



AFRICAI-RI: A Pan-African Research Infrastructure for Collaborative Biomedical Imaging and Artificial Intelligence

Deliverable D1.1: Stakeholder Mapping

Reference	D1.1_ AFRICAI-RI_CISM_v1
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Dissemination level	Public
Type	Report
Official Delivery Date	28 February 2026
Date of validation of the WP leader	23 February 2026
Date of validation by the Project Coordinator	27 February 2026
Project Coordinator Signature	

AFRICAI-RI is funded by the European Union under Global Health EDCTP3 under grant number 101190731. Views and opinions expressed are, however, those of the author(s) only and do not necessarily reflect those of Global Health EDCTP3 nor its members. Neither of the parties can be held responsible for them.



Version log

Issue Date	Version	Involved	Comments
16/02/2026	V0.1	Agostinho Lima (CISM)	Initial draft for discussion.
27/02/2026	V0.2	Agostinho Lima (CISM), Elena Marbán Castro (ISGLOBAL), Laura Arbelaez Ossa (UB)	Feedback and revision.
27/02/2026	V1	Cecilia Kessler, Lidia Garrucho Moras, Karim Lekadir (UB)	Revised and corrected final version.



Executive Summary

This deliverable describes in detail the stakeholder mapping approach implemented under WP1 of the AFRICAI-RI project. The objective of this activity was to systematically identify, categorize, and engage key stakeholders across ten African countries who are relevant to the development and implementation of an open AI repository for respiratory disease diagnosis.

The report outlines the strategy used to identify stakeholders, including the criteria for selection, sampling procedures, recruitment processes, and anticipated sample size. It also details the tools and methods used for data collection and analysis. By mapping stakeholders' roles, interests, and levels of influence, this activity provides a structured understanding of the ecosystem surrounding AI-enabled respiratory diagnostics in each country.

The stakeholder mapping exercise directly informs Objective 2 of WP1, which examines perceptions of AFRICAI-RI clinical study participants, healthcare providers using the AFRICAI-RI platform, and other relevant stakeholders regarding the acceptability, adoption, appropriateness, feasibility, penetration, and sustainability of the open AI repository. It also supports Objective 3, which assesses barriers and facilitators related to the social, cultural, ethical, legal, clinical, technical, and policy implications of implementing such a platform. Conducted early in the project, this activity ensures inclusive stakeholder engagement throughout the project lifecycle, fostering constructive relationships and supporting effective management of environmental and social risks. Properly designed engagement is integral to early decision-making, risk assessment, and monitoring, contributing to the project's overall success.

Overall, this deliverable establishes the operational foundation necessary to ensure inclusive stakeholder engagement, ethical implementation, harmonized data practices, and a community-centered approach. It supports informed decision-making and contributes to the long-term sustainability of AI-enabled diagnostic innovations across the region.

This deliverable fulfils Task 1.1 under Work Package 1 by providing a structured stakeholder mapping across participating countries. The results establish the basis for subsequent stakeholder engagement activities and implementation research conducted within AFRICAI-RI during the following project phases.



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Acronyms

Name	Abbreviation
A Pan-African Research Infrastructure for Collaborative Biomedical Imaging and Artificial Intelligence	AFRICAI-RI
Artificial Intelligence	AI
Manhiça Health Research Centre	CISM
Democratic Republic of Congo	DRC
Ethical, Legal, and Social Implications	ELSI
Barcelona Institute for Global Health	ISGLOBAL
Information Technology	IT
Non-Government Organisation	NGO
Sub-Saharan Africa	SSA
United Kingdom	UK
United States of America	USA
World Health Organisation	WHO
Work Package	WP



1. Stakeholder Groups

To ensure comprehensive and diverse representation, the research team defined five stakeholder groups, each representing a distinct area of expertise and influence within the respiratory diagnostics ecosystem (Table 1).

