AI Integration in Low-Resource Settings: Effectiveness of Current Policy in the Equitable and Ethical Integration of AI in Health Systems

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Introduction

Artificial intelligence (AI) has seen a rapid evolution, and is now being used in the global health sphere. AI has the capacity to strengthen healthcare systems, and revolutionize access in low-resource settings, such as low-and-middle income countries (LMICs). Currently AI is being used in varying capacities, such as diagnosis, treatment, general primary care, and in various clinical contexts, along with many others (Ciecierski-Holmes et al., 2022). While AI presents us with a tool that has extensive abilities, we must now look at how AI is being integrated, and if that integration is both equitable and ethical.

There are leading organizations and bodies that have worked to create policy guidelines and governance structures for AI implementation, such as; the World Health Organization (WHO), the United Nations Development Programme (UNDP), and the Organization for Economic Co-operation and Development (OECD). The WHO has established a "Global Strategy on Digital Health 2020-2025" and guidance on "Ethics and Governance of Artificial Intelligence for Health", these works look at strengthening the governance of AI and the emphasis of ethical norms in AI integration and development (World Health Organization, 2021b). The UNDP released a report titled "A matter of choice: People and possibilities in the age of AI", and provides a framework for understanding AI and how it can be used to both empower individuals and advance human development (UNDP, 2025). The OECD, differing from those listed above, has created the "OECD Framework for the Classification of AI systems", and within this provides values-based principles that have been internationally agreed upon for fostering trustworthy use of AI (OECD, 2022). The leading organizations and bodies have created a space for advancing AI use in ways that are both equitable and ethical, and demonstrate the importance of AI and its ability to enhance healthcare systems in low-resource settings.

This paper will conduct a literature review, looking at three key themes that have been identified in the literature. The three themes are; ethical challenges, data biases, and infrastructural challenges. In addition, a discussion on policy response and impacts of development aid cuts will follow. Overall, the paper aims to answer the question, "Are current policy practices being employed in low-resource settings, and if yes, are they effective in the ethical and equitable integration of AI in health systems?". Despite the emergence of potentially viable policy frameworks, this paper argues, there is a lack of implementation that can demonstrate significant results in the equitable and ethical integration of AI in low-resource settings.

Methods

Approach

The paper uses a scoping review to collect and interpret evidence on AI integration, issues within the governance, development, and implementation of AI in low-and middle-income countries (LMICs). The intention of the literature review is to identify how AI is being used in LMICs and to identify existing gaps and disparities that exist. To select sources, a thorough search was conducted on both Google Scholar and PubMed, where sources were screened by title/abstract, and then full-text reviews were conducted on selected texts. Grey literature was used within the paper, and sources were found on policy, through single Google searches to access organization platforms (i.e., WHO, UNDP, UNCTAD, OECD).

Search terms

The searches conducted through Google Scholar, used the search strings “AI integration in LMICs”, "Current policy on AI use in low-resource settings”, and “Issues for development with aid cuts”. The search conducted on PubMed, used the search string “Global health and AI governance”. For each search the total number of articles populated was recorded, as well as the number of articles reviewed, and the number of articles selected (refer to appendix).

Selection Criteria

The included sources are peer-reviewed or produced by official and recognized international organizations. Included literature used methods in their works such as literature or scoping reviews, thematic analyses, LMIC-based perspective pieces, and qualitative/quantitative research. Excluded materials include works from unofficial sources, perspective/opinion pieces not originating from LMIC settings, and non-peer-reviewed pieces. This criteria was used to capture a wide range of information from various sources, using varying methods of research, while also aligning the search on the basis of information sourced from low-resource and LMIC settings.

Literature Review

Ethical Challenges

In low-resource settings, AI has highlighted the challenges that can exist in the implementation and use of AI in addressing health disparities. Research has concluded that there are unique ethical issues that arise when deploying AI into LMICs, and challenges associated with ensuring these concerns are attended to.

