The Role of Private Actors in Shaping AI Governance in Healthcare

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I. Introduction

Artificial intelligence (AI) is rapidly transforming healthcare systems worldwide, offering new possibilities for improving access to digital health, diagnostics, disease surveillance, and health service delivery. According to the International Center of Expertise in Montreal on Artificial Intelligence's (CEIMIA) 2024 State of AI in Healthcare in Sub-Saharan Africa report, more than two-thirds of AI health initiatives in this region alone are led by private actors, primarily multinational technology firms and donor-funded organizations. These initiatives often introduce advanced tools such as AI-assisted image analysis, maternal health prediction models, and digital decision-support platforms into health systems facing persistent resource constraints. As AI adoption accelerates across different regions, it has become critical to understand how AI is governed, who drives these interventions, and how they shape health system priorities.

Despite the potential benefits, the rapid adoption of AI tools in health systems has outpaced the development of robust governance mechanisms. Existing global frameworks, such as the World Health Organization's (WHO) Ethics and Governance of AI for Health (2021), and the Organisation for Economic Cooperation and Development (OECD) AI Principles (2019), offer normative guidance but remain voluntary and non-binding. Across the globe, national and regional regulatory institutions, such as the African Union's Continental AI Strategy (2024), Latin America's Declaration of Santiago (2023), and Asia's ASEAN Guide on AI Governance and Ethics (2021), similarly struggle to keep pace with ever-evolving technological innovations and the demand of domestic health systems.

As a result, AI governance arrangements increasingly take the form of donor-funded pilot projects, public–private partnerships (PPPs), and Memoranda of Understanding (MOUs) rather than statutory regulation. This tension between rapid technological diffusion and weak regulatory architecture raises critical questions about accountability, equity, and the long-term direction of AI in health.

This paper examines these dynamics by asking: how do private technology firms and donors shape the governance of AI in health systems? I argue that private technology firms and international donors shape AI governance by controlling the financial resources, digital infrastructure, technical expertise, and data on which state actors rely. Their dominant role, supported by funding streams and strategic interests originating outside public institutions, shifts governance toward voluntary, partnership-based arrangements that reflect the priorities of external actors more than domestic health needs. As a result, AI governance becomes characterized by soft law, uneven accountability, and structural dependencies that influence how technologies are integrated into health systems, who benefits, and where decision-making authority resides.

To examine these dynamics, the paper proceeds in five parts. Section I introduces the topic and outlines the research question and argument. Section II describes the methodological approach utilized for this analysis. Section III presents a literature review of scholarly literature on AI

governance, health governance, and the role of private actors in shaping AI governance in health. It also explores key topics at the convergence of these issues, such as data colonization. Section IV analyzes the current policy response, examining how norms, institutions and cooperative initiative operate in practice and where governance gaps persist. Section V concludes by synthesizing these themes and reflecting on their implications for the future of AI governance in health.

II. Methods

This paper employed a two-part search strategy to support both the academic literature review and the policy analysis. For the literature review, peer-reviewed articles, academic books, and institutional reports published between 2010 and 2025 were identified through searches conducted in Google Scholar, Omni (Carleton University's Library), and the IDRC Digital Library. Search terms included combinations of "AI governance," "health governance," "private sector," "public private partnerships," "digital health," "Google/Facebook/WhatsApp/Instagram/OpenAI" "data governance," and "philanthropic funding" as well as key geographic terms. This section only includes scholarly sources to ground the analysis in the existing academic discussions on this subject.

For the policy response section, the search strategy was intentionally broadened to capture how AI governance is unfolding in practice. In addition to academic sources, searches included legislation, government policy documents, regulatory announcements, multilateral organization reports, industry publications, press releases, and relevant media articles from the same 2010–2025 time frame. This wider net reflects the fast-moving nature of AI policy and the importance of understanding ongoing political and economic developments that shape governance outcomes but may not yet be captured in formal scholarship.