Table 1. Stakeholder groups to be engaged for the AFRICAI-IMPACT study

Group number	Group	Stakeholder roles
G1	ELSI*	Ethics committee members, policy makers, local patent offices, national and local health technology regulators.
G2	Healthcare	Healthcare managers, clinicians, clinical researchers, radiologists, nurses, imaging technicians, IT managers and data managers
G3	Civil society	Citizens, patients advocates and advocacy organizations
G4	Scientific	AI researchers, Principal Investigator of existing project, IT managers and data managers
G5	Industry	Radiology AI companies, funders, data brokers, AI developers, IT managers, data managers

*ELSI: Ethical, Legal, and Social Implications.

2. Sample Size

In consultation with consortium members from all ten African countries, each country was requested to identify a minimum of five stakeholders, resulting in a total of at least 56 stakeholders. In the subsequent phase (Phase 2), each identified stakeholder was invited to recommend additional relevant stakeholders within their respective area of expertise. A snowball sampling approach was therefore employed to further expand and strengthen the stakeholder network, where appropriate. Although AFRICAI-RI includes ten African countries (Senegal, Mozambique, Malawi, Nigeria, Gabon, The Gambia, Ghana, Ethiopia, Democratic Republic of Congo, and Uganda) stakeholders from additional collaborating countries were also identified.

3. Data collection

For the mapping exercise, a standardized data collection form (Annex 1) was developed and shared with AFRICAI-RI SSA partners. Each partner provided information on at least five key stakeholders per country, including their roles, institutional affiliations, and relevance to the project (Annex 9.2). To guarantee stakeholders privacy, we have not included their names in the Annex, this list will be used for internal purposes throughout the study.



To ensure consistency and comparability across sites, all responses were standardized and automatically compiled into an Excel database. This facilitated data management, visualization, and subsequent analysis of stakeholder relationships and networks.

4. Data analysis

The collected data were initially analyzed by a small working group (CISM and ISGLOBAL) and subsequently reviewed and discussed during two broader consortium meetings. The analysis was conducted using the WHO stakeholder analysis framework in combination with a power-mapping framework¹. These methodologies enabled a systematic assessment of stakeholders' levels of influence and interest, categorized as **low**, **moderate**, or **high** in each participating country. This process supported the identification of key actors, potential partners, and areas where stakeholder engagement may require strengthening.

In addition to stakeholders' areas of expertise and professional roles, basic sociodemographic characteristics - such as gender and country of origin - were analyzed to ensure diversity and representation across participating sites.

According to the interest and influence analysis, we have categorized stakeholders to know who 1) should be kept informed, 2) should be kept into account, 3) whose needs are to be met, and 4) who should be managed closely.

Table 2. Stakeholder interest and influence analysis overview

 Level of influence	Meet their needs	Manage closely
	Moderate interest, high influence: 3 stakeholders	18 stakeholders (high high) High interest, moderate influence: 23 stakeholders Low interest, high influence: 0 stakeholders
	Keep into account	Keep informed
	Moderate interest, moderate influence: 10 stakeholders Moderate interest, low influence: 4 stakeholders High interest, low influence: 8 stakeholders Low interest, moderate influence: 1 stakeholder	Low interest, low influence: 2 stakeholders
	Level of interest 	

¹ Schiffer E. The Power Mapping Tool: A Method for the Empirical Research of Power Relations [Internet]. AgEcon Search. Washington, DC: INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE; 2007. Available from: <https://ageconsearch.umn.edu/record/42410/?v=pdf>



5. Outcomes

A total of 71 key stakeholders were identified across 19 different countries, categorized into five specific areas of expertise: Scientific/Academic, Healthcare, Industry, ELSI (Ethical, Legal, and Social Implications), and Civil Society.

The data shows that Ethiopia and Mozambique have the highest total number of representatives, with 11 and 9 respectively, and are the only countries that list at least one person in every single expertise category. Uganda follows with 8 stakeholders, notably showing the highest individual count for the Industry category with 4 representatives, while recording zero in the Healthcare group. Gabon, Nigeria, Senegal, and The Gambia each have a total of 5 stakeholders, though their internal distributions vary. For instance, The Gambia is heavily concentrated in the Scientific/Academic area with 4 representatives, while Senegal splits its expertise across Scientific, Healthcare, and Industry.

