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Ethical and legal challenges of AI in healthcare: A global perspective

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Abstract
The healthcare industry faces difficulties as a result of declining healthcare staff and an increase in chronic illnesses that are getting worse as a result of changes in the population and epidemiology. Artificial Intelligence (AI)--based digital health interventions are being considered as some of the possible answers to these problems. Examining the ethical conundrums that arise when AI is implemented in the healthcare industry has been the main focus of the following study. Many kinds of legal and ethical issues have been raised by Artificial Intelligence (AI) for society, such as security and surveillance, discrimination and prejudice, and the potential philosophical dilemma of the place of human judgement in society. This study examines the AI governance structures and health data being created or used by Global Digital Health Partnership (GDHP) member countries that have been granted permission. Scoping reviews of scholarly publications and thematic evaluations of policy papers released by certain GDHP member nations were used to gather data. Semi-structured conversations with significant senior policymakers from GDHP member countries were conducted to explore their interactions with AI-driven healthcare technology and related regulations. The results of the literature analysis and information gathering were utilised to guide these interviews. In addition, experts in international health and technology participated in a focus group discussion regarding the issues and proposed recommendations for policy. The policy recommendations were based on the pooled research findings. The study stresses the need for collaboration between computer scientists and clinicians to successfully utilise AI. Lastly, the study makes a compelling case for the need for healthcare ethics training for IT workers as well as medical and healthcare staff. International organisations and initiatives, like those that share practical tactics and offer tools for exploiting AI-driven technology in healthcare, are important contributors to the global conversation.

Keywords: Healthcare, ethics, empirical research, ai-driven technologies, semi-structured, global digital health partnership (GDHP), professionals working, GDHP member, ai governance, international collaboration, challenges

Introduction
The use of statistical analysis in healthcare could be extremely helpful for physicians, patients, and other healthcare workers. Based on empirical data, analytical techniques categorised as Artificial Intelligence (AI) may be able to recognise new drugs, forecast hospital readmissions, and spot pathology in medical imaging [1]. However, the safety and ethical issues brought up by the use of AI in healthcare must be addressed by efficient governance systems (policy, [2], ethical standards, [2], assessment, and regulation). Safety issues may surface when AI systems are used in frontline medical care and implemented in the real world because of the systems' unpredictability behaviours in different environments, [1, 2], the unknowable relationships that exist between humans and computers, [3], the uncertainty surrounding liability and responsibility, or the staff's lack of preparedness or training. Worries regarding the morality of AI systems [2, 3].
The healthcare sector is currently coping with a lot of global rather than regional problems, like a shortage of skilled staff and difficulties in managing chronic illnesses. It is projected that the world's health workforce will need to grow to an unprecedented degree as a result of growing populations and growing economies [3]. Chronic Non-Communicable Disorders (NCDs), which impact millions of people annually, are thought to be the leading cause of death globally, responsible for about 73% of all fatalities. Changes in the growth of population size and epidemiological are exacerbating the existing scarcity of healthcare providers [3, 4]. Healthcare delivery strategies must adapt to satisfy the needs of the people

due to the ageing population and growth in NCDs in High-Income Countries (HICs) and Middle-Income Countries (LMICs), particularly in the areas of medical therapy and community care. Globally, [3, 5], nations are beginning to recognise that, in addition to utilising the enormous possibilities of digital technology, [4], their health systems must be built on core models of care that incorporate preventative and rehabilitative therapies in order to meet the ever-increasing demands of their people [5].

Artificial Intelligence (AI) based digital health solutions have been shown to bridge these gaps in the healthcare sector. Artificial Intelligence (AI) is described as "the ability of a robot controlled through an electronic device or programme written in computer to execute activities commonly associated with intelligent human beings" [5] by the Encyclopaedia Britannica. Machine Learning (ML) is a subclass of Artificial Intelligence (AI) that uses methods educated on data to build modelling that can execute such sophisticated operations. While AI refers to computational software that models the way the human brain functions to do sophisticated tasks like investigation, reasoning, and learning. ML is more than AI [4, 5]. Health systems generate a significant amount of data, and significant advancements in computer technology are responsible for an increasing interest in the use of Artificial Intelligence (AI) [5, 6]. AI is rapidly revolutionising or altering the current healthcare delivery system. It accomplishes this by automation administrative tasks that improve clinical decision-making using data to support diagnoses and by speedily reviewing huge volumes of health data to recommend potential remedies [6]. It has been shown that applying AI in healthcare boosts patient outcomes and medical personnel well-being [6].

