

PS 2.1



| BACKGROUND

Al and other innovative technologies are increasingly integrated into the fabric of society, including healthcare, finance, education, and law enforcement. If these systems are not developed and deployed with equity in mind, they risk being used by only by elites in societies and/or perpetuating and even exacerbating existing biases and inequalities. Those who could benefit most from digital health tools and interventions, like persons from low socio-economic strata, vulnerable or marginalized communities, older adults, people with disabilities, and those from rural communities, are often the ones with limited or no digital literacy. By ensuring equity in health technologies, we can mitigate these risks and even promote fairer, more just outcomes across different sectors of society.

Moreover, an equitable environment fosters trust and acceptance among diverse populations. By addressing the needs and concerns of marginalized communities and including them in technology development for their benefit, we can create systems that are more relevant and beneficial to a wider audience.

Thus, there is both promise and worry ahead as the use of health technologies spreads throughout the world. For example, in developing countries, where rural areas grapple with severe shortages of skilled healthcare providers, health technology holds transformative potential. It not only amplifies remote access to physicians and healthcare services but also presents a cost-effective and equitable solution. Adoption of technologies by vulnerable populations also significantly increase and democratize access to new capabilities and expertise. But this will only come if we purposively make it happen. Currently, the digital divide is wide and highly prejudiced. UNICEF estimates that only one in 20 school-age children from low-income countries has internet access at home, while nearly nine in ten from high-income countries do.[1] We must bridge these divides by providing the necessary infrastructure, education, and resources to ensure that benefits are widely distributed.

[1] How many children and young people have internet access at home? Estimating digital connectivity during the COVID-19 pandemic". UNICEF, 2020.

| OBJECTIVES

The objective of this session is to present and examine global examples of health technologies and biases and disparities in their design/implementation and how experts and communities – always a necessary collaboration - are working together to solve them.





Panelist

Osama Manzar

Director and Founder

Digital Empowerment Foundation India

Osama Manzar works at the cusp of Rights, Access and Meaningful Connectivity. He is a Senior Ashoka Fellow, British Chevening Scholar, International Visitors Leadership Program Fellow of US State Department and an Advisor to Women in Digital Economy Fund (WiDEF).

After half a decade of stint in tech journalism, he founded Digital Empowerment Foundation in 2002 working on "access to rights and rights to access" ending up digitally empowering more than 35 million people till date through establishing more than 2000 digital centres run by as many info-preneurs or Soochnapreneurs.

He was instrumental in several policies and impact activities like India's National Digital Literacy Mission, co-creation of Common Service Centres, banning FreeBasics in India, liberalising ISP licensing through PM-WANI in India, and initiated fight against misinformation at a village level and institutionalised the same having created a cadre of more than 500 women fact checkers across rural India.

He has been on the boards and advisories of Women in Digital Economy Fund (WiDEF), APC, World Summit Awards, GNI, Barefoot College, and profiled by The Hindu as "the man who travelled more than 10,000 villages".

He writes regular columns in Mint at Livemint.com and has co-authored more than 20 titles, including Internet Economy of India and NetChakra.

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