Countries such as Malawi and South Africa each list 4 stakeholders, with South Africa showing a strong lean toward Scientific/Academic roles and zero representation in Industry, ELSI, or Civil Society. Greece, the Netherlands, the United Kingdom (UK), the United States of America, and Zambia all have 2 stakeholders each, while the remaining countries, Democratic Republic of Congo (DRC), France, Ghana, Spain, and Tanzania, each record only a single representative.

In terms of overall totals for the entire group, the Scientific/Academic category is the largest with 29 individuals, followed by Industry with 14, Healthcare with 13, Civil Society with 8, and ELSI with 7.

Table 3. Stakeholder distribution by country and group

Country	Scientific/ Academic	Healthcare	Industry	ELSI*	Civil Society	Total
Ethiopia	3	3	2	1	2	11
Mozambique	2	2	1	2	2	9
Uganda	2	0	4	1	1	8
Gabon	1	1	1	1	1	5
Nigeria	1	1	1	1	1	5
Senegal	2	2	1	0	0	5
The Gambia	4	0	0	0	1	5
Malawi	1	2	1	0	0	4
South Africa	3	1	0	0	0	4
Greece	1	1	0	0	0	2
Netherlands	2	0	0	0	0	2
UK	2	0	0	0	0	2
USA	1	0	1	0	0	2
Zambia	2	0	0	0	0	2
DRC	0	0	0	1	0	1
France	0	0	1	0	0	1



Ghana	0	0	1	0	0	1
Spain	1	0	0	0	0	1
Tanzania	1	0	0	0	0	1
Total	29	13	14	7	8	71

*ELSI: Ethical, Legal, and Social Implications.

The interpretation of this data suggests a project structure that is heavily anchored in Scientific/Academic expertise, which acts as the primary knowledge engine for the collective. With over 40% of the stakeholders coming from academia, the project is well-positioned for data validation and research, but it relies on a much smaller group of ELSI and Civil Society experts to handle the complex ethical and social hurdles across 19 different jurisdictions.

The distribution across countries indicates that Ethiopia and Mozambique are the only countries represented across all stakeholder categories, indicating broader cross-sector participation within the mapped network. Therefore, they may serve as the project's most "mature" ecosystems, as they are the only nations capable of managing a complete project lifecycle, from ethical approval and academic research to clinical implementation and industrial scaling, entirely within their own borders. In contrast, Uganda shows comparatively higher representation from industry stakeholders while lacking healthcare representation, indicating stronger participation in technology-oriented sectors. These countries appear to be specialized "Innovation Hubs," contributing a high volume of technical and industry-related output but lacking local healthcare representation, which implies they must collaborate with healthcare-heavy nations like Senegal or Malawi to ensure their technology is clinically relevant.

The relatively small number of ELSI stakeholders (n = 7) indicates that ethical and regulatory expertise is concentrated within a limited group of participants. With only 7 ELSI experts total, a single country like the DRC (which contributes only an ELSI stakeholder) becomes a critical gatekeeper for the project's ethical standards. The overall scarcity of Civil Society and ELSI representation in 14 of the 19 countries suggests a potential bottleneck in localized advocacy and ethics clearance, necessitating a strategy where the highly multidisciplinary teams in Ethiopia and Mozambique share their frameworks and expertise with the more specialized, "single-sector" countries.

6. Stakeholders' affiliation

The stakeholder mapping conducted across nineteen countries reveals a clearly structured ecosystem composed of four interconnected sectors: University/Academic, Public Sector, Private (Industry), and Civil Society/NGO (Table 4). Within this landscape, the University/Academic sector emerges as the dominant pillar, accounting for 36 representatives and therefore shaping much of the project's intellectual and research capacity. The remaining stakeholders are distributed across the Private sector, with 14 members contributing technological and innovation expertise; the Public Sector, with 12 representatives anchoring policy and system integration; and Civil Society/NGO, with 9 actors ensuring community engagement and ethical grounding.



This sectoral distribution is further reflected at the country level. Ethiopia records the highest number of stakeholders overall (11), suggesting a particularly dense engagement across sectors. Mozambique follows with 9 stakeholders, while Uganda lists 8, reinforcing its relevance within the network. Together, these figures indicate not only an academic-led structure, but also a geographically concentrated core of participation in key African partner countries.