III: Literature Review

A. AI Governance

Global AI governance frameworks are currently based around sets of principles and values, rather than grounded in enforceable regulatory actions. A foundational example is the WHO's Guidance on Ethics and Governance of AI for Health (2021), which outlines core principles. These include transparency, accountability, data protection, and equity; however, this framework does not provide binding mechanisms through which governments or private actors must comply, nor does it specify with granularity what makes a specific technology 'transparent' or 'equitable'. Similarly, the OECD AI Principles (2019) promote responsible innovation frameworks grounded in fairness, privacy, and human oversight, but these remain normative guidelines rather than regulatory requirements.

Scholars describe these initiatives as forms of soft law, where governance operates through multi-governmental declarations, expert consensus, companies' ethical codes, and reputational

incentives rather than legal sanction (Marchant et al., 2020). As evidenced by the WHO and OECD's frameworks, these declarations revolve around five substantive ethical principles: transparency, justice and fairness, non-maleficence, responsibility, and privacy. Marchand et al argue that soft law architecture in AI has some advantages, among which the most important one is that it provides an agile and flexible form of governance, which is a key attribute for rapidly evolving emerging technologies (2020). On the other hand, the biggest deficits of soft law are around effectiveness and credibility. Provisions in AI governance guidance documents are often phrased in broad and general terms, making compliance difficult to objectively determine, especially without any type of reporting or monitoring requirement. This creates potential for "ethics washing" where institutions get away with lip service for their adherence to soft law programs without altering their practices (Marchant et al., 2020).

Scholars also discuss the conceptual ambiguity surrounding the term "artificial intelligence." Gerke et al (2020) note that while AI is widely invoked in both scholarly and public policy discourse, its precise definition remains contested. They distinguish between key subtypes of AI most commonly used in health care, including machine learning systems that improve performance by learning from data rather than explicit programming, and deep learning models that rely on multilayered neural networks to identify complex patterns in large datasets. Gerke et al. further highlight that ethical and legal challenges become more acute when machine learning systems operate as "black boxes" with little transparency, reducing the ability of clinicians and regulators to interpret or explain algorithmic outputs (2020).

This lack of specificity is one of the challenges in the global governance of AI. More academic work is needed to understand how these global AI frameworks and strategies are interpreted, operationalized, and enforced within health systems. This is partly due to the nascent nature of these frameworks, most of which have been developed within the last decade.

B. Health Governance & Private Actors

Before exploring how private actors shape AI governance in health systems, it is critical to understand how governance is understood in health systems. Since the early 2000s, defining 'governance' in relation to health and health systems has been a challenge for scholars and practitioners. The challenge becomes even larger in the context of global health, taking governance out of domestic health systems and into the international sphere. (Lee, 2014).

The concept of "health governance" was first introduced in the World Health Report in 2000, where the WHO defined it in terms of 'stewardship', and called for strategic policy frameworks combined with effective oversight, regulation, incentives, and accountability. More recent work defines health system governance as the set of normative values (such as equity, transparency, and participation) that shape how health systems operate within their broader political context (Pyone et al., 2017). Other scholars emphasize more operational definitions, focusing on the institutions and actors that shape global health, including states, the WHO, multilateral financing

bodies like the Global Fund and the World Bank, NGOs, and private or non-state actors. (Youde, 2018).

Pyone et al.'s review of different health systems frameworks highlights two insights relevant for this research. First, that "governance is not an 'apolitical' process, [..] there are no absolute principles that define governance". Second, that in relation to health systems governance is fundamentally about "how different actors in a given system or organization function and operate and the reasons for this" (2017). This aligns with Youde's argument that understanding governance requires understanding who participates in it and whose values guide decision-making.