Remember, however, that technologies related to artificial intelligence, or AI, stay in their infancy, and as such, a variety of stakeholders—from academics and developers to regulatory bodies—need to be informed about the most recent advancements in the field. The most significant of all these actors are regulatory bodies [7], since Artificial Intelligence (AI) platforms in the healthcare industry make critical decisions that directly impact people's well-being, health, and security [6, 7], and regulations aim to prevent errors or malfunctions that might place patients at danger. A foundation for the ethical use of AI in healthcare is also provided by regulations [7]. Consent, confidentiality of patient data, and the appropriate handling of sensitive medical information are among the subjects they address [6]. Without proper guidelines, individual medical data could be exploited or accessed without permission.

Standardising is an additional crucial element [7, 8]. Regulations help to set standard standards and regulations for Artificial Intelligence (AI) utilises in healthcare, enabling smooth exchange of information and cooperation within the health care system [8]. They also encourage compatibility and interoperability between different systems. Additionally, regulations can foster trust among the general public, healthcare professionals, and patients [5, 7]. When people understand that AI systems follow established conventions, their confidence in their dependability and effectiveness may increase [8].

Artificial Intelligence (AI) is the ability of a machine to mimic human intellectual functions, such as reasoning, decision-making, generalisation, and learning from prior experiences [9, 10], in hopes of accomplishing goals without first having specific behaviours specifically designed into it. Artificial Intelligence (AI) is defined as machine-generated intelligence, compared to the intelligence possessed by humans or other living things [10, 11]. As a result, the fields of computer science, machine learning, and the processing of natural languages may be included in the definition of Artificial Intelligence (AI). These fields have applications in almost every aspect of healthcare and have the potential to improve biomedical research, medical schooling, and healthcare delivery [11]. In situations where robots can learn and analyse similarly to human cognitive processes, Artificial Intelligence (AI) can be useful in helping with precise diagnosis, issue resolution, and prudent decision-making [11].

The potential for new technology to result in breaches of data or errors is worrying when contrasted to its deployment. When someone makes a mistake in a high-risk medical setting, the results can be disastrous for them. It is critical to remember that individuals engage with physicians at times in their lives when they are most vulnerable [11, 12]. When used appropriately, this kind of AI-clinician collaboration- which provides the doctor with assistance for treatment based on evidence and medical decision-making be beneficial (AI-Health) [11]. In the areas of diagnosis, medication creation, epidemiology, individualised treatment, and operational efficiency, it can offer healthcare services [12, 13]. But as they note, a strong governance system is necessary to safeguard individuals from danger, particularly harm brought on by unethical behaviour, if AI-based technologies are to be employed in medical practice [13].

There are several reasons why the healthcare industry is investing more in data protection and using AI more frequently, which could change the system. Researchers predict that the application of AI [13] will improve the effectiveness as well as effectiveness of the healthcare sector. The AI relay, for example, might enhance cancer diagnosis. Furthermore, the technological relay will lower costs and improve the quality of services rendered [13, 14]. The most current Covid-19 pandemic served as evidence of both the growing number of access to healthcare services and the rising usage of telemedicine. The Organisation for the Cooperation and Development of Nations has released a new assessment [14] that labels the health care industry as inefficient because of waste. This brought up the application of AI to health system management and programme redesign. Several researchers have shown that the application of AI will greatly enhance clinical decision making. In the healthcare sector, Artificial Intelligence (AI) has emerged as one of the most contentious uses of modern technology [13, 14].

2. Ethical Challenges

As the previous section indicates, using AI to clinical practice within the health sector has enormous potential to improve it, [14], but it also presents ethical issues that I will now discuss.

2.1 Consent to Use with Knowledge

Health AI applications in medical imaging, diagnosis, and surgery will alter the dynamic between the patient and the practitioner. But how will the use of AI to enhance patient care connect with the notions of informed consent [14, 15]? Despite the fact that one of the largest challenges to

integrating AI into clinical practice will be acquiring informed permission [15], this pressing issue has not received enough attention in the realm of ethics (Informed collaboration to train AI is a different issue that this paper will not cover here).