Table 4. Stakeholder Distribution by Country and Sector

Country	University/Academic	Public Sector	Private (Industry)	Civil Society/NGO	Total
Ethiopia	5	2	2	2	11
Mozambique	4	2	1	2	9
Uganda	2	1	4	1	8
Nigeria	1	2	1	1	5
Gabon	2	1	1	1	5
The Gambia	4	0	0	1	5
Senegal	2	1	2	0	5
South Africa	3	1	0	0	4
Malawi	1	2	0	1	4
USA	1	0	1	0	2
Netherlands	2	0	0	0	2
UK	2	0	0	0	2
Zambia	2	0	0	0	2
Greece	2	0	0	0	2
DRC	1	0	0	0	1
France	0	0	1	0	1
Ghana	0	0	1	0	1
Spain	1	0	0	0	1
Tanzania	1	0	0	0	1
Total	36	12	14	9	71

7. Gender and Sectoral Distribution

Engagement levels are encouraging: 71.8% demonstrate high interest in the project, while influence is more moderately distributed, with nearly half (48.0%) categorized as having moderate influence and 31.0% high influence. This suggests strong motivation across the network, though decision-making power remains concentrated in fewer actors.



Across 19 countries (71 entries with complete data), men account for roughly two-thirds of stakeholders (48/67.6%), revealing a clear gender imbalance. Uganda stands out as the most gender-balanced country, whereas Ethiopia, despite having the highest number of representatives (11), has no female participants recorded. Moreover, Zambia, the Netherlands, and Tanzania are exclusively female in this dataset, while several countries (e.g., Ethiopia, Senegal, Malawi, UK, Greece) are almost entirely male. “N/A” entries appear mainly in Ethiopia and Mozambique and are linked to institutional listings rather than named individuals.

By sector, disparities are uneven. The Private/Industry group shows the greatest imbalance (almost entirely male), while Civil Society and ELSI are the most gender-balanced. The Scientific/Academic group, although the largest and relatively more diverse (11 women), remains male-dominated. Healthcare is also predominantly male, though with some female representation.

Table 5. Stakeholder Gender Distribution by Expertise Sector

Expertise Sector	Women	Men	N/A	Total	Gender Balance Status
Scientific/Academic	11	18	0	29	Male-Dominated (Largest Group)
Industry	0	13	1	14	Critical Imbalance (Almost Entirely Male)
Healthcare	3	10	0	13	Predominantly Male
Civil Society	3	3	2	8	Balanced Participation
ELSI	3	4	0	7	Relatively Balanced
Total	20	48	3	71	Overall Gap: ~68% Male

Interpreting these results, the gender gap is not uniform across sectors but is particularly pronounced in technical and industry-related fields. The absence of women in the Industry category is especially notable and although the Scientific/Academic sector includes a higher absolute number of women, it remains predominantly male. These patterns reflect broader evidence that women continue to represent a smaller proportion of the overall labour force compared to men². In contrast, Civil Society and ELSI show a more balanced gender composition, although this may partly be explained by the relatively small number of stakeholders represented in these categories.

This gender distribution has important implications for influence and decision-making within the project ecosystem. If technical design, infrastructure development, and implementation strategies are primarily shaped within male-dominated sectors, there is a risk that gender perspectives may be underrepresented in early-stage development processes. Meanwhile,

² World Economic Forum. The Industry Gender Gap: Women and Work in the Fourth Industrial Revolution [Internet]. Available from: [WEF_FOJ_Executive_Summary_GenderGap.pdf](#)



more balanced participation in ethics and civil society roles may strengthen oversight and accountability but may not fully offset disparities in technical authority.

Overall, the data point to a structural gender gap that is most acute in industry and innovation spaces, underscoring the need for targeted strategies to promote more inclusive representation in high-impact technical domains.

8. Lever of interest and influence

The data highlights a strong group of African countries, including the DRC, Ethiopia, Ghana, Mozambique, Nigeria, and Senegal, which all demonstrate a profile of high influence coupled with high interest. This suggests that the leadership and operational drive of the project might be firmly rooted in these regions in sectors such as health, industry, and ELSI. (Table 6).

