

THE 'PROVERBIAL' BLACK BOX THAT IS ETHICS OF AI IN GLOBAL HEALTH RESEARCH: ARE KENYAN RECS WELL EQUIPPED?

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ISSUE:

- Lack of adequate regulatory and policy frameworks for integrating artificial intelligence (AI) in research in low and middle-income countries.
- All these regulations and guidelines give minimal attention directly to the use of AI in global health research.

FOCUS:

- Data Protection Act (DPA), 2019
- National Ethical Guidelines for Biomedical Research Act No. 28, 2020 (NEGBMRA)

Governance and Ethics: Are there regulations and ethical frameworks in place to implement AI in a way that builds trust and legitimacy?

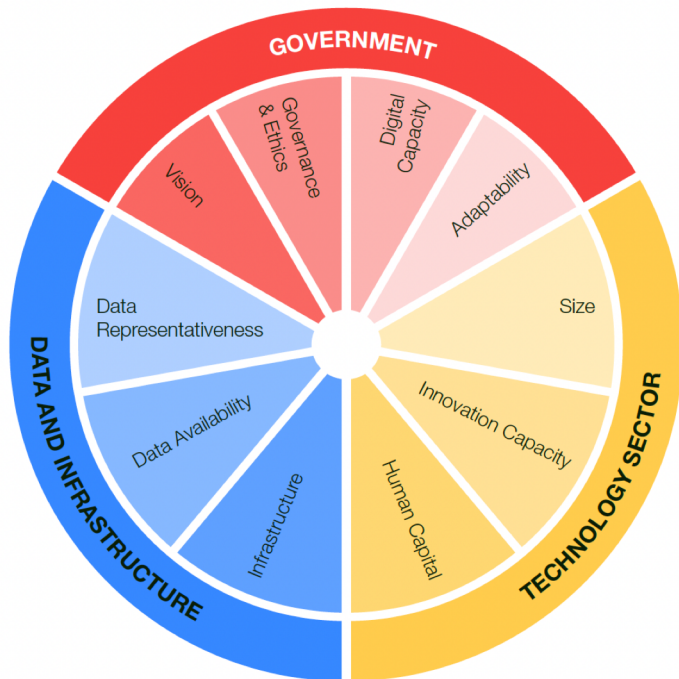
The World's Average AI readiness index is 47.72

First three countries in the world:

USA- 88.16

Singapore- 82.46

United Kingdom- 81.25



- Readiness to uptake AI, Kenya ranks third in Sub-Sahara Africa with a score of 45.5%.
- With Mauritius at 52.71, and South Africa at 48.24
- With this high score in readiness, there's a lack of adequate AI review.





DPA

Section 28-30 - permits the collection of data through consent.

Regulatory gap:

How is the data already collected used and stored for research?



DPA

Section 35 permits the collection of data through consent for any collection of automated data, or profiling and the data participant is notified.

Regulatory gap: How will informed consent be sought when it comes to research in AI?

DPA

Section 48 and 49 permits the transfer of data outside the country.

Regulatory gap: How will ongoing respect for participants be upheld?

NGEMBR

Mention AI only once in the guidelines with very little guidance on how to review AI research.