This broader framing is crucial for understanding emerging debates around AI governance. Although global AI frameworks emphasize sets of principles, the history of health governance shows that these principles depend heavily on who interprets them and who has the authority to implement them (Youde, 2017). As Youde argues, states no longer hold exclusive authority in global health; power is now shared with a wide range of non-state actors who perform functions once reserved for governments. Private firms and philanthropic organizations, in particular, have become central players, bringing financial resources and shaping decision-making agendas (2017). This shift is essential for understanding how private technology firms and donors are increasingly shaping the governance of AI in health systems.

C. AI in Health Systems

AI is quickly being adopted and applied in healthcare interventions. In Sub-Saharan Africa, examples of this include using AI for data collection, analysis of medical data, diagnostics, telemedicine, patient monitoring, and healthcare operations in management (CEIMIA, 2024). According to the CEIMIA 2024 report, private actors are behind much of these interventions (66%), in comparison to smaller involvement of academics (28.3%) and civil society organizations (5%) (p. 32). Private actors named in the report include Canada's International Development Research Centre (IDRC), Lacuna Fund (a partnership between Google, the Rockefeller Foundation, and IDRC), France's Pierre Fabre Foundation, the Bill and Melinda Gates Foundation, the Chan Zuckerberg Initiative, and tech companies including Twitter, Google, Facebook, Alibaba Group, Huawei, Amazon, and Microsoft (p. 34-36).

The main beneficiaries of funding for AI in healthcare are private companies (such as startups and SMEs), followed by universities. The notorious absence of government and the scarcity of civil society organizations in the funding chain create a regulatory problem (CEIMIA, 2024). Governments already struggle to keep pace with rapidly evolving digital health tools. By being isolated from the projects, state actors have little oversight as to how AI interventions are developed and deployed, nor can they advocate so that they fit within national health priorities (CEIMIA, 2024). This is exacerbated by chronic underfunding, fragmented institutional

mandates, limited technical expertise, and uneven data protection capacity, all of which hinder the ability of health authorities to evaluate and oversee AI-based technologies (Kumar, 2025).

A large subset of the literature around AI innovations in health raises issues concerning health data governance. Many health systems lack interoperable electronic records, consistent data-sharing standards, and secure digital infrastructure. A 2013 OECD study showed that many OECD members lack a co-ordinated public policy framework to guide health data use and sharing practices, so as to protect privacy, enable efficiencies, promote quality and foster innovative research (OECD, 2025, p3). Without strong regulatory safeguards, data governance is shaped through contractual agreements and vendor relationships, placing private actors in a position of *de facto* authority (Mueller, 2010).

Although the literature documents both the constraints facing health governance, far less attention has been paid to the specific conditions that allow private firms to shape AI governance within health systems. This gap is increasingly significant as AI adoption accelerates globally and remains largely driven by technologically advanced countries and major private companies.

D. The Role of Private Actors in AI

Multinational technology firms play an increasingly dominant role in shaping the global AI ecosystem, effectively becoming *de facto* governors of digital infrastructure (Mueller, 2010). Scholars point out that firms like Amazon, Apple, Facebook, and Google in "the West," and Baidu, Alibaba, and Tencent in China, not only own hardware and software, but also own the underlying cloud services, data infrastructure, and intellectual property that drive AI innovation (Couldry & Mejias, 2019). This concentration of control gives these firms outsized leverage over both high- and low-income countries (Kwet, 2019). In effect, a handful of U.S. and Chinese corporations hold near-monopolies across key digital domains. This includes all sorts of innovation, products, and technologies, from search engines and mobile operating systems to cloud computing and social media (Couldry & Mejias, 2019).

Not only is this the case now, but evidence suggests that rich countries beyond the U.S. and China are developing ambitious plans to have a shot in the "AI race" by promoting their homegrown technologies and investing in enabling infrastructure. One example is the UK with its AI Action Plan, a multi-billion-dollar initiative which includes the development of AI Growth Zones (AIGZs) to "accelerate the build out of AI infrastructure on UK soil" (UK Department of Business and Trade, 2025). Large multinational firms are becoming more embedded in these government plans, helping develop strategies and contributing substantial funding. Microsoft alone announced a $30 billion USD investment plan to bolster the UK's AI infrastructure between 2025 and 2028 (Microsoft, 2025).

