**QUESTIONNAIRE**

**Contact Details**

Please provide your contact details in case we need to contact you in connection with this survey. Note that this is optional.

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| --- | --- |
| Type of Stakeholder (please select one) | [ ]  Member State [ ]  Observer State[ ]  Other (please specify) |
| Name of StateName of Survey Respondent |  |
| Email |  |
| Can we attribute responses to this questionnaire to your State publicly\*? \*On OHCHR website, under the section of SR health |  Yes NoComments (if any): |

# Background

Within the framework of Human Rights Council resolution 42/16, the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, has identified digital innovation, technologies and the right to health as one of her priorities during her tenure (See [A/HRC/47/28](https://undocs.org/A/HRC/47/28) paras 78-86). In compliance with her mandate and in line with this priority, she has decided to devote her next thematic report to the Human Rights Council, to be held in June 2023, to this theme.

# Objectives of the report

The Special Rapporteur underlines that technological developments in health care have proven to be an instrumental element in the provision of health care and have improved people’s quality of life. She acknowledges that innovation and digital technologies have improved ability to store, share and analyse health information, increased provider capabilities and enhanced patient access to health-care services, of which some have been instrumental to handling, inter alia, the COVID-19 pandemic.

However, while new technologies and artificial intelligence could transform weak health systems in low-resource settings, there are legitimate concerns about human rights abuses that digital technologies enable in the area of health care, for example on issues related to privacy, equality and autonomy, with greater risks for youth, marginalised people, and criminalised groups.

In the forthcoming report, the Special Rapporteur intends to consider the benefits of increased use of digital technologies in the planning and delivery of health information, services and care, as well as the extent to which digital technologies may open or restrict access to specific groups. She will also focus, inter alia, on the possible positive and negative effects of artificial intelligence, as well as on the effects of the rise of web platforms and social media, on access to health information and services. She will also consider racism, embedded in the global health-care system, which makes digital health-care solutions susceptible to absorbing those same faults.

In so doing, and by adopting the anti-coloniality[[1]](#footnote-1) and anti-racism frameworks, the report will focus on factors that need attention to achieve equitable digital health, which include accessibility, affordability, acceptability and quality, among others.

# Questionnaire

The questionnaire can be downloaded below in English (original language), French and Spanish (unofficial translations). Responses can address some of the questions or all of them, as feasible or preferred.

* Download the questionnaire (WORD): English | Français | Español

# How and where to submit inputs

Inputs may be sent by e-mail by 15 November 2022.

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| --- | --- |
| **E-mail address** | ohchr-srhealth@un.org |
| **E-mail subject line** | Contribution to HRC report - SR right to health |
| **Word limit** | 750 words per question |
| **File formats** | Word or PDF |
| **Accepted languages** | English, French, Spanish |

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# Treatment of inputs/comments received

# Please note that all responses will be published on the official webpage of the Special Rapporteur by default unless it is indicated that the submission and/or the supporting documentation should be kept confidential.

# Key Questions

*You can choose to answer all or some of the questions below. (750 words limit per question).*

1. What are benefits of increased use of digital technologies in the planning and delivery of health information, services and care? Consider the use of digital technologies for healthcare services, the collection and use of health-related data, the rise of social media and mobile phones, and the use of artificial intelligence specifically to plan and deliver healthcare. Please share examples of how such technologies benefited specific groups. How have digital technologies contributed to availability, accessibility, acceptability and quality of healthcare? Has the use of artificial intelligence improved access to health information, services and care? Please comment on existing or emerging biases in health information, services and care.
2. How might the use of digital technologies for health either include or exclude specific groups? What is the benefit or harm to particular groups that face discrimination on the basis of sex, age, gender, poverty, class, nationality, disability and the rural and urban divide, religion, political or other opinion, national or social origin, birth, health or other status. Please share examples of ways in which specific groups of people have been either included or excluded in the collection and use of digital data related to health and how this has affected planning and financing of services.
3. Please share examples of how the use of artificial intelligence in health has improved access for specific populations or reproduced or exacerbated existing inequalities. How have specific populations – including women, gender diverse people, Black and indigenous people, and others – been excluded both in the development and use of artificial intelligence? How has the development and use of artificial intelligence reinforced or exacerbated existing biases? Please share examples of positive steps or inadequate attention to address the need for training, support, and involvement of underrepresented groups in the development of new technologies.
4. How has the rise of web platforms and social media increased access to health information and services, or conversely, increased risk of misdiagnosis or other harms? Please share examples of ways in which social media and web platforms facilitated innovation in access to evidence-based health information and services, or created new threats of discrimination, mental health harms, or online or offline violence.
5. How has the right to privacy been impacted by the use of digital technologies for health? Please share examples of ways in which data gathered from digital technologies have been used by States, commercial entities or other third parties to either benefit or harm groups regarding the right to health.
6. What are current strengths or weaknesses of digital health governance at national, regional and global levels? Please provide examples of laws, regulations or other safeguards that that have been put in place to protect and fulfil the rights to health, privacy, and confidentiality within the use of digital technologies for health? Do restrictive laws or law enforcement create any specific challenges for persons using digital technologies to access health information or services?
7. What steps have been taken by Governments, commercial entities or third parties to uphold the rights to privacy, confidentiality, non-discrimination and equality in the development and use of digital technologies for health? Please share examples of where meaningful public consultations and participation were included in the development of the adoption of laws, policies and strategies developing digital technologies in the area of health.
1. Coloniality is a concept coined by Walter Mignolo around 1995, refers to the living legacies of European colonialism in social orders and knowledge systems, which created racial hierarchies that enable the social discrimination that has outlived formal colonialism. See A/HRC/47/28 para 9. [↑](#footnote-ref-1)