Lanyi et al (2024)**,** introduces the concept of the "AI Deployment Paradox", and this concept emphasizes that while AI is intended to improve health inequities, the existing inequalities in society create the space for AI to eventually exacerbate these inequalities within LMICs. This concept is introduced to focus on how AI systems amplify existing inequalities through varying aspects of AI such as data, training, and development. Since AI is created by humans, there is room for both biases and misuse, and the paradox addresses how humans perpetuate societal inequalities and can have misaligned values within the context in which the AI is deployed **(**Lanyi et al., 2024**)**. Through a thematic analysis, Lanyi et al (2024), highlights three areas of unique ethical challenges that integrating AI into LMICs can introduce. The researchers discuss the impact of data poverty, and the inadequate representation of diverse groups within datasets, that limit the benefits that can be accessed by AI. In addition, the idea of cost-effectiveness is addressed, and the need to determine whether or not the benefits of AI on health are significant enough to use scarce resources for its integration. Furthermore, the potential for technological colonization is a concern, as high-income countries (HICs) may impose their standards and practices on LMICs without the consideration for cultural and economic differences (Lanyi et al., 2024). Overall, to integrate AI, literature suggests that there are significant considerations for ethical integration that must be reviewed and assessed before the deployment of AI in low-resource settings.

Another major challenge for the integration of AI in low-resource settings is described as contextual bias. This challenge is characterized as the issue of AI systems basing predictive abilities and models on the data from HICs (Lopez et al., 2022). Researchers have found that AI has the potential to assist many areas of health systems, such as making clinical decisions, mortality assessment, and in supporting diagnosis. Due to the vast capabilities of AI, there have been challenges in regards to accuracy, consistency, and data accessibility (Lopez et al., 2022). Researchers have found that robust planning and environments are needed for proper AI integration, that includes training and standards that implement policies concerned with privacy, security, ethics, and equity, amongst many other areas (Lopez et al., 2022). Due to the dynamic nature of AI, there are many areas to consider when integrating the tools into LMICs, and challenges that must be addressed with ethics at the forefront. As discussed in Lanyi et al (2024), the failure to account for socio-cultural contexts, will not allow for AI to be integrated and operated at its maximum capability.

Eradicable and highly reducible diseases continue to persist in LMICs, and place a burden on these countries, though there are technological capacities that could aid in their reduction (Hailu & Haddad, 2025). Researchers convey that while AI has the potential for great technological innovation and improving global health challenges, there are deep rooted issues that cannot be solved simply with its implementation (Hailu & Haddad, 2025). Distributive justice is a concern in the integration of AI, as deploying AI in areas with stronger health systems leaves a lack of basic care in low-resource settings. Scholars have indicated that to enforce ethical deployment of AI, structural barriers must be addressed before integration, as it becomes unethical to deploy AI when there is predictable harm on communities (Hailu & Haddad, 2025).

Ethical challenges demonstrate how AI implementation requires a multifaceted approach that addresses the many inequities that persist in low-resource settings. Through scholarly works, researchers demonstrate where there is work to be done in regard to AI integration, and the many considerations that must be addressed before deployment occurs.

Data Biases

In deploying AI tools in low-resource settings, it is important to consider the influence data can have on the effectiveness and equitable nature of health systems. As AI is rapidly advancing, and its potential to mitigate health disparities is quite striking, it is essential to address how AI systems can inherently amplify inequalities (Lanyi et al., 2024).

Data can greatly influence both the effectiveness of AI in health systems, as well as its equitable application to populations, particularly in low-resource settings. There are varying factors that impact data and datasets used in AI modeling, such as political influence. Political influence results from political factors in LMICs influencing access to electronic data storage and data sharing (Lanyi et al., 2024). In addition, health data poverty exists when there is inadequate representation of diverse groups in healthcare datasets, and this limits their proficiency and benefits in LMICs (Lanyi et al., 2024). In implementing AI technology within health systems, there are issues with homogenous datasets that cannot accurately provide effective help due to often racially homogeneous data (Lanyi et al., 2024). Racially homogeneous data can result in the use of drug therapies and biomarkers that do not accurately encompass the populations in which they are deployed, rendering them useless and ineffective (Lanyi et al., 2024). This is a result of data imbalances, and the disproportionate collection of data on certain populations and not others.