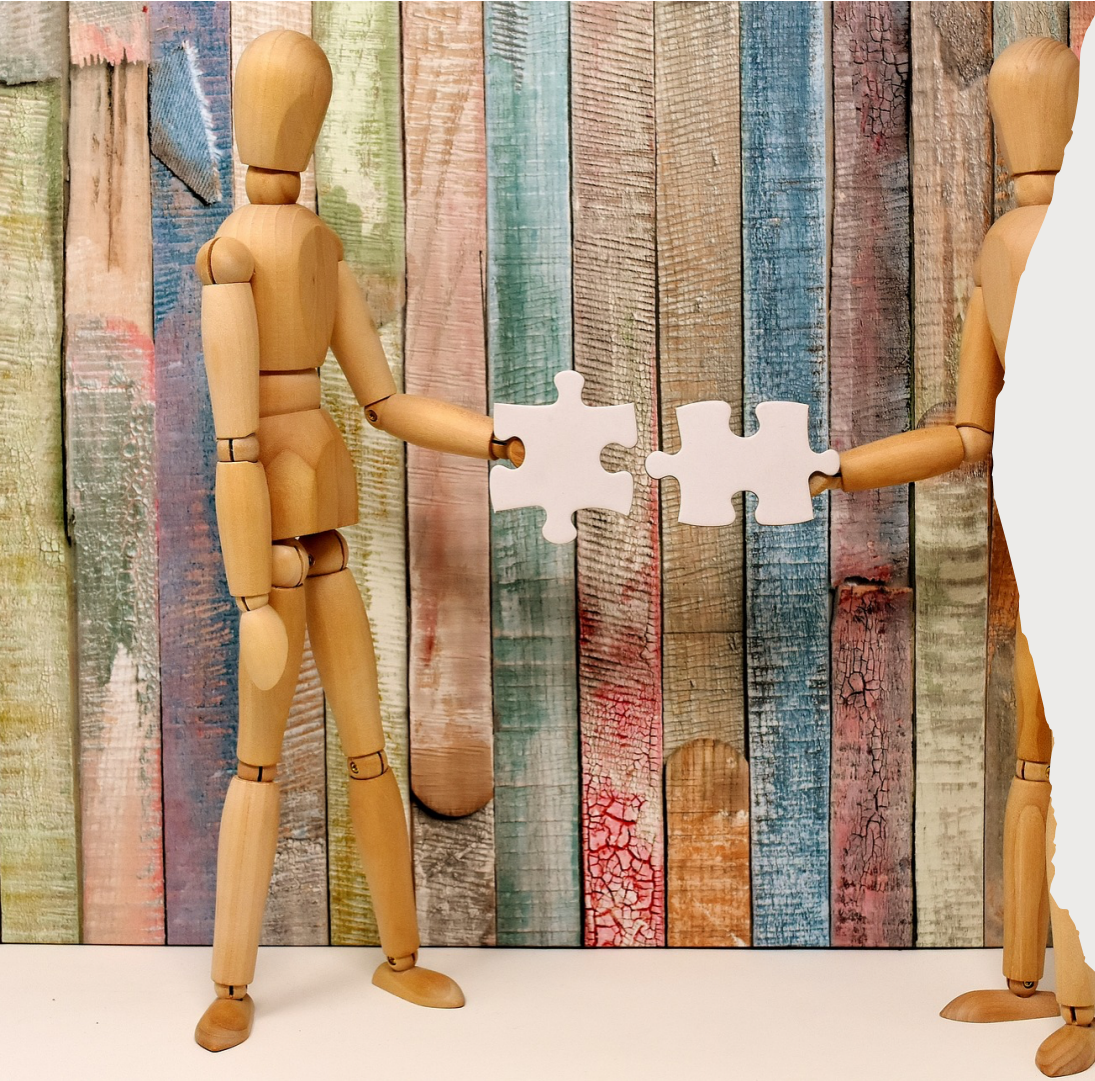
RECOMMENDATIONS

Community Engagement

- Inclusion of African communitarian philosophies, community consultation, and gathering feedback in understanding the Algorithmic Impact Assessment.

Outcome: Review of community engagement in proposals. To incorporate community desires and public concerns.





Collaborative Partnerships

- Establishment of ad hoc committees to conduct inclusive stakeholder engagement of research communities, and government experts in AI research in global health care.

Outcome: Submission and review of data-sharing agreements among all stakeholders.



Social Value

- Who are the beneficiaries?
- Justification for inclusion of vulnerable groups.

Outcome: RECs can look at algorithmic impact evaluation reports on the impact of the use of AI in healthcare when in use.

Scientific Validity

- Justification and considerations as to why AI is required for a study.

Outcome: RECs ensure that interventions align with study objectives that may otherwise go beyond. They should be sustainable or feasible.