E. Private Actors' New Forms of Indirect Governance

This dominance allows “Big Tech” to set technical standards and shape norms globally, often with minimal oversight by national governments. The definitions for “Big Tech” vary, but generally refer to a group of companies that own or control important digital platforms; notable examples include Alphabet (Google), Amazon, Apple, Meta (née Facebook), and Microsoft (Khanal et al, 2025). The result is a form of private authority over digital development: private companies dictate not only which AI technologies are available, but on what terms.

The literature examines the political–economic mechanisms through which private firms shape policymaking, and with that, governance. AI (particularly generative AI) requires large datasets, specialized talent, and massive computational power for model training (Khanal et al. 2025). Khanal and colleagues outline how firms leverage this dominance in the policy process, arguing that Big Tech companies are not passive participants in epistemic communities or advocacy coalitions, but active “entrepreneurs” working to advance policy changes that benefit them. Their involvement ranges from lobbying for specific regulations to advancing digital solutions to policy problems, such as contact-tracing apps during COVID-19. They also act as political entrepreneurs, mobilizing their resources to influence political institutions and actors in ways that further their interests (Khanal et al., 2025).

Beyond direct engagement in governance processes and institutions, some scholars frame the AI expansion as new manifestations of existing inequalities. As Couldry and Mejias argue, this new paradigm of “data colonialism” lets corporations continuously extract value from connected populations, extending their influence in ways analogous to historical colonial powers (2019). Corporations present themselves as benevolent democratisers, expanding access to tools that anyone can use. But the data that fuels their models is drawn from a shared cultural commons, is then used to produce outputs, and is then locked behind paywalls, subscription plans, and enterprise licences (Couldy and Mejias, 2019). This lack of transparency is particularly concerning with respect to health data.

Further on this point, Abeba Birhane has argued that AI systems reproduce the hierarchies of empire, treating people and cultures as “raw material”. They observe that Western-developed AI tools, built on Western data and values, tend to be unfit for local contexts and can displace indigenous innovation, leaving entire regions dependent on foreign algorithms and software. (Birhane, 2020). They illustrate this with a Facebook population-mapping project in Africa, where the company used satellite imagery and computer vision to produce continent-wide density maps; effectively positioning itself as the authority over how African populations are mapped and understood. Statements such as “creating knowledge about Africa’s population distribution”, “connecting the unconnected”, and “providing humanitarian aid” served as justification for Facebook’s project. Birhane argues that this echoes colonial-era rhetoric of civilizing missions (2020).

Local governments and institutions, by contrast, are left with little influence over how data is used or how AI algorithms operate. This asymmetric relationship entrenches the power of

external companies in setting technical standards and governance practices, while host countries face new forms of dependency. Scholars like Kwet note that by controlling the "pillars" of the digital ecosystem (software, hardware, connectivity), a few global companies acquire "immense political, economic, and social power" over less technologically developed states (2019).

F. Donors and Partnerships

International donor organizations play a complementary role in this landscape, often partnering with private tech firms in AI-for-health initiatives. Philanthropic and development agencies, such as the Bill & Melinda Gates Foundation, USAID, International Development Research Centre, Wellcome Trust, and others, increasingly co-fund AI deployments in healthcare alongside tech providers. For example, IDRC, under its Artificial Intelligence for Development (AI4D) stream, funds AI research and innovations in partnership with technology firms (such as Google) and supports AI health innovation across the Global South (IDRC, 2024). Similarly, the Gates Foundation co-funds digital health tools, including AI-enabled diagnostics and decision-support systems, often "in partnership with private technology innovators and global health implementers" (Bill & Melinda Gates Foundation, 2022).

