploads/2025/05/DHRP-UOW-report-April-2025-digital-final.pdf

4 WHO Europe, Strengthening digital health literacy to empower people in the digital age (21 Nov. 2024), https://www.who.int/europe/news-room/events/item/2024/11/21/default-calendar/strengthening-digital-health-literacy-to-empower-people-in-the-digital-age

5 Maria del Pilar Arias Lopez et al., Digital Literacy as a New Determinant of Health: A Scoping Review, 2 PLOS Digital Health e0000279 (2023).

6 DHRP, supra note 3, p. 8.

7 See, e.g., Ziad Obermeyer et al., Dissecting Racial Bias in an Algorithm Used to Manage the Health of Populations, 366 Science 447 (2019); Jana Fehr et al., CAD4TB Software Updates: Different Triaging Thresholds Require Caution by Users and Regulation by Authorities, 27 International Journal of Tuberculosis & Lung Disease 157 (2023); Khanisyah Gumilar et al. Disparities in Medical Recommendations from AI-Based Chatbots across Different Countries/Regions, 14 Scientific Reports 17052 (2024).

8 See DHRP, supra note 3; UNFPA, An Infographic Guide to Technology-Facilitated Gender-Based Violence (2024), available at https://www.unfpa.org/sites/default/files/pub-pdf/An%20Infographic%20Guide%20to%20An%20Infographic%20Guide%20to%20TFGBV.pdf

9 See, e.g., UNAIDS, Key Programmes to Reduce Stigma and Discrimination and Increase Access to Justice in National HIV Responses (2012), available at https://www.unaids.org/sites/default/files/media_asset/Key_Human_Rights_Programmes_en_May2012_0.pdf

10 UNDP, Guidance on the Rights-Based and Ethical Use of Digital Technologies in HIV and Health Programmes, p. 26 (2021), available at https://www.undp.org/publications/guidance-rights-based-and-ethical-use-digital-technologies-hiv-and-health-programmes; The Global Fund, Human Rights, https://www.theglobalfund.org/en/human-rights/ (accessed 11 Aug. 2025).

11 UNSR on the Right to Health, Report on Digital Innovation, Technologies and the Right to Health, A/HRC/53/65, para. 9 (2023), available at https://www.ohchr.org/en/documents/thematic-reports/ahrc5365-digital-innovation-technologies-and-right-health

12 WHO, Global Strategy on Digital Health 2020–2025, p. 27 (2021), available at https://www.who.int/publications/i/item/9789240020924.

13 See Principles for the Meaningful Involvement of Civil Society and Communities in Global Health Governance, https://governance-principles.org/ (accessed 11 Aug. 2025).

Acknowledgements

This checklist was authored by Brian Citro (Lead Researcher) and STOPAIDS, with leadership from Tabitha Ha and Molly Pugh-Jones. We also gratefully acknowledge the members of the DHRP for their peer review and valuable contributions.

Contact

Contact: **molly-pj@stopaids.org.uk**

stopaids.org.uk

digitalhealthandrights.com

DHRP
Digital Health & Rights Project