Global Digital Justice Forum's Submission on the World Health Organization's (WHO) draft Global Strategy on Digital Health

We, the members of the Global Digital Justice Forum (GDJF), appreciate the timely draft of the Global Strategy on Digital Health (GSDH) 2028–33, and echo its support for digital transformation as a determinant of universal health coverage, security and equity. But adoption must be accompanied with a bottom-up material transformation of health systems, which requires accountable governance and effective transnational cooperation. We propose below a new principle for GSDH, and key priority actions to realise it:

Principle: Advance shared public value in digital health futures

The design and governance of digital health systems must advance shared public value through norms and rights that preserve patient autonomy (especially of vulnerable individuals), enfranchise workers, and institute guardrails against private-value capture of public digital assets. Health data governance, consequently, must be rooted in a techno-legal framework that recognizes individual autonomy and societal rights, for everyone's well-being.

Priority actions for this principle: Minimise and mitigate harms, while preventing private value enclosures

1. **Build public control and accountability over digital health assets to encourage socially beneficial innovation:** From data exchanges to digital goods and infrastructures, the GSDH should support public financing, governance, and regulation of health technologies to prevent individual and collective harm, for instance, in safety-critical applications like mental health chatbots. Mitigation measures that capture, record, report, and address grievances and harms must also be pursued. Technical interoperability and portability should be complemented with purpose-linked, social licensing conditionalities for equitable benefit-sharing.
2. **Promote decentralization as core to resilient Digital Public Infrastructure (DPIs) and health information systems:** The Covid-19 pandemic shows us that centralized digital health systems and infrastructures produce poor outcomes at the last mile. For DPIs to deliver on the right to health, system architectures must enable bottom-up monitoring and tracking, distributed decision-making, local adaptability, and meaningful agency for frontline providers.
3. **Recognise market regulation of digital health Public-Private Partnerships (PPPs) as a non-negotiable for equity:** The GSDH's support for PPPs should be counter-balanced with explicit procurement standards that enable value sharing, prevent vendor lock-ins, and prohibit opaque pricing — through design requirements and/or legal-institutional governance. The GSDH must also engage with commercial determinants of public health, especially the direct and indirect risks posed by extractive digital and AI supply chains.
4. **Underscore empowerment of frontline health workers as core to effective digital transformation:** The draft's focus on capacity-building of community health workers (CHWs) and medical professionals is welcome, but digitalization can also erode worker agency and accentuate precarity. The GSDH should pursue a dedicated line of action for dignified labor standards and meaningful worker participation across the 'stack', and adopt a clear subsidiarity principle to support local capabilities. This should also include impact assessments of workload, autonomy, surveillance, accountability, and decision-making.