Locally-sourced data is a key element in deploying and integrating AI in low-resource settings. Each setting in which AI is being used for health systems have unique characteristics in their populations that allow for the improvement of individualized care for patients (Williams et al., 2024). Data ownership is another aspect of AI integration that is integral to privacy and security. Researchers highlight the need for the highest ethical standards to be in practice, and this

includes full transparency and anonymity in certain cases (Williams et al., 2024). Researchers also argue that AI should be implemented at a gradual pace using pre-existing data, and various NGOs and ministries of health should ensure that the use of AI algorithms is both affordable and open to everyone (Williams et al., 2024). It is imperative to explore all aspects of AI to ensure its integration is not based on data from HICs or inapplicable populations, which would lead to ineffective AI implementation and use.

Machine learning and AI applications require vast amounts of data and regularly updated datasets (Ciecierski-Holmes et al., 2022). In LMICs the amount of datasets required remains scarce, and thus the potential for AI in healthcare delivery has been brought into question within these countries (Ciecierski-Holmes et al., 2022). AI has a multitude of capabilities within clinical contexts, such as patient triage, screening, diagnostics, and planning, though, AI in clinical contexts can only be beneficial if it is being applied in the right contexts. There have been instances of misalignment with local clinical contexts that have led to tools trained on outside data, and the AI could not account for local disease incidence and treatment options (Ciecierski-Holmes et al., 2022). Researchers have established that greater transparency of datasets and algorithms that are used to train AI are needed to better understand their variations in performance (Ciecierski-Holmes et al., 2022). Data scarcity and bias can lead to poor performance in differing contexts, and scholars question the cost-effectiveness of implementing AI if it is not going to be beneficial in varying populations, and in particular LMICs (Ciecierski-Holmes et al., 2022).

Data biases showcase the importance of data in the deployment of AI, and its crucial role in performance of AI tools. If data does not adequately represent a group, there will be continual issues faced in the integration of AI in health systems, as they will not function entirely or to their highest capacity. It is evident in scholarly works that AI must be properly trained in order to reach the level of cost-effectiveness needed to implement.

Infrastructural Challenges

The implementation of AI is followed by various infrastructural challenges that include barriers to access and capacity, physical resources, and educational systems within low-resource settings. These infrastructural barriers need to be considered when integrating AI, and finding solutions that are both ethical and equitable within LMICs.

In LMICs there are varying degrees of access, and poor connectivity is an infrastructural barrier that exists in many areas (Lopez et al., 2022). Scholars have recommended investing in the universal provision of internet connectivity as a way to combat issues in AI implementation due to internet capabilities (Lopez et al., 2022). The scaling of AI requires a multitude of conditions, and that includes sustained investment in both infrastructure and connectivity (Lopez et al.,

2022). To effectively integrate AI in health systems within LMICs, having the infrastructure to allow for internet connectivity is crucial to its potential benefits and abilities within these areas.

Geographic remoteness is an impediment in implementing and accessing AI within LMICs, and as a result of the geographical location, there are models that can be implemented to combat the lack of access to AI and health care. Renewable energy has been listed as a source that helps with sustained digitization, and the introduction of Electronic Medical Records (EHR) has the ability to improve care as well (Adedinsewo et al., 2025). Infrastructure is greatly important to the effective integration of AI in health systems within low-resource settings, and conditions need to be met for sustainable deployment. Researchers have highlighted the need for international organizations to support the expansion of healthcare technology to LMICs, and help ensure the affordability of health specific software (Adedinsewo et al., 2025). Suggestions have been made to implement the use of Virtual Private Network (VPN) technology, in areas that are lacking the access to mobile apps in their region, being a way to combat current affordability and access issues (Adedinsewo et al., 2025). Infrastructural barriers continue to impact the integration of AI within low-resource settings, and it is pertinent to address these structural issues for effective and equitable integration.

Infrastructure and technology limitations can lead to limited access and affect the capacity in which individuals and groups can utilize AI (Oladipo et al., 2024). A lack of ICT infrastructure, which includes all of the physical and virtual resources, is persistent in LMICs (Oladipo et al., 2024). In addition, there are financial constraints for low-resource settings that rely on finding, where the cost of purchasing, installing, and maintaining the computer equipment needed is expensive and can be unattainable (Oladipo et al., 2024). Researchers in sub-Saharan Africa have found that there is a need for government facilitation in the integration of AI, and infrastructure improvements are necessary to improve internet capabilities that can sustain AI deployment (Oladipo et al., 2024).

