STANFORD
CENTER FOR
DIGITAL HEALTH

AI for Health in Low- and Middle-Income Countries

STANFORD CENTER FOR DIGITAL HEALTH ROUNDTABLE DISCUSSION, 22 APRIL, 2025

Gates Foundation

The ROCKEFELLER FOUNDATION

Google.org

GiveWell

CLINTON HEALTH ACCESS INITIATIVE

Stanford University

MULAGO

AH ADVANCING HEALTH ONLINE

CARNEGIE ENDOWMENT FOR INTERNATIONAL PEACE

BAY AREA Global Health ALLIANCE

The Agency Fund

UNDP

Introduction

Building on the publication in March 2025 of a white paper scoping the use of generative AI (GenAI) for health in low- and middle-income countries (LMICs), the Stanford Center for Digital Health (CDH) convened a roundtable of experts from academia, public health, tech development and funding institutions to further explore the role AI can play in strengthening LMIC health systems. Set against the challenging backdrop of declining overseas development assistance and overburdened healthcare systems, this convening aimed to distill actionable insights for funders and implementers alike.

Throughout the discussion, many points of alignment emerged, including the need for bold, ambitious action rather than relying solely on incremental improvement; pragmatic integration with existing systems over tech for its own sake; and transparency and coordination between funding and implementing organizations. A particular focus of the roundtable was the need for practical evaluation frameworks, to enable funders to ground investment decisions on robust evidence of impact and scalability.

Participants represented the following organizations: Gates Foundation; Rockefeller Foundation; Google.org; GiveWell; Clinton Health Access Initiative; Mulago; Advancing Health Online; Carnegie Endowment for International Peace; Bay Area Global Health Alliance; Agency Fund; UNDP; and Stanford University. Views expressed during the discussion and in this report do not represent the position of any one organization.

Key Take-Aways

Participants identified common challenges faced by funders that could benefit from shared solutions. These include:

1. **ESTABLISH COMMON WAYS TO MEASURE KEY ASPECTS OF AI INFRASTRUCTURE, WITH A FOCUS ON INCLUSIVITY.**

   Representative language and health-use-case data: Invest in shared benchmarks across languages and health use cases. Develop datasets for under-resourced languages, with a focus on health-specific language data and optimizing audio and transcription capabilities.

   Establish shared real-world benchmarks: Define performance expectations based on users' access to care, health literacy, and device usage.

   Taxonomy and measurement of harms: Develop a typology of potential harms arising from the implementation of AI-based health interventions in LMICs and pragmatic, ongoing measurement methodologies. CDH's taxonomy of harms for youth users of social media provides a model.

2. **ESTABLISH CLEARER PATHS FOR SUSTAINABLE FUNDING.**

   Align with government requirements: Understand how LMIC governments make investment decisions, and ensure funded projects can generate the data to inform these decisions. As part of this process, consider investments in general digital transformation initiatives (vs. solely sector- or issue-specific ones).

   Identify high-ROI measurement opportunities: Identify areas of large existing investment (e.g. government or private-sector AI efforts) that lack evaluation, and ensure evaluation for these projects is funded.

3. **IMPLEMENT ITERATIVE PRODUCT DEVELOPMENT AND PRAGMATIC, PHASED EVALUATION PROCESSES.**

   Define a standardized evaluation framework, with metrics tailored to each phase of product development, and measure how often it is followed: Match timing of evaluation with the pace of tech innovation—prioritize fast, iterative metrics early, and shift to outcome-based metrics as solutions scale.

   Increase technical capacity for product development and evaluation: Establish mechanisms of consulting support for key product development functions (analytics, user research, engineering, product management, safety and red-teaming) and stronger communities of practice for implementers and funders.

   Embed evaluation in funding models: Recommend that project proposals allocate a portion of awarded funding to integrated measurement and research.

4. **FACILITATE FASTER ACTIONABLE RESEARCH TO INFORM FUNDER DECISIONS.**

   Prioritize research questions: Publish and maintain a list of research questions considered most pressing by funders, and share with grantees and research teams.

   Streamline ethical review: Develop a standardized checklist for IRB review of AI health tools; clarify what requires ethical review and when.

5. **SHARE FUNDER LEARNINGS AND FACILITATE ONGOING COLLABORATION.**

   Define funding principles: Establish shared principles for how investment decisions are made.

   Establish funder community-of-practice: Establish a regular set of convenings for funders (similar to the roundtable) to share learnings and coordinate on areas of shared need.

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