Table 6. Level of influence and interest by country and groups

Country	Key Sector Presence	Dominant Influence	Dominant Interest
DRC	ELSI	High	High
Ethiopia	Healthcare/Academic	High	High
France	Industry	High	Low
Gabon	Healthcare/ELSI	High	High
Ghana	Industry	High	High
Greece	Academic/Health	High	Low
Malawi	Healthcare	High/Low	High/Low
Mozambique	Health/ELSI/Ind.	High	High
Netherlands	Academic	moderate	moderate
Nigeria	Health/ELSI/Ind.	High	High
Senegal	Health/Academic	High	High
South Africa	Academic/Health	High	Low
Spain	Academic	High	moderate
Tanzania	Academic	moderate	moderate
The Gambia	Academic/Civil	High	High
Uganda	Industry/Academic	High	High/Low
UK	Academic	High	moderate
USA	Academic/Industry	High	moderate
Zambia	Academic	High	moderate/Low

In contrast, the table reveals a different engagement profile for several European and North American partners. While countries like France, Greece, and the UK possess high influence,



their interest levels are recorded as low or moderate, indicating that their roles may be consultative or technical rather than driven by local implementation needs. Academic expertise is the most widely distributed sector, serving as the dominant presence in countries ranging from the Netherlands and Spain to Zambia and Tanzania.

The levels of influence and interest vary significantly in countries like Malawi and Uganda, where stakeholders hold a range of influence and engagement scores. For instance, Uganda maintains a high-influence presence in both industry and academia but shows a split in interest levels, while Malawi's healthcare-focused representation spans the full spectrum of influence and interest. Overall, the table depicts a project with a robust, highly interested regional core in Africa supported by a high-influence, scientifically focused global network.

Based on the comprehensive assessment of stakeholder's group, sector, influence and interest levels, we propose the following three areas of intervention and strategic synergy to optimize project outcomes:

Table 7. Areas of intervention and strategic synergy

Synergy / Interaction	Sectors Involved	Complementary Roles	Strategic Function within the Project
Regulatory–Clinical Alignment	Public Sector & Healthcare	The Public Sector establishes legal, regulatory, and policy frameworks, while Healthcare stakeholders provide practical clinical insight and real-world applicability.	Ensures the project is both legally compliant and clinically relevant in hospital and health system settings.
Technical Development with Ethical Oversight	Industry & Scientific/Academic (Regional-Global network) & ELSI	Industry leads technological development and AI system design. Scientific/Academic stakeholders ensure methodological rigor and validation, while ELSI provides ethical and regulatory oversight.	Creates a structured “checks and balances” mechanism to prevent unchecked innovation and safeguard data quality, ethics, and accountability.
Social Validation and Community Trust	Civil Society & Validation Structures	Civil Society organizations represent community perspectives and social interests during validation and implementation stages.	Strengthens public trust, promotes social acceptability, and ensures alignment with local needs during clinical validation and deployment.

9. Conclusion

This deliverable fulfils the objectives of stakeholder mapping activities under Work Package 1 of the AFRICAI-RI project by providing a systematic identification and characterisation of stakeholders relevant to the development and implementation of the AFRICAI-RI research



infrastructure for respiratory disease diagnosis. Through a standardized data collection and analysis process, 71 stakeholders across 19 countries were mapped according to sectoral affiliation, expertise, gender distribution, and levels of interest and influence within the project ecosystem.

The analysis provides a comprehensive overview of the multidisciplinary environment supporting AFRICAI-RI, highlighting areas of strong academic and technical engagement while also identifying opportunities to further strengthen ethical, regulatory, healthcare, and civil society participation across participating regions. These findings support a structured understanding of stakeholder relationships and engagement priorities necessary for responsible implementation.

The stakeholder mapping established through this activity constitutes an operational resource for subsequent phases of the project, including stakeholder consultation, implementation research, and evaluation activities foreseen within WP1 and related work packages. By promoting coordinated engagement across institutional, geographic, and sectoral contexts, this deliverable contributes to risk-aware project implementation and supports the long-term sustainability and acceptability of AI-enabled diagnostic innovations developed within AFRICAI-RI.