On one hand, these collaborations may accelerate access to innovation, for example, enabling hospitals to use advanced AI diagnostics that would be unattainable without private sector support (WHO, 2021). IDRC's vision further articulates this: the AI4D program seeks to "support a responsible AI ecosystem where local experts are enabled to solve their own development challenges with inclusive, responsible AI applications and policies. AI4D is also supporting and advancing Southern leadership in local and global governance decisions, debates and innovation fora". IDRC's Chaitali highlights many examples in her latest report, including using an AI-enabled tool to support non-specialized doctors and nurses to identify and address prenatal and perinatal depression in Bangladesh, and using Machine Learning to break barriers inhibiting adolescents with disabilities in Ghana from accessing information related to sexual and reproductive health (2025). These initiatives reflect donor efforts to fill gaps where national health systems lack specialist capacity, demonstrating that the involvement of donors can accelerate access to innovation when aligned with local needs.

On the other hand, private donors' involvement can amplify external agenda-setting power. While this critique is broader and applies to the entire international development architecture, it is still an important one. Private donors and firms often pursue their own strategic interests or ideologies, which may not align perfectly with local needs.

Shaffer and others are particularly critical of the Gates Foundation, accusing this donor of favouring narrow tech fixes ("magic bullets") and championing funding of AI as 'fostering innovation' over strengthening underlying health systems. In their own words: "as much as 'magic bullets' can solve issues, they, as bullets, are also capable of wounding and causing harm". On this point, Shaffer et al. urge us to question the quality of data used to 'train' machine

learning models, the potential that AI has to reproduce and worsen existing racial biases and discriminatory practices, and "the careless deployment of AI in global health in the near complete absence of real, democratic regulation and control" (2023). Previously mentioned critiques about ownership of data and technologies are also echoed by these authors. While these partnerships can accelerate innovation, they can also create fragmented, parallel systems that strain government coordination. This makes it essential that collaborations support country-led strategies and include accountability mechanisms to ensure private actors reinforce, rather than replace, core public health functions.

G. Calls for Digital Commons, Co-Creation & Greater Accountability

In response to private tech monopolies, experts have called for investing in digital public goods and shared AI infrastructure. Rather than perpetuating dependence on corporate platforms, building "shared digital commons," for example, open data sets, open-source AI tools, and service infrastructure, could help redistribute power in the technological ecosystem (Dulong & Stalder, 2020).

In a similar realm, Hsu et al. call for the "co-creation of AI systems" in partnership with local communities to ensure that technologies reflect regional priorities and contexts. They argue that involving communities in data collection and curation allows AI tools to better meet local needs while preserving community agency in the development process (Hsu et al., 2022). This approach is not without challenges; the authors note that conflicts of interest may arise both within communities and between communities and developers. While such tensions are likely to emerge in other settings as well, their argument underscores an important point for this literature review: AI development should not be viewed as the exclusive domain of researchers and scientists, but as a process that can benefit from meaningful community participation.

Circling back to AI in health governance, there is growing discussion on how to hold private AI providers accountable for outcomes. Proposals include greater transparency on the end-to-end process of AI ideation, model training, and development, as well as monitoring and evaluation efforts that identify all entities associated with the technology. Scholars also call for the development of assessment tools and repositories for collecting evidence to support adoption barriers such as bias and transparency (Hassan, 2024).

While not yet widespread, a few countries are experimenting with health-related recommendations on AI. For example, the European Union's EU AI Act has health-specific recommendations. Recital 47 of the EU Act states that "in the health sector where the stakes for life and health are particularly high, increasingly sophisticated diagnostics systems and systems supporting human decisions should be reliable and accurate (European Commission, 2024). While the soft law challenges discussed earlier remain (and the EU Act is undergoing changes that will further weaken its authority, to be discussed below) these emerging frameworks are one

of the main ways to set precedents for greater accountability in health settings. Additionally, international bodies like the WHO have started convening multi-stakeholder dialogues on ethical AI in healthcare (WHO, 2021). These nascent efforts indicate a recognition that private-led innovation must be balanced with public interest governance to ensure equitable and safe AI use in all regions.