Infrastructural challenges demonstrate what access can mean for different areas, and how low-resource settings cannot sustain AI integration if there is no consideration for their existing structures both physical and digital. Scholars have highlighted the areas in which low-resource settings need assistance and how the gaps in technology can be mended through government and development aid intervention.

Discussion

The findings of the literature review highlight the ethical risks of AI integration in low-resource settings, the harms arising from data biases, and the central role of infrastructure in shaping AI integration. The literature reveals there is significant room for growth in how AI is designed and deployed in low-resource settings. The evidence suggests a foundation upon which AI can support health systems in these settings, but also demonstrates the need for both robust national

and global policy frameworks to regulate its development and use. Future work should test AI governance models and promote implementation led by actors in low-resource settings, to ensure the effective, ethical, and equitable integration of AI.

Policy Response

Leading Organizations

World Health Organization

The WHO's Global Strategy on Digital Health for 2020-2025, details the importance of governing AI and ensuring its ethical and equitable use (World Health Organization, 2021b). The WHO aims to find accessible, affordable, scalable, and sustainable digital solutions, and has included AI in its digital health strategy (World Health Organization, 2021b). Within digital health, the WHO encompasses AI, in addition to machine learning, robotics, and big data analytics among others (World Health Organization, 2021b). The use of AI is described as having purposes such as treatment decisions, diagnosis, clinical trials, and managing personal health, with other vast capabilities as well (World Health Organization, 2021b). The WHO describes health data as requiring regulatory protection, privacy, and cybersecurity, and how low-resource settings are lacking in areas in which to sustain these protections (World Health Organization, 2021b). Due to weak infrastructure, scarce human capacity, finances, and areas such as internet connectivity, low-resource settings may find difficulty in both integrating AI and adapting to global regulatory standards (World Health Organization, 2021b). For the WHO, in their strategy, they aim to strengthen the governance for digital health on a global scale and this includes creating standards and regulations for AI and big data use (World Health Organization, 2021b). To avoid reinforcing pre-existing health inequities, the strategy emphasizes the importance of areas such as transparency, accountability, and inclusion (World Health Organization, 2021b). The WHO has committed to both developing and promoting frameworks for digital health, and supporting other countries in enforcing these standards within their own AI use in health systems (World Health Organization, 2021b). Though the strategy does not present case studies or examples of these frameworks implemented in low-resource settings, they provide a strong foundation for member states to implement and for action to be taken regarding AI implementation.

The WHO's Ethics and Governance of Artificial Intelligence for Health, has developed a policy framework that sets out to determine how AI in health should be governed and regulated (World Health Organization, 2021a). This guideline explicitly includes how LMIC and resource-constrained areas can both implement and operationalize the policy framework and ideas of the WHO (World Health Organization, 2021a). There are six ethical principles that have been created to guide AI in health, the principles are: protect autonomy; promote human well-being; safety, and the public interest; ensure transparency, explainability and intelligibility;

foster responsibility and accountability; ensure inclusiveness and equity; and promote AI that is responsive and suitable (World Health Organization, 2021a). For the public sector, the WHO would like to see ministries of health and agencies build AI policies and governance structures that ensure human rights and public interest are guiding the integration and use of AI in health. Due to many LMIC and low-resource settings lacking the regulatory capacity to evaluate AI, the WHO has proposed that various partners and the WHO itself help to build these capacitors within these areas World Health Organization, 2021a). The guideline discusses the use of model legalization for AI in health, in which other governments can reference as they build appropriate legal frameworks within their health system (World Health Organization, 2021a). While the guideline does not express explicit use of these frameworks, it details how intergovernmental organizations can work together to create common standards (i.e., OECD), and its ability to expand on pre-existing digital/data policy (World Health Organization, 2021a).