2.2 Security and Transparency

One of the main issues facing AI healthcare is safety. IBM's Watson programme for Oncology is a well-known example of this, as it employs AI algorithms for assessing data from patient medical records and assisting doctors in recommending treatments for patients [15]. However, it has been under criticism recently for allegedly prescribing "unsafe and incorrect" cancer treatment advice. It appears that there was an issue with Watson for Oncology during training. The computer software was trained on a limited number of "synthetic" cancer cases—those made by doctors at Memorial Sloane Kettering's (MSK) Cancer Centre—instead of real patient data [15, 16].

2.3 Biases and Fairness in Algorithms

Artificial Intelligence (AI) holds promise for enhancing healthcare by promoting democratic knowledge, "globalising," and distributing it to both affluent and distant areas [16]. However, the quality of the data they use for training is the only factor that determines the effectiveness, efficiency, and equity of both human-trained and AI-developed techniques. Thus, prejudice and exclusion are possible with AI [16, 17]. Because of this, individuals who create AI must understand this danger and take steps to reduce any potential biases throughout the whole process of developing new products [17]. When choosing which machine learning in general techniques and technologies to employ to train an algorithm and which datasets (taking into account their quality and variety) to utilise for computer programming, it is important to carefully assess the possibility of biases [15, 16].

2.4 Data Privacy

In July 2017, the UK's Data Commissioner's Office (ICO) declared that the charitable organisation Royal Free NHS Foundations Trust had breached the UK Data Protection Act of 1998 by providing Google DeepMind with access to around 1.6 million patients' data. Data sharing occurred about the app "Streams," which is intended to help identify and diagnose acute renal injury [17, 18]. However, patients were not given complete information about how the test handled their data. Information Commissioner Elizabeth Denham correctly pointed out that [18] "Essential Rights Regarding Privacy do not have to be surrendered as a price of development."

3. Legal Challenges

We now focus on issues more directly tied to the legal system, even though the distinction we make between the two is intrinsically sacred [18, 19]. Many of the moral dilemmas discussed above have legal ramifications or solutions.

3.1 Efficiency and Safety

As we've just discussed, AIS must be both effective and safe. Stakeholders who guarantee the authenticity and trustworthiness of the datasets [18], update the software often, and communicate openly and honestly about any systemic issues, including data biases [18, 19], can help to successfully integrate AI in the clinic. Moreover, adequate regulation is necessary to ensure the effectiveness and safety of AI. The way that this unfolds differs in the US or Europe [19]. What regulations apply to AI in both the US and Europe, then? What are some ways for AI manufacturers to enter the US & European marketplaces? The first step in determining if AI products require evaluation is determining whether they qualify as medical devices [19].

3.1.1 United States

Healthcare supplies in the US and healthcare products are governed by the FDA. The US Federal Food, Drug, and Cosmetics Act (FDCA), Section 201(h) Article 1, defines a medical device as,

"An apparatus, machine, device, mechanism, implant, *in vitro* reagent, or other such or analogous item, including any part, accessories, or component [19],

1. Included in the United States Pharmacopoeia, the official National Formulary, or any supplements thereto [20];
2. Designed for use in the mitigation, avoidance, cure, or treatment of disease in humans or other animals, as well as in making diagnoses of illness or other diseases [19, 20]; or
3. Meant to modify the composition or operation of the human or other animal organism; [20],

Which does not rely on being metabolised to fulfil its major intended goals and which does not accomplish these through chemical activity within or on the body of a person or other animal."

3.2 Liability

Additionally, new AI-based technologies put the existing liability regimes under pressure. It will be essential to developing an ideal liability design that assigns roles [21, 22].

3.2.1 United States

Consider the following scenario: When a clinician adopts treatment advice from an AI-based CDS program, the patient suffers since it is an inaccurate recommendation (meaning it is not one that a clinician without AI would have made) [21, 22]. The doctor would probably be held accountable for medical malpractice in this case [22]. Clinicians are required to treat patients with the appropriate knowledge and consideration; they must deliver treatment that is commensurate with the expectations of pertinent professionals. At present, [22] it appears that doctors could be held responsible even though they sincerely depend on a "black-box" machine-learning algorithm since an artificially intelligent (AI) CDS programme is considered a tool that is supervised by a medical professional who takes the final call [21]. That being said, the doctor maintains command of the ship and sets its trajectory. Should the result be the same as specified in Section 520(o) (1) (E) (iii) of the FDCA if the software feature prohibits the "health care professionals from independently examining the basis for the suggestions that this type of programme offers" [22]? On the other hand, is it feasible that physicians will eventually be expected to use AI-based technology, and that failing to do so may result in legal consequences? Nevertheless, it does not appear that using advanced AI is now part of the acknowledged standards of care [22, 23]. Rather than being forced to follow its suggestions out of fear of a lawsuit, physicians may instead use it as a validation tool to support

current decision-making methods to avoid being held accountable for medical negligence [23].