H. Knowledge Gaps

Across this evolving landscape, a notable gap in the literature is the limited analysis and evidence of how private sector authority has translated into health outcomes. Many studies highlight theoretical and ethical challenges, but few examine how tech firms and donors actively shape rules, standards, and accountability in health AI on the ground. For instance, questions persist about the nature of large agreements, who sets the guidelines for AI ethics when a multinational firm deploys an algorithm in a public hospital for instance, or how responsibility is divided if an AI system fails. These governance aspects (standard-setting, evaluation of algorithmic fairness, patient data governance, transparency, and oversight) remain understudied.

Additionally, there is a lot of privileged and private company information that is not available to the public in relation to how AI is trained, developed, and deployed. While the literature is able to identify that this gap is an issue, the result is a persistent blind spot regarding private power in global health AI governance. We do not yet fully understand, for example, how Big Tech's involvement in national health programs affects local regulatory capacity, or how donor-funded AI projects might bypass traditional accountability channels of the domestic health system. This gap points to the need for further transparency and research connecting private authority to health system governance.

IV: Policy Response

While global and regional governance frameworks emphasize principles of safety, accountability, and human rights, the actual trajectory of AI governance (in both high-income and low-income countries) is increasingly shaped by industrial strategies, market incentives, and geopolitical competition. This reveals a widening gap between normative commitments and the policy actions that governments are taking in practice, with significant implications for how AI in health is governed.

A. Deregulation Trends in High-Income Countries

Recent developments illustrate a decisive shift toward loosening AI regulations in advanced economies. As explained by the International Association of Privacy Professionals (IAPP), the European Union (historically the global leader in digital protections) has begun weakening and delaying key elements of the Global Data Protection Rules (GDPR) and the EU AI Act in an effort to stimulate growth and avoid falling behind the United States and China (Bracy, 2025).

Proposed changes include making it easier for companies to use personal data to train AI models, reducing consent requirements, and postponing the enforcement of stricter rules on high-risk AI systems. Prominent privacy lawyer and digital rights advocate Max Schrems, who has led influential legal cases that have contested and shaped privacy legislation worldwide, has called this the "biggest attack on European's digital rights in years" (NOYB, 2025).

The United States is moving even faster. New provisions added to the National Defense Authorization Act aim to pre-empt state-level AI regulation, effectively preventing California, Colorado, and others from imposing stricter requirements on tech companies (Montgomery, 2025). The proposed federal approach would not only maintain the current lack of national AI regulation but also penalize states attempting to introduce oversight. This shift reflects a broader industrial strategy: prioritize speed, competitiveness, and private-sector growth over precautionary governance (Montgomery, 2025).

In the context of the global health landscape, these developments present a sobering reality: if high-capacity state regulators cannot (or will not) enforce strict AI rules, expecting low-resource health systems that heavily depend on this technology to do so is unrealistic.

B. Capacity Constraints and Why Regulators are Being Outpaced

Across high, middle, and low-income contexts, regulators consistently acknowledge that they are not yet equipped to fully audit, certify, or monitor AI systems used in health care. Even well-resourced oversight bodies such as the U.S. Food and Drug Administration (FDA), the UK Medical Device Regulation (MDR) have struggled to keep pace with emerging AI diagnostics and adaptive algorithms (Slijpen et al., 2024). For this reason, as it has been argued throughout this paper, AI in health is frequently governed through flexible approval pathways, sandbox environments, voluntary auditing frameworks, ethical guidelines, and collaborative advisory bodies rather than through detailed, prescriptive legislation. In this context, soft-law tools are not simply a sign of regulatory weakness; they are often the only workable instruments available to manage fast-moving technologies under conditions of limited capacity.