Fair selection of study population

- Selection needs to be based on scientific importance and not convenience.

Outcome: RECs can offer a checklist of non-bias and non-discriminatory guidelines of what AI research should offer when recruiting.





Favourable risk-benefit ratio

- REC should weigh whether an AI-led study's risks, burdens, or benefits are needed.

Outcome: RECs need not only look at the stigma, and physical or psychological harm BUT also the harm caused by algorithmic bias.

Ethical review of an Algorithmic Impact Assessment.



Independent review

- Reviews by RECs should be independent of public or private deployers of AI

Outcome: The inclusion of an ad hoc AI consultancy expert may be brought in during the review.

Informed consent

- New aspects and levels of effective consenting, risks, and privacy issues in research involving AI are required.

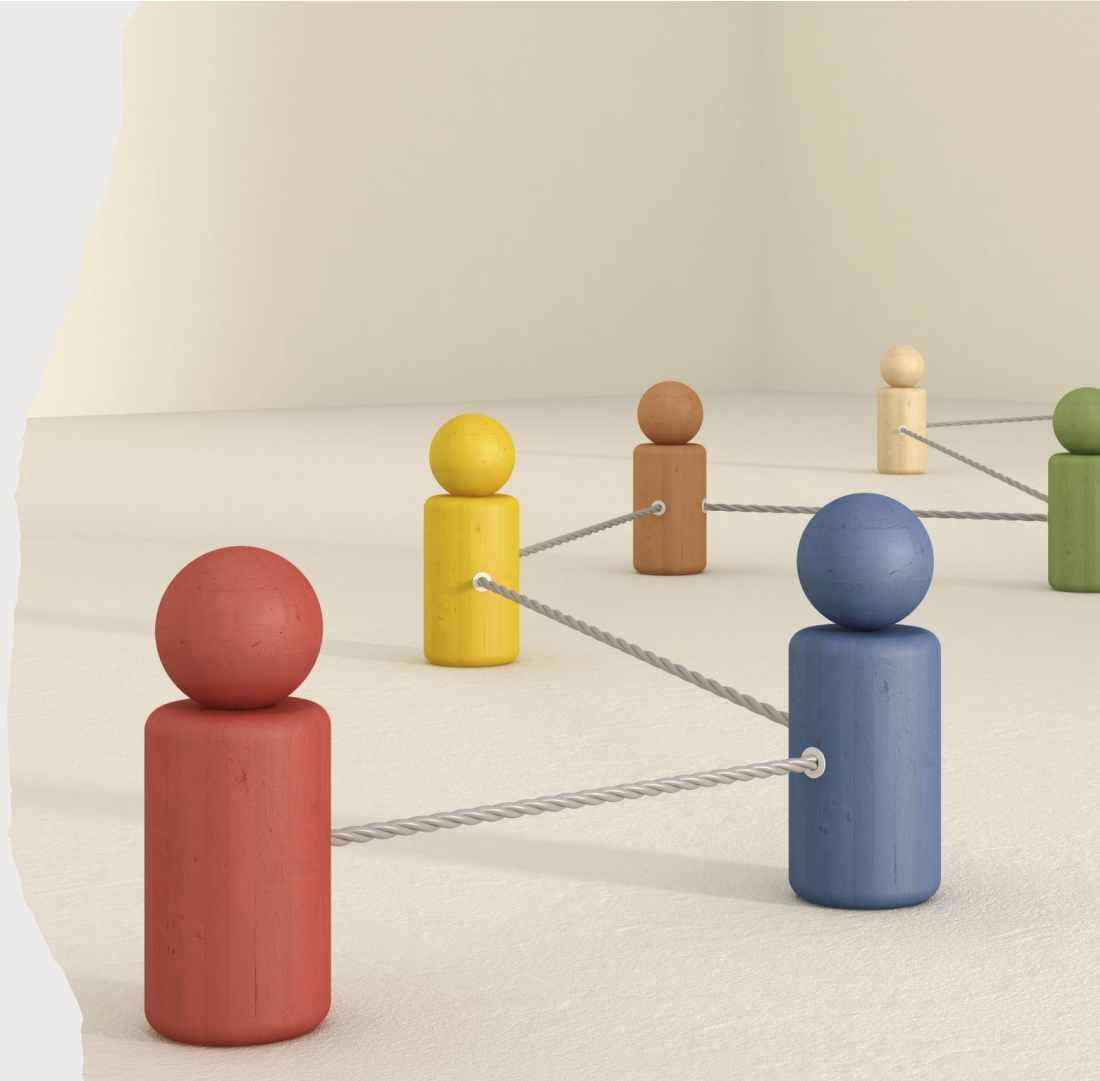
Outcome: RECs informed consent forms for AI use in healthcare closely resemble user agreements where necessary that are short, simple and concise.