10. Annex

10.1 Stakeholders mapping: Identification of stakeholders' survey

Introduction

This form aims to collect **contact details of stakeholders who might be relevant to the AFRICAI-RI project**. We seek to ensure diversity in stakeholders' backgrounds and representation across different **Sub-Saharan African contexts**.

These contacts will be used to map stakeholders in AI and health in Africa. We will not contact them to participate in interviews at this stage. All interviews will later be scheduled and contacted by partners in the countries.



Please provide as **many stakeholders contacts as possible**. Feel free to complete the form multiple times. We kindly recommend that each **AFRICAI-RI country partner propose at least 1 stakeholder per each of these groups:**

- 1 Ethical/Policy:** Ethics committee member / Policy makers / local patent offices / National and Local health technology regulators
- 2 Healthcare:** Healthcare managers / clinician / clinical researcher / radiologist / imaging technicians / IT manager / Data manager
- 3 Civil society:** citizens, patients advocate or advocacy organizations
- 4 Scientific/Academic:** AI researchers / Principal Investigator of existing projects on AI and health / IT manager / Data manager
- 5 Industry:** Radiology AI companies / Funders / Data brokers (Experts in data monetisation) / AI developer / IT manager / Data manager

Deadline: One week.

[Start of the Questionnaire]

[Mandatory email log in]

1. Please provide your name. (Mandatory)

2. Please provide your affiliation. (Mandatory)

3. Please provide the name of a stakeholder that could be relevant to the AFRICAI project. (Mandatory)

Response type: Short answer

4. Stakeholder sex (Optional)

Response type: Single choice

- Female
- Male
- Other

5. Stakeholder country of origin (Optional)

Response type: Short answer

6. Stakeholder country of residence (Optional)

Response type: Short answer

7. Please select all the roles that best describe the proposed stakeholder.

(Mandatory)

Response type: Multiple choice (select all that apply)

1. Ethics committee member
2. Policy maker
3. Patent office
4. National or local health technology regulator
5. Healthcare manager
6. Clinician
7. Clinical researcher
8. Radiologist / Imaging technician
9. IT manager
10. Data manager



11. Citizen / Patient advocate / Advocacy organizations
12. AI researcher
13. Principal investigator of existing project
14. AI manufacturer / developers
15. Funders
16. Data brokers (experts in data monetisation)

8. Organization/s where the stakeholder works (Mandatory)

Response type: Short answer

9. Stakeholder online website (Researchgate, LinkedIn profile, online personal website etc.) (Optional)

Response type: Short answer

10. Type of organization(s). (Optional)

Response type: Multiple choice (select all that apply).

1. Ethics committee
2. Policy / Decision maker
3. Healthcare
4. Civil society
5. NGO
6. Scientific / Academic
7. Government / Regulatory body
8. Industry / Private sector / Manufacturer
9. Funder
10. Other (please specify): _____

11. Why are you recommending this stakeholder? (For example, because of their relevant experience or expertise in AI-based diagnostic tools, or in AI and health, previously worked together, would be interested to be interviewed, key decision-maker, leads an AI in health project, strong community link, critical voice on ethics, etc. etc.) (Optional)

Response type: Paragraph (free text)

12. Would you like to add any other relevant information about this stakeholder? (Optional)

Response type: Paragraph (free text)

[End of the Questionnaire]

10.2 Stakeholders' Mapping

Stakeholder sex	Stakeholder country of residence	Organization/s where the stakeholder works	Type of organization(s) (select all that apply)	Interest	Influence
Male	DRC	University of Kinshasa, University of Boma, Public Health care center pilote	ELSI	High	High
Male	Ethiopia	Ministry of Health-Ethiopia (MoH-E), Ethiopian Public health	Healthcare	High	High



