C20 Intervention during the G20 Digital Economy Taskforce Dialogue on Trustworthy AI in Pandemic Response

Delivered by:

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Questions for panelists to reflect on:

- What are examples of AI-based technologies and solutions that are employed in pandemic responses (e.g. health, social-distancing, supply of critical goods, etc.), in particular in the current COVID-19 pandemic?
- What are the key challenges that arise as a result of these applications?
- Where is the need for government intervention with regards to the application of AI in pandemics response to address these challenges?
- What role should governments play to address these challenges and ensure that AI is trustworthy?

C20 Intervention:
During these extraordinary times, we acknowledge that AI could play a role in different aspects of the health response. However, there are several challenges that must be addressed by governments first:

Firstly, there is an existing digital divide that will not be overcome during the pandemic. AI cannot be a substitute for the essential investments in health systems that all countries need to respond to the COVID-19 pandemic, especially in low- and middle-income countries. For example, digital proximity tracking only assists contact tracing and can only be effective when fully integrated into an existing public health system which includes health service personnel, testing services and manual contact tracing infrastructure. It also relies on a majority of a country's population adopting the technology, which requires smartphones or other appropriate devices and internet access. Reliance on digital proximity tracking for contact tracing, to the exclusion of traditional approaches, will reduce

access to essential services for marginalised populations, especially the elderly and people living in poverty.

Second, AI cannot be used to expand the surveillance powers of governments in the name of fighting a pandemic. Expansive use of digital powers to undermine basic rights, whether privacy, freedom of expression or freedom of association, will both undermine the public health response and reduce trust in government intervention to address the pandemic. As per WHO guidance, to prevent the blurring of lines between disease surveillance and population surveillance, there is a need for regulation, laws, policies and oversight mechanisms to place strict limits on the use of data, for example that gathered through digital proximity tracking technologies, and on any research that uses the data generated by such technologies.

Third, the use of AI for health could have a disproportionately harmful impact on marginalised populations. Respect for human rights - and the rights to privacy and confidentiality in particular - is so vital. The pandemic response must learn from other diseases, like HIV, where data privacy and security is central to all efforts to find and treat people. This is critical because we know that the misuse of personal health data and data breaches lead to stigma, discrimination and marginalisation, which in turn severely hinder the public health response because levels of confidence and trust will determine the level of uptake, which must be voluntary and informed.

Fourth, there must be strict limitations on the use of data for purposes that go beyond addressing legitimate public health concerns in the pandemic. Many governments do not have adequate data protection laws or data protection authorities. Without such legal frameworks and protections, both governments and companies could make unfettered use of data that could lead to exploitation, including commercial exploitation, of populations who did not provide consent. These issues are not new. People are afraid their data will not be protected and that it may be held outside of their country, and rightly so, it was the same with Ebola and blood samples flown around the world.

Fifth, development and introduction of AI technologies must consider access and affordability for all. AI technologies will only improve with more data and the populations that provide that data must be the beneficiaries of the improved models. This must learn from the mistakes of clinical trials over time, whereby the populations that often provide the samples and enable breakthrough medical commodities to exist are then priced out of the final product. Any technology for pandemic response, such as AI for reading chest X-rays, must consider building the health system, which means an accessible and affordable product now and for the long term, including service, maintenance and licensing contracts.
These challenges must be dealt with before introducing and using AI technologies during a pandemic. Governments must have legislation in place that ensures all protections and safeguards can be enforced properly. Governments must ensure that all human rights protections are put in place and can be enforced, including through independent oversight of both the government and of companies that use such technologies.

A health systems and rights-based approach must also look beyond COVID-19. For example, apps that ask a simple yes-no about COVID-19 would miss a huge opportunity to build in other algorithms to ask if not COVID-19, what is causing those symptoms? This could open the doors for increases in diagnosis for tuberculosis which has many of the same symptoms, or to identify new malaria hotspots. Similarly, AI reading of chest X-rays, which is already being used as a quick and inexpensive screening tool, will be useful for COVID-19 but also to increase access to diagnosis for diseases like TB among those who are currently missed by the health system.

Technology can make a real difference in the pandemic and beyond, but it must be used responsibly, within the public interest, with legal safeguards in place and a duty of care and diligence by all those who exercise its use.