United Nations Development Programme

The UNDP's 2025 Human Development Report (HDR), delves into the use of AI and its ability to both expand and disrupt human development (UNDP, 2025). AI is referenced as becoming increasingly agentic, where AI has the ability to autonomously make and shape decisions, though this poses a risk to human agency (UNDP, 2025). The UNDP has highlighted that AI's social effects are also influenced by the institutions, power structures, and policies within the areas they are employed (UNDP, 2025). Therefore, humans also have a role in regulating the design and deployment of AI to ensure that AI will have positive effects on health systems (UNDP, 2025). Under the HDR, there is emphasis placed on grounding AI in human development and focusing on using AI as an augmentative tool that can enhance human capabilities rather than an automated tool that removes the human aspect (UNDP, 2025). The HDR describes cases in which AI has been used for persons with disabilities and AI-based adaptive education platforms in Kenya that work to deliver personalized lessons (UNDP, 2025). The UNDP has demonstrated the productive aspects of AI and emphasized the importance of governance and the inclusive design needed for low-resource settings to avoid unproductive and inequitable use of AI (UNDP, 2025). Human-in-the-loop is an important aspect of using AI that helps ensure that laws intended to protect individuals are not violated through AI use, demonstrating the importance of strong protections in the use and design of AI (UNDP, 2025). Overall, the UNDP in their report, highlight current productive uses of AI, while pointing out the ongoing need for regulation and governance of AI to ensure equitable and ethical use.

Organization for Economic Co-operation and Development

The OECD has developed a framework for the classification of AI systems and it is a policy tool intended to assist others in governing AI systems (OECD, 2022). The development of the framework has considered that there are various advantages and risks of AI systems and there are variations that require there to be different policy approaches (OECD, 2022). The OECD has created five values-based principles for all AI actors, these include: people and planet; human

rights, privacy, and fairness; transparency and explainability; robustness, security, and safety; and accountability (OECD, 2022). There are multiple dimensions within each principle where the OECD have created specific recommendations to policy makers regarding AI policies, and within each principle take a holistic and human-centric approach (OECD, 2022). The OECD does not specifically focus on low-resource settings and LMICs, though the organization places strong emphasis on context specific questions, looking at who is affected and how operational the AI systems are in constrained environments (OECD, 2022). Though the OECD framework is a conceptual tool, and has not detailed case studies or implementation success, it has laid groundwork for AI integration that can be both equitable and ethical in all settings.

Discussion

AI is in an early stage of implementation within low-resource settings and LMICs, as seen within current research. There is a lack of data detailing the clear benefits and risks of AI in health within these settings, and more existing literature looking at the scope for possible AI integration, as well as the possible risks associated with AI use in these areas. There are emerging policy and regulatory frameworks that are making strides to ensure the ethical, equitable, and transparent implementation of AI in health and other fields. Leading organizations such as the WHO, UNDP, and OECD, are taking the lead in providing frameworks to assist in the re-working or integration of AI with ethics at the forefront.

AI is being seen as a promising resource for low-resource settings and LMICs, as AI has the capacity to bring access and improve health services in these areas. Currently, there is improvement to be had in terms of the required investment in infrastructure, human capacity, and governance needed for meaningful AI integration within low-resource settings as outlined by prominent actors such as the WHO (World Health Organization, 2021b). The UNDP has highlighted that AI development is being prominently done within high-income country contexts, and thus limiting their ability to be transposed into low-resource settings and be functional within them (UNDP, 2025). While AI integration into low-resource settings could be greatly beneficial, at this moment in time, it is hard to know what that will look like in practice as there is limited available literature.

At a global level, there is significant work being conducted in creating frameworks to guide the ethical implementation of AI and governing its use. Global organizations such as the WHO, UNDP, and OECD have demonstrated the need for regulatory and governing bodies for AI, as well as how the implementation of AI is nuanced, requiring planning and guidance. While there are productive actions being taken on a global scale, there are ways in which these organizations and use of AI in health can be improved. While the frameworks that have been created are good in theory, they are currently largely prescriptive, and have not been used in practice. To understand where improvements can be made in terms of governance and regulation, further research and implementation must be done to know what is working and where changes need to

be made. In addition, addressing various structural inequalities that are preventing productive use of AI or the equitable integration of AI, are important areas that need to be consistently worked upon.