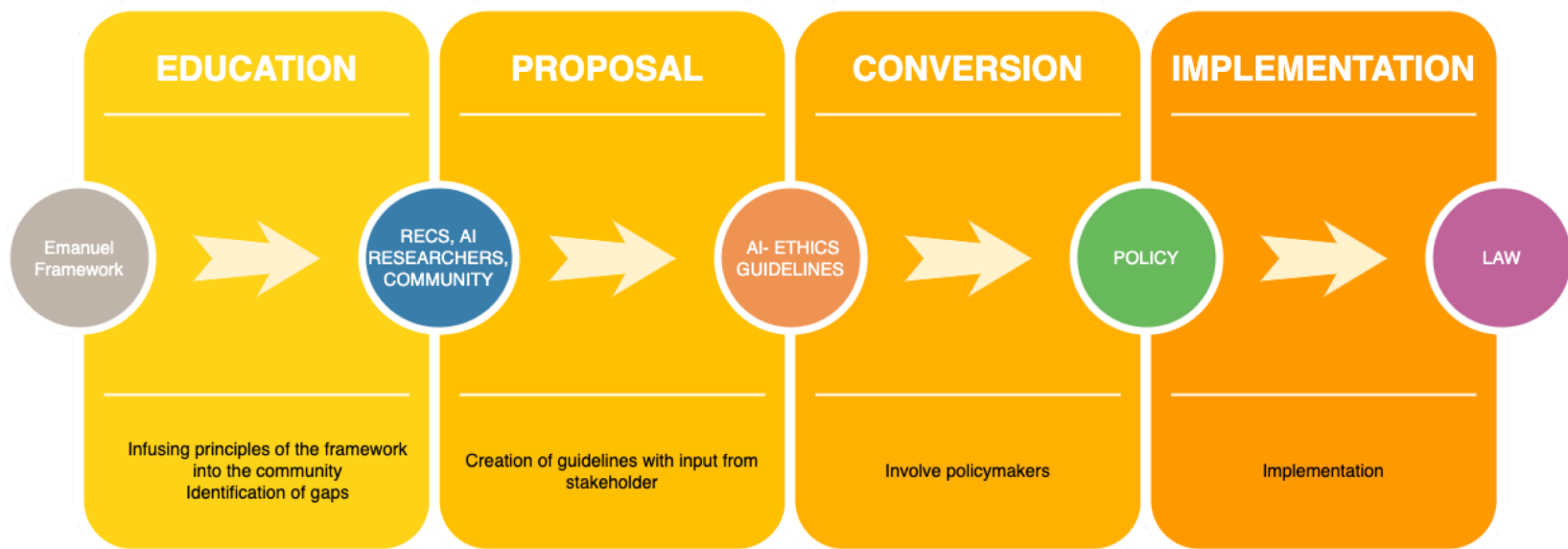
RECs should draft transparency requirements from AI health-based research proposals

*Ongoing respect of
participants and
communities*

- Dissemination, utilisation of results and monitoring and evaluation are required

**Outcome: RECs create
an AIA model template
that focuses on the
impacts of AI and
whether they will be
ongoing, reversible,
short-term, or
perpetual.**







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