



UNIVERSITY  
OF WARWICK

**DHRP**  
Digital Health & Rights Project

# A Rights-Based Approach to the WHO Global Strategy on Digital Health 2028-2033 Policy Brief



**Digital health is growing rapidly: in 2025, funding reached an estimated \$22.3 billion, much of this captured by the U.S. (though Europe and Asia grew too). What does this rapid growth mean for the human right to physical and mental health? According to the UN Human Rights Office, the digital transformation is causing deeper structural shifts that reshape how the right to physical and mental health is exercised, protected and fulfilled—especially for groups already experiencing discrimination. The UN High Commissioner for Human Rights has called for rights to be “wired into AI by design” to ensure that AI benefits humanity.**

The first World Health Organization (WHO) Global Strategy on Digital Health 2020-2027, approved during the Covid-19 pandemic, set out a vision for a world we could not even fully imagine. The next Global Strategy on Digital Health 2028-33 should be grounded in human rights, setting out guardrails and a clear vision to promote benefits and end harms.

This brief draws on a review of human rights standards and peer-reviewed studies of digital health strategies (in PubMed, published 2021-26) to recommend steps to “wire human rights into digital health by design”:

- Set clear objectives to spur action to address human rights harms
- Build on existing UN human rights standards and platforms
- Promote greater accountability, including meaningful participation of young people and civil society in digital health governance

**“A rights-based and equity-oriented approach will ensure that digital health contributes to universal health coverage.”**

**WHO Director-General report to the [2026 World Health Assembly Executive Board](#)**



# Equality, equity and non-discrimination

**While the digital transformation of health has sped progress, for instance creating new routes to health information for adolescents and young people, the digital transformation is also deepening inequality through digital divides, gaps in data, algorithmic biases, and online abuse. Where health services go online, these disparities can lock some population groups out of their right to health.**

Access to online health information and services is often largely through smartphones. But the ability to afford and use smartphones, airtime, and the Internet are all shaped by existing inequalities, including geography, economic class, and gender. While the digital gender gap is gradually closing, in 2025 GSMA reports that the gender gap in mobile internet adoption in LMICs was still 15%. In South Asia and Africa, the gap is greater, making many women and girls dependent on partners and family members for online health access. A recent systematic review finds little evidence of gender-responsive digital health interventions to meet their needs (Kalbarczyk 2025). These disparities can undermine trust in health systems (Alhodaib and Alanzi 2021, Tait et al 2025).

Some populations who have the greatest need for evidence-based health interventions, such as older persons, or stigmatised or marginalised populations, face data gaps that may render their needs invisible—gaps that widen inequalities when they are amplified by algorithms. Inequitable data also shapes the development of clinical AI: Celi et al (2022) finds that the top ten papers on clinical AI are based on datasets from the U.S. and China, and finds that clinical AI is using "historical data reflective of existing structural inequalities". Bain and Ngei (2025) argue that without more contextual grounding in African realities, AI will widen inequities in health.

Discrimination is also a significant factor on social media, where many young adults turn for health information. A qualitative study of over 300 young adults in Colombia, Ghana, Kenya and Vietnam who were living with HIV or were key populations found that three-quarters reported online abuse against themselves or their peers, with little access to remedy (DHRP 2025, Hoang et al forthcoming). While online abuse is widely reported among women and girls, this study also identified abuse on the basis of sexual orientation or HIV status, and against young HIV peer outreach workers who work online.

International human rights treaties ratified by most countries affirm a fundamental right to non-discriminatory access to health services, facilities, information and care, and recommend that states take targeted measures to advance equity for women and other groups who are subject to systemic discrimination. The new strategy should address the need to uphold equality and equity with a specific strategic objective.

## **The next Global Strategy on Digital Health should:**

1. Include a specific objective on advancing equality and equity for women and other groups subject to discrimination
2. Advocate for external validation and model recalibration before implementation of clinical AI
3. Advocate for effective regulation of social media for health, including access to remedy; and for interventions to address needs of those whose physical or mental health is harmed.
4. Encourage states to maintain non-digital alternatives for health services and information.



## Why Human Rights?

*Human rights are a UN system of binding treaties adopted by states, and incorporated into national laws, policies and governance. They are reviewed through peer review (aka Universal Periodic Review), through expert review, and by Special Procedures who undertake country visits and write thematic reports. Human rights are also upheld by regional bodies: the African Commission on Human and People's Rights, European Convention on Human Rights, and the Interamerican Commission on Human Rights. The UN Human Rights Office has also developed human rights indicators to monitor progress through these platforms and processes.*

*Human rights are grounded in ethics, including public health ethics, and add clear expectations for individual entitlements and state responsibilities; as well as a framework for advocacy and accountability using courts and other mechanisms (Nixon and Forman 2008).*

- Read the [overview on digitality and the right to health by the UN Human Rights Office](#)
- Check out this [overview to digital health and human rights](#) by Privacy International

## The Right to Privacy and Security

Health data governance is weak in many countries, leading to privacy breaches, large-scale extraction and monetisation of health data by commercial actors, and undermining of digital trust (Chandrasekhar 2025). In particular, some groups face targeting by law enforcement and intelligence through use of their health data (Taylor 2026). The international collection of data of other people located in countries other than that of the collector creates new risks, especially for sensitive health data. Even where privacy is protected, commodification can still undermine health equity (Machinya 2026). The aim of regulatory design should be patient protection in order to build digital trust (Sekalala, Lake 2025).