Policy is currently envisioned to reach communities in various ways, as detailed from the different global organizations. The WHO expresses the desire for Member States to develop their national digital health strategies on the basis of the WHO's recommendations, as a way to regulate and ensure ethical integration (World Health Organization, 2021b). The UNDP in the HDR places emphasis on the importance of human-in-the loop, ensuring that AI is not being used at an automated level, but rather an augmentative level (UNDP, 2025). Overall, it is difficult to determine the potential positive effects on communities and specifically in low-resource settings, as states are newly adopting these frameworks.

While it is hard to determine whether current AI use is both equitable and ethical, literature has demonstrated there is a mixture of potential harms that AI can cause when integrated into health systems. Though, it is clear that the emerging frameworks surrounding the governance and regulation of AI are striving to be both equitable and ethical. The leading organizations are creating a strong foundation that can be built upon and implemented within states and low-resource settings, to ensure AI is being used in the most ethical and equitable capacities.

Unknowns

Cuts to Development Aid

The current state of global health and development aid has drastically changed from years prior, and there have been large-scale cuts to organizations such as the WHO. The development aid cuts present an issue for AI integration, and specifically within low-resource settings, as funding is highly referred to as a driver for AI in these areas. Due to the new environment, and shrinking funding, low-resource settings and LMICs who rely on funding have prematurely been forced into self-reliance for their own national development.

The cuts to USAID have created disruptions in many areas of health and humanitarian programs, and have created even larger power struggles in the global development sphere (Mbah et al., 2025). It is hard to determine what AI integration in low-resource settings will continue to look like, and it's likely that LMICs are to be competing for scarcer resources due to budgeting struggles that have been further deepened (Mbah et al., 2025). The United States have acted in many ways as the catalyst for donor funding for development, and due to their recent reductions in funding, there are questions on how this will lead to a chain reaction and lead other donors to withdraw funding as well (Nketia et al., 2025). Scholars are inferring that due to weak investments there will be fewer resources to support the infrastructure needed for AI integration in low-resource settings (Nketia et al., 2025).

In addition to the United States, Canada is also seeing reductions to Global Affairs Canada, as a refocus of Canada's international presence is occurring (Department of Finance Canada, 2025). Global Affairs Canada is reducing development funding in global health programming, and this is a result of Canada interpreting this funding as having grown disproportionately relative to other economies (Department of Finance Canada**,** 2025). As Canada is a large contributor to development and global health, it is likely Canada's budget cuts will also impact the integration of AI and availability of resources in low-resource settings. It is in this time that we must now ask what is next for development, and how will this impact AI integration, and its equitable and ethical integration.

Future of AI Integration

The future of AI integration is unknown, and likely to see drastic changes due to the developing budget cuts and weakening of donor funding to global health and development across the board. Moving forward, a shift in national funding towards domestic health programs could be a move made by LMICs and low-resource settings, in order to continue with AI integration and use. As low-resource settings can rely on development funding, it becomes difficult to gauge how these areas will respond to aid cuts, and if they will continue with integrating AI, or if the cost-effectiveness is no longer high enough. While AI integration has the capacity to strengthen health systems and care for both LMICs and HICs, the cuts to global health and development aid are sure to shift priorities in different regions.

Conclusion

AI integration demonstrates the complexities of AI systems, and both the benefits and risks of AI use in health and within low-resource settings. The three themes explored within the literature, demonstrated the importance of ethics and the challenges of ensuring the ethical integration of AI. AI can exacerbate existing inequalities if there is no governance and regulatory frameworks ensuring context specific development. Furthermore, data biases can undermine the performance of AI, leading to inefficient AI tools and AI that is not suited for health systems in low-resource settings or LMICs. Data that is based in HICs and on homogenous datasets, limits its performance and cost-effectiveness to low-resource settings. Infrastructural challenges also pose a threat to AI integration in health, as without the infrastructure and human resources, the AI tools will not be sustainable within various areas. Current policy practices being employed within low-resource settings have laid the groundwork for governance and regulatory structures, though have yet to be consistently implemented within these contexts. The frameworks being generated from leading organizations such as the WHO, UNDP, and OECD, demonstrate the use of equitability and ethics at the forefront of their guidelines and reports. While there are unknowns regarding current development and global health aid cuts, it is a positive sign that if AI integration continues, it is on the basis of ethics and equity. To conclude, while there is a clear

lack of framework implementation for AI integration and health in low-resource settings, there is progress being made, even now in times of global uncertainty.