It would be reasonable to deem the current nature of AI governance in health as insufficient. But that would not be the entire story, as this same nature allows for innovation. It can be argued, as Marchant et al. did earlier, that overly rigid regulatory requirements could stall innovation, particularly in areas where the state is not able to finance or respond to local needs, as evidenced by IDRC's AI project portfolio.

The resulting AI in health governance question is therefore not whether private actors are too influential but rather why they operate in this space. The answer lies in the fact that they fill a vacuum: states are not yet ready to regulate AI in a prescriptive manner, and private actors step in to provide the capabilities required to operationalize technological transformation in health.

Taken together, these trends show that the global policy ecosystem is moving toward flexible, innovation-oriented governance in which external private actors inevitably play central roles.

Section V: Conclusion

This paper has evaluated the different ways in which private actors exert significant influence over the governance of AI in health systems, via the ownership of technology infrastructure and data, most critically. This influence is outsized if compared to state actors, who are often not yet equipped with the technical expertise, staffing, or financial resources required to oversee AI systems through more prescriptive regulation. As many authors argue, the rapid pace of AI innovation has consistently outstripped the institutional capacity of health governance systems, creating a reliance on flexible governance tools that can be more adaptive to evolving technologies.

This dynamic raises questions and concerns due to the fact that it replicates existing inequalities in the development and aid ecosystems. Similar critiques have long been made of the broader global health landscape, where external financing and technical expertise play central roles in shaping policy and implementation. Given the speed at which AI technologies evolve, it is neither realistic nor feasible for most governments (regardless of income level) to fully match the pace of private-sector innovation or to develop prescriptive regulatory frameworks in real time.

Rather than viewing this asymmetry as a mere governance failure, it may be more productive to recognize it as a structural feature of contemporary AI. The challenge, therefore, is not to curtail private sector participation in AI health interventions (since their role is often indispensable), but to ensure that appropriate safeguards, accountability mechanisms, and public-oriented regulatory capacities are in place so that partnerships operate under transparent, accountable governance arrangements that align with national health priorities. This requires moving beyond a binary critique of private influence and toward a more collaborative partnership in which soft-law governance is complemented by emerging statutory frameworks, regional harmonization efforts, and increased investment in public regulatory institutions.

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Documentation of Search				
Date of Search	Databased Used	Search Terms	Total # of Articles	Reviewed Articles
Nov 21st, 2025	IDRC Digital Library	'AI' 'Governance' 'Health' 'Sub-Saharan Africa'	2	Sinha, C. (2025). Strengthening Health Systems by Leveraging Responsible AI Solutions: An Emergent Research Landscape. Discussion Paper. International Development Research Centre. https://media.tghn.org/medialibrary/2025/03/IDL_-_63893_1.pdf International Development Research Centre. (2024). *AI for Development (AI4D) Overview:: Annual Report*. IDRC: https://idrc-crdi.ca/en/stories/annual-report-2023-2024
Nov 21st, Nov 25th, Nov 26th, Nov 27th, Nov 28th, Nov 29th	Google Scholar	A combination of: "Guidance' "Health Systems" 'Mechanisms" "Ethics" "Governance" "AI" "CEIMIA" "UK" "Latin America" "Africa" "ASEAN" "Microsoft" "Deregulation"	20	International Centre of Expertise in Montreal on Artificial Intelligence (CEIMIA). (2024). State of AI in Healthcare in Sub-Saharan Africa. https://doi.org/10.5281/zenodo.12628185 African Union Commission. (2024). *Draft African Union Continental Strategy on Artificial Intelligence*. African Union. https://au.int/en/document Latin American and Caribbean AI Working Group. (2023). *Declaration of Santiago on Responsible Artificial Intelligence in Latin America and the Caribbean*. United Nations Economic Commission for Latin America and the Caribbean (UNECLAC). https://repositorio.cepal.org Association of Southeast Asian Nations. (2021). *ASEAN Guide on AI Governance and Ethics*. ASEAN Secretariat. https://asean.org