3.2.2 Europe

Additionally, Europe is not (yet) prepared for the new liability issues that AI-based technologies will provide. As of right now, the EU lacks a completely harmonised legislative framework for responsibility pertaining to AI and robotics, [23], including care & medical robots. Nonetheless, Europe has addressed the issue of culpability in several ways [23].

"Civil Law Rules on Robots: European Parliament resolutions of 16 February 2017, with suggestions to the European Union Commissioners on Civil Law Regulations on Robotics" was the resolution released by the European Parliament on 16 February 2017, marking an enabling first step. Section AB of the resolution addresses what new laws are necessary to define the legal responsibility of different individuals about the repercussions of their behaviour and negligence of robots, in addition to answering additional concerns about whether the current liability standards are adequate. Furthermore, [23, 24] it draws attention to the possibility that the current Council 85/374/EEC directive, also referred to as the Product Liability Directive, might not sufficiently address the most recent advancements in robots (Sec. AH) [24, 25].

3.3 Data Protection and Privacy

Data protection rules that sufficiently safeguard people's privacy, particularly that of patients, are essential in the global era of big data. [24]. In the sections that follow, we will give a summary of relevant laws and court rulings relating to safeguarding data and privacy in the US and Europe.

3.3.1 United States

The primary federal law that safeguards the security of health data is the Health Information Portability and Accountability Act of 1995 (HIPAA) Privacy Rule (45 C.F.R. Part 160 as well as sections A and E of Part 164). About HIPAA's primary coverage of particular medical records created by "regulated entities" or their "commercial operations associates," HIPAA has significant limitations given the state of healthcare today [25]. The term "covering entities" is defined in a way that limits the scope of its application; it often covers insurance firms, insurance services, insurance coverage groups, healthcare clearinghouses, and providers in the healthcare industry [25, 26], but not much more. HIPAA does not cover any health information used to make health results, such as when a pregnancy test is purchased on Amazon [25]. In particular, a significant amount of health data collected by internet giants such as Google, Amazon, IBM, the social network, or Apple [26, 27]—none of which are "covered entities" but are heavily investing in the use of AI in healthcare—will not be protected by HIPAA. Furthermore, when it comes to user-generated health information, HIPAA is not applicable [27]. A Facebook post concerning a sickness, for instance, is not covered by HIPAA.

3.3.2 Europe

The General Privacy Regulation (GDPR—2016/679) [25] went into effect on May 25, 2018 [Article 99(2) of the GDPR], bringing the EU's privacy and data protection laws into the next era.

The GDPR's [Article 1(2)] primary objective is to protect natural persons' right to the privacy of their data. [26, 27]. The "processing of personal data in connection with the company's operations at an establishment of the data controller or a processor" in the EU is covered by Article 2, 3(1) of the GDPR, regardless of whether such processing takes place in an EU member state or a non-EU one, like the US [27, 28]. Furthermore, US enterprises might be impacted by the GDPR [28]. The Regulation applies when a controller or processor is based outside the European Union and looks after the "private information concerning the data participants who reside in the union" for "the providing of products or services" (such as newspapers and connected websites) to those people in the EU for a price or without charge, or for "monitoring" those people's actions. [Article 3(2) GDPR].