Appendix

Documentation of Search Strategy

Fig. 1 Search Strategy

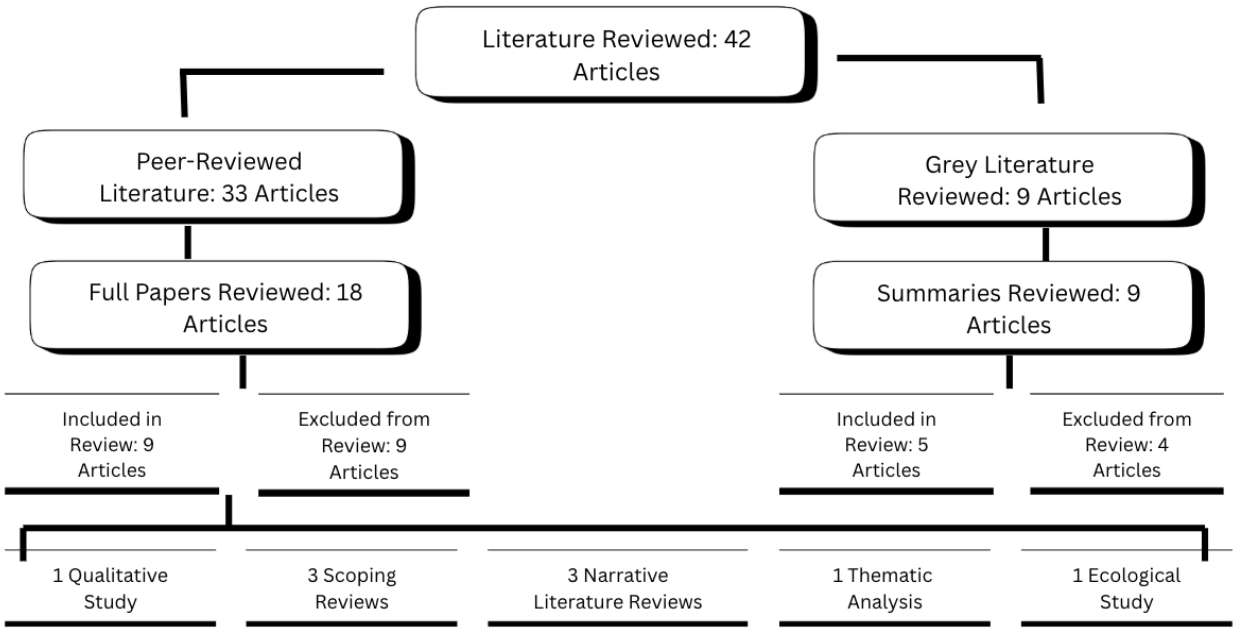
Date of Search	Database Used	Search Terms	Total # Articles	Reviewed Articles	Selected Articles	Included in Review
November 7th, 2025	Google Scholar	"AI integration in LMICs"	26,300	7	5	4
November 10th	Google Scholar	"Current policy on AI use in low-resource settings"	80,600	11	5	2
November 12th	PubMed	"Global health and AI governance"	1294	9	5	1
November 17th	Google Scholar	"Issues for development with aid cuts"	17,400 (since 2025)	6	3	2

Fig. 2 Inclusion and Exclusion Table

	Included	Excluded
Article Type	● Peer reviewed ● Official International Organization's	● Works from unofficial sources ● Non-peer reviewed pieces
Methodology	● Literature reviews ● Scoping reviews ● Thematic analysis ● Narrative Reviews ● Qualitative and quantitative research	● Perspective/Opinion pieces from non-LMIC origin

	Included	Excluded
Geographic Scope	● Developing Countries (LMICs) ● Official Organizations (Including of HIC Origin)	● Developed Countries (HICs) ○ Unless Official Organization
Time Frame	● January of 2020 - End of 2025	● Before January 2020

Fig. 3 Decision Tree



This Assignment Utilised AI in the Following Ways:

1. Formatting citations
2. Explaining complex concepts (ex. ICT infrastructure)
3. Organizing notes from research

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