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				Guardian. https://www.theguardian.com/technology/2025/nov/24/us-europe-artificial-intelligence-ai Kumar, R., Sporn, K., Waisberg, E. *et al.* Navigating Healthcare AI Governance: the Comprehensive Algorithmic Oversight and Stewardship Framework for Risk and Equity. *Health Care Anal* (2025). https://doi.org/10.1007/s10728-025-00537-y Hsu, Y. C., Huang, T., Verma, H., Mauri, A., Nourbakhsh, I., & Bozzon, A. (2022). Empowering local communities using artificial intelligence. *Patterns (New York, N.Y.)*, *3*(3), 100449. https://doi.org/10.1016/j.patter.2022.100449 Pyone, T., Smith, H., & van den Broek, N. (2017). Frameworks to assess health systems governance: a systematic review. *Health policy and planning*, *32*(5), 710–722. Shaleen Khanal, Hongzhou Zhang, Araz Taeihagh, Why and how is the power of Big Tech increasing in the policy process? The case of generative AI, *Policy and Society*, Volume 44, Issue 1, January 2025, Pages 52–69, https://doi.org/10.1093/polsoc/puae012 Bracy, J. (2025, November 19). *European Commission proposes significant reforms to GDPR, AI Act*. International Association of Privacy Professionals. https://iapp.org/news/a/european-commission-proposes-significant-reforms-to-gdpr-ai-act NOYB – European Center for Digital Rights. (2025, November 19). *Digital Omnibus: EU Commission wants to wreck core GDPR principles*. https://noyb.eu/en/digital-omnibus-eu-commission-wants-wreck-core-gdpr-principles

Nov 25th, Nov 26th, Nov 27th, Nov 28th, Nov 29th	Omni, Carleton University Library	'Artificial intelligence governance' and 'healthcare' "data" "inequalities" "European Commission AI" "data inequities AI"	6	European Commission. Directorate-General for Health and Food Safety., et al. *Study on the Deployment of AI in Healthcare Final Report.* Publications Office, 2025, https://doi.org/10.2875/2169577. Kwet, M. (2019). Digital colonialism: US empire and the new imperialism in the Global South. *Race & Class*, *60*(4), 3–26. https://doi.org/10.1177/0306396818823172 Abeba Birhane, "Algorithmic Colonization of Africa" (2020) 17:2 *SCRIPTed* 389 https://script-ed.org/?p=3888 Mueller, M. L. (2010). Networks and States: The Global Politics of Internet Governance (1st ed.). MIT Press. https://doi.org/10.7551/mitpress/9780262014595.001.0001 Marchant, G., Tournas, L., & Gutierrez, C. I. (2020). GOVERNING EMERGING TECHNOLOGIES THROUGH SOFT LAW: LESSONS FOR ARTIFICIAL INTELLIGENCE. Jurimetrics (Chicago, Ill.), 61(1), 1–18. Couldry, N., & Mejias, U. A. (2019). *The costs of connection : how data is colonizing human life and appropriating it for capitalism* (1st ed.). Stanford University Press. https://doi.org/10.1515/9781503609754

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Criteria		
	Included	Excluded
Article Type (for Literature Review)	Peer-reviewed journal articles Academic books Reports from international organizations with formal review processes (WHO, OECD, IDRC, AU, UN agencies)	Opinion pieces/op-eds Blog posts Webpage summaries without cited sources
Article Type (for Policy Response)	Government legislation and regulatory documents Government press releases Multilateral policy briefs News reports	Unverified news blogs Anonymous web sources Sponsored content Social media posts
Methodology	Qualitative studies Quantitative studies Discussion Papers	Abstracts without full papers
Geographic Scope	Global (high, middle, and low income countries)	None on a geographic basis
Time Frame	After 2010 (except for a couple of foundational references)	Before 2025

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