4. A Comprehensive Review of Ethical and Legal Challenges of AI

Year	Name	Information	Ref.
2020	Morley, J.	An overview of the studies on the morality of using Artificial Intelligence (AI) in healthcare is provided in this article. This study aims to review current discussions and pinpoint unanswered research concerns. The study topic was backed by a search of five literature databases: how can the main ethical hazards associated with AI health be categorised, and what efforts should policymakers, regulators, and developers do to be "ethically mindful"? Following a series of screening processes that included eliminating papers that addressed digital health in general (e.g., data availability, privacy, monitoring/nudging, ownership, and evidence demonstrating efficacy), 156 articles were included in the review.	[29]
2021	Murphy, K.	The term "fourth industrial revolution" refers to Artificial Intelligence (AI), which is expected to have profound effects on public health, global health, and healthcare. AI-based methods have the potential to enhance global health systems and the health of both individuals and populations. Using the phrases ethics, AI, health, and related terms, eight internet databases searched for peer-reviewed or grey literature published from April 2018. After analysing 12,722 articles, 103 were found to meet the present inclusion standards. The majority of the literature addressed the morality of AI in healthcare, namely concerning precision medicine, carer robots, and diagnostics. However, it said very little about the morality of AI in public & health of the population.	[30]
2020	Sartor, G	The current and potential effects of AI on people, society, & the environment are the same topic that is covered by both AI ethics and AI legislation. Both aim to offer normative direction by putting out guidelines and principles that serve as the foundation for regulating behaviours among people and establishing the limitations, configurations, and features of Artificial Intelligence (AI) systems of society and technology. This essay looks at the ways that ethical and legal guidelines, precepts, and discourses engage artificial intelligence. It takes into account the degree to which the demands of ethics and law may conflict or rather overlap, and it looks at how they might work together in a constructive dialectical tension.	[31]
2019	Davies, S. E.	Every facet of global health is being impacted by artificial intelligence (AI). The prediction, management, and confinement of a worldwide influenza outbreak serve as one illustration of the potential benefits and drawbacks of AI in the field of global health that I address in this essay. The possible benefits are obvious. Artificial intelligence (AI) can support global surveillance of influenza platforms by enhancing organisations' ability to search for novel influenza outbreak types in the appropriate locations, identify populations who are likely to transmit the disease and generate real-time data on the spread of the illness by tracking outbreak events through social media monitoring.	[32]

5. Method

In order to support the successful implementation of digital

health goods or services, the World Health Organisation (WHO) and a group of governments and territories called the GDHP formed in 2018. The National Health Service (NHS) AI Laboratory in England's [33], Strategy and Policy team, which is housed inside NHSX, the health service's technological devices policy arm, led the research under the direction of an Oxford Internet Institute researcher.

The six important codes that were derived from the policy analysis and literature review were used to assess the transcript of the interview. Two researchers in total assessed every interview independently and contrasted their codes [34]. The two researchers talked about a topic until they reached a consensus when they couldn't agree on how to theme a particular phrase or quote. Following a consensus, each conversation's final codes or themes were recorded in a shared spreadsheet [34].

A total of 10 people with backgrounds in technology and healthcare organisations were invited to the focus group. To guarantee representation in relation to the [35] GDHP membership, those GDHP member states that were unable to take part in the interviews were allowed to attend the focus group sessions. 6 individuals in all attended the focus group, including GDHP in Canada, Estonia, and India [34, 35]. Two discussion groups with two researchers in each were formed from the participants [35]. The discussion was steered by the four themes that were previously identified. The reading of sentences outlining each subject and its supporting evidence was followed by topic-related questions meant to encourage discussion among the participants. Since the focus group was held virtually, Google Slides was used to present these statements and questions on the screen [35].

6. Data Analysis

As previously mentioned, four primary areas were identified by the results of the semi-structured conversations and focus groups where international cooperation would be beneficial: leadership and oversight [34], an ecosystems approach, standards & regulation processes, and public and stakeholder engagement [34, 35]. Notably, as the interview guide clarifies, we anticipated that the COVID-19 pandemic will impact the development of AI and data policies in GDHP member states. Nonetheless, this subject was barely touched upon, given the amount of attention the pandemic has (Necessarily) garnered during the preceding two years [35].

6.1 Development of Use Cases and Business

Even with demand signals, developers of AI-driven solutions (The supply) may not be aware of the locations with the greatest need for healthcare (The demand) because they are typically not included in national healthcare systems [35]. Thus, it is the duty of national governments or international consortiums to precisely define the requirements of the international, national, and local healthcare systems so that AI-driven technologies may optimise their benefits [36].

6.2 Design Phase

Hard governance systems, such as internationally recognised norms and laws, are required because AI-driven healthcare technologies can present serious dangers to patient safety [35]. The elements of the AI cycle that call for stricter regulation sparked intense debates among the study participants [35, 36]. They concurred that because of the special characteristics of AI-driven technology, new laws should be restricted and should only be adopted if the existing regulations governing medical devices are deemed unsuitable for the intended use [35].