### The next Global Strategy on Digital Health should:

5. Recognise that the right to privacy is a fundamental right foundational to dignity, autonomy, non-discrimination and the right to health
6. Urge member states to review existing national frameworks for health data protection and security, ensure legally binding frameworks are in place, and enforce them
7. Where health data is gathered, equitable benefits should feed back into the communities that provided that data
8. Advocate for prioritising locally-owned, transparently procured, and open-source solutions.



## Human rights at the Global Fund to Fight AIDS, TB and Malaria

*The Global Fund is the largest multistakeholder funder for health, investing up to US\$5 billion a year in national health programs. The Global Fund used the Guiding Principles on Business and Human Rights (the "Protect, Respect and Remedy" framework) to develop five minimum human rights standards that principal recipients sign onto in their grant agreements: grant non-discriminatory access to services for all; employ only scientifically sound medicines and medical practices; not employing torture or cruel, inhumane or degrading treatment; respect and protect informed consent, confidentiality and the right to privacy; and avoid medical detention and involuntary isolation, except as a last resort. Many of these standards apply to digital health.*

*The Global Fund Office of the Inspector General can investigate reports of violations of these standards. WHO has a non-voting seat on the Board of the Global Fund.*

## Build on Progress

Human rights are not only a set of standards, but also a continually evolving movement, and the Global Strategy should build on and align with progress made across the UN system.

This includes upholding human rights commitments in the 2024 Global Digital Compact and the 2025 Implementing World Summit on the Information Society Outcomes: A Twenty-Year Review ("the WSIS+20 review"), which both emphasised the need to uphold human rights in digital governance. The UN General Assembly has passed many resolutions on digital human rights. By including some of these commitments, the Global Strategy creates an opening for staff at national, regional and global agencies to support health officials to uphold human rights in digital health, too.

One important example is the Guiding Principles on Business and Human Rights. They set out the "Protect, Respect and Remedy" framework to guide member states in governing transnational corporations. This framework affirms that:

- States have the duty to protect against abuses by third parties, including businesses,
- Corporations are responsible for respecting human rights, by "knowing and showing" they have considered human rights due diligence and taking steps to mitigate any risks, and
- Victims of abuses must have access to remedy for abuses, whether through courts, complaints procedures, ombudsmen, or other mechanisms.



Governance of Big Tech (the five largest tech companies) is an under-discussed area of global health governance: Fifty percent of Google searches include artificial intelligence (AI) summaries, and growing numbers of people use AI-powered apps for health information. According to Amazon, over 7,500 government health agencies use their cloud platforms for national health data, patient records and research analytics. The growing concentration of health data and services in a single legal jurisdiction creates new challenges for global health governance. The Guiding Principles have strengths and weaknesses: they offer among the few tools LMIC states have in the face of this unchecked power. In 2025, the UN Secretary-General published human rights due diligence guidance on digital technologies which could be applied to digital health.

**The next Global Strategy on Digital Health should:**

- 9. Promote the UN Guiding Principles on Business and Human Rights, and the Protect, Respect and Remedy framework, and adapt human rights due diligence tools for digital health
- 10. Encourage use of the Global Fund human rights standards and tools in eligible countries and human rights standards in the Global Digital Compact and the WSIS+20 review, to build on the work of existing UN human rights systems and platforms



**Accountability**

The previous Global Strategy on Digital Health did not include mechanisms for reporting or monitoring progress (though some national strategies did). The Global Strategy should not be simply a rhetorical exercise, but recommend setting objectives and building platforms for monitoring and accountability. Indicators should be low-impact, building on existing systems and data (such as the GSMA Mobile Gender Gap Report, and indicators used by the UN Human Rights Office) to avoid draining resources. Marginalised groups may lack data and need special design measures, such as participatory approaches to data-gathering and artificial intelligence.

WHO should uphold the right to meaningful participation of young adults and civil society in development and monitoring of national digital health strategies. Under the UN Common Understanding all UN agencies commit to a human rights-based approach to development cooperation. Many national digital health strategies have not included young people or civil society in decision-making that affects their lives (Holly et al 2022). But by doing so, national digital health strategies can be better contextualised, a need identified in scholarly reviews of African digital health strategies (Gamba et al 2025, Sylla et al 2025). WHO could develop models and mechanisms to strengthen participation in governance of digital technologies and AI for health. More digital literacy, digital skills and digital citizenship will be needed, for health care workers and end users in the public.

**The next Global Strategy on Digital Health should:**

- 11. Include, and recommend national strategies include, clear and measurable objectives with indicators for accountability, using innovative measures to ensure data is captured for marginalised groups
- 12. Promote meaningful participation in digital health governance by civil society, youth
- 13. Promote public education on digital health and rights for health care workers and end users

## Key terms:

**AI:** artificial intelligence

**HIC:** High-income country

**LMIC:** Low- and middle-income country

**WHO:** World Health Organization

**WSIS:** World Summit on the Information Society

## About the Digital Health and Rights Project Consortium

The Digital Health and Rights Project 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. We use a transnational participatory action research approach, centring the voices and leadership of diverse young adults to define the future of human rights in the digital age.

## Acknowledgements

This brief was written by Sara (Meg) Davis, Centre for Interdisciplinary Methodologies (CIM), University of Warwick, with input from the Digital Health and Rights Project (Tara Imalingat, Molly Pugh-Jones, and Sarah Simms), and from Kene Esom and Sharifah Sekalala (Warwick Law School).

## Recommended citation:

Digital Health and Rights Project (2026). A rights-based approach to the WHO Global Strategy on Digital Health 2028-2033. University of Warwick.





UNIVERSITY  
OF WARWICK

**DHRP**  
Digital Health & Rights Project

---

**Contact:** For further information, please contact us via email: [dhrp@warwick.ac.uk](mailto:dhrp@warwick.ac.uk)

**Publication** date: May 2026