		Institute (EPHI), Ethiopian Intellectual Property Authority-EIPA, National Research Ethics Review Board (NRERB), Africa CDC			
Male	Ethiopia	Jimma University	Healthcare	moderate	moderate
Male	Ethiopia	National ethics clearance committee (NECC) NRERC/EFDA	ELSI	High	High
Male	Ethiopia	Jimma University, clinician/internist and researchers	Healthcare	High	Low
Male	Ethiopia	Jimma University	Scientific/Academic	High	moderate
Male	Ethiopia	Ethiopian AI institute	Scientific/Academic	moderate	High
N/A	Ethiopia	Help Ethiopia	Civil society	High	moderate
N/A	Ethiopia	iCog Labs	Industry	moderate	moderate
Male	Ethiopia	Bio and Emerging Technology Institute (BETin)	Industry	High	High
Male	Ethiopia	Technical Director/ REACH Ethiopia/, Addis Ababa, Ethiopia	Civil society	High	moderate
Male	Ethiopia	Armauer Hansen Research Institute (AHRI), Addis Ababa, Ethiopia	Scientific/Academic	High	High
Male	France	Air-Liquide	Industry	High	Low
Female	Gabon	Business Women	Civil society	High	Low
Female	Gabon	Hopital George Rawiri	Healthcare	High	High
Male	Gabon	CERMEL	Scientific/Academic	High	High
Male	Gabon	BGFI-BANK	Industry	Low	moderate
Female	Gabon	CERMEL	ELSI	High	High
Male	Ghana	minoHealth AI	Industry	High	High
Male	Greece	FORTH	Scientific/Academic	High	Low
Male	Greece	University of Crete, University Hospital Heraklion	Healthcare	High	Low
Male	Malawi	National TB and Leprosy Elimination Programme	Healthcare	High	High



Male	Malawi	University of Malawi	Scientific/Academic	moderate	Low
Male	Malawi	Ashraful Aid	Industry	Low	Low
Male	Malawi	Longridge Travel Health Clinic	Healthcare	Low	Low
Female	Mozambique	National TB Programme – policy adoption and clinical integration	Healthcare	High	High
Female	Mozambique	MISAU – Departamento de Saúde Digital	Healthcare	High	moderate
Female	Mozambique	Comité Nacional de Bioética para a Saúde (CNBS)	ELSI	moderate	High
Male	Mozambique	Manhiça Health Research Centre	ELSI	High	moderate
Male	Mozambique	Instituto Nacional de Tecnologias de Informação e Comunicação (INTIC)	Industry	High	moderate
N/A	Mozambique	Alliance for Health	Civil society	High	moderate
Male	Mozambique	Community Development Foundation (FDC)	Civil society	moderate	moderate
Male	Mozambique	National Health Institution	Scientific/Academic	High	High
Male	Mozambique	Eduardo Mondlane University	Scientific/Academic	High	moderate
Female	Netherlands	Tilburg University	Scientific/Academic	moderate	moderate
Female	Netherlands	Tilburg University	Scientific/Academic	moderate	moderate
Male	Nigeria	Civil Servant at Federal Ministry of Health and Social Welfare Nigeria	ELSI	High	High
Male	Nigeria	Research/Biostatistician at Nigerian Institute of Medical Research	Scientific/Academic	High	moderate
Male	Nigeria	Solina Center for International Development and Research	Industry	High	High
Female	Nigeria	The New HPV Vaccine and Microbicide Advocacy Society (NHVMAS)	Civil society	High	moderate
Male	Nigeria	Nigerian Institute of Medical Research, Lagos	Healthcare	High	High
Male	Senegal	Senegal National Program against TB	Healthcare	High	High
Male	Senegal	Internal Medicine Department of UIDT	Healthcare	High	High



Male	Senegal	UNIVERSITE IBA DER THIAM DE THIES	Scientific/Academic	High	moderate
Male	Senegal	UNIVERSITE IBA DER THIAM DE THIES	Industry	moderate	moderate
Male	Senegal	UNIVERSITE IBA DER THIAM DE THIES	Scientific/Academic	High	Low
Male	South Africa	University of Pretoria	Scientific/Academic	High	Low
Female	South Africa	The Distributed AI Research Institute	Scientific/Academic	moderate	moderate
Male	South Africa	self employed/consultant radiographer for Medical Bureau of Occupational Disease and Aurum Institute	Healthcare	moderate	Low
Male	South Africa	University of Witwatersrand	Scientific/Academic	High	Low
Male	Spain	Datawise Africa	Scientific/Academic	High	moderate
Female	Tanzania	DevData Analytics	Scientific/Academic	moderate	moderate
Female	The Gambia	MRC Gambia at LSHTM	Scientific/Academic	High	High