6.3 Training and Obtaining Test Data

Enough data that is representative of the target population, of a suitable size, and of appropriate quality are needed to train AI algorithms. In order to combine data accessible at the national level (or region if more suitable) [36], nations must first make sure that the right policies and laws are in place for exchanging and connecting data amongst frequently dissimilar systems. In addition to established procedures for extracting data from this environment as well as performing analysis within it, a suitably secure environment for keeping data is necessary [36, 37].

6.4 Building

Difficulties in putting research into practice (i.e., applying Artificial Intelligence (AI) models from a lab to clinical settings) frustrated participants from all over the GDHP [36]. The challenges were inadequate financial resources, insufficient expertise, and inadequately outlined protocols and guidelines. The few recommendations for resolving these obstacles centre on improving demand as well as supply for AI-driven technology by supervising the full AI life cycle [37].

The initiative has three objectives:

1) To supply training data so that academics, start-ups, and for-profit businesses can create artificial intelligence models that can identify COVID-19; [38],
2) Comparing the models to a different database portion set aside only for validation; and
3) The objective is to identify and implement the most effective models in clinical environments to support frontline physicians in their response to the COVID-19 pandemic [37, 38].

Six deficiencies were found in the current European medical device law based on testing and validation:

1) Inconsistency between the diagnostic algorithm and the diagnostic task,
2) A cursory examination of the diagnostic task description [39],
3) Lack of a way to compare comparable algorithms directly,
4) The safety and performance factors are not sufficiently specified,
5) Insufficient resources to evaluate each installed site's performance, and
6) Conflicts of interest that are inherent [39, 40].

6.5 Deployment

Policymakers, technologists, medical professionals, & academics must collaborate and work across disciplines to guarantee that the right knowledge is available across the AI life cycle, particularly when implementing the technology in real-world settings [39, 40]. Fostering research and implementation partnerships locally (for example, inside a particular hospital or city) would result in locally shown initiatives showcasing AI research implemented into real-world applications [40].

6.6 Monitoring

The GDHP nations included in the present investigation had quite different oversight and strategic visions for AI-driven technology in their health systems [40, 41]. Every nation stated that it had a body or organisation in charge of AI integration with digital health technology as well as digital health. These bodies' roles and responsibilities, however, were inconsistently organised. These organisations' duties encompassed a variety of things [41], such as assisting with research, managing purchases, formulating strategies, enforcing laws, deploying technologies, and a mix of these. Enhancing national supervision practices will provide enhanced international collective intelligence. By establishing these reporting and knowledge-sharing channels, nations would have access to safety data about AI technology they are looking into or have already begun employing, allowing for the early detection of possible dangers or downsides.

7. Conclusion

Artificial intelligence (AI) technologies have shown innovative approaches that hold great promise for helping medical practitioners navigate the ever-changing healthcare landscape and address urgent patient needs. Furthermore, because AI technologies are developing quickly, regulatory frameworks and the infrastructure supporting the health system must be flexible. Although AI-MDs are governed by traditional healthcare device software in the majority of nations, measures to mitigate the hazards associated with AI are being taken, including appropriate machine learning methods and holistic life cycle approaches.

While technological progress undoubtedly benefits our society and the environment, it's crucial to keep in mind that when these tools are misused, humanity may perish. The relevance and promise of artificial intelligence in revolutionising the provision of healthcare services are becoming increasingly apparent to us. As of right now, we've seen a number of advances in AI technology that have radically revolutionised and changed how healthcare is planned, delivered, and practiced.

Though there are continuing conversations among the various governmental authorities, the regulatory norms in AI have still not come to a consensus. The US-EU Technology and Trade Council (TTC) reached an agreement in June 2023 to create a voluntary code of conduct for AI, serving as a stopgap solution while the EU works to approve the AI Act.

Globally, accessible AI governance is not keeping up with the pace of AI-driven health care technology research and development. International cooperation and coordination may make it easier to establish comprehensive and cogent governance of AI and allow nations to assist and profit from one another's efforts. Throughout the AI life cycle, the proposed regulations seek to lower the main obstacles to the safe, efficient, and moral deployment of AI-driven technology. GDHP member nations can contribute to the development of a core set of policy proposals that the GDHP and other international organisations can assist by testing and implementing these ideas. This work and research must be seen as an early investigation—the beginning point for future research rather than a conclusion—due to these limitations and concerns in the immediate aftermath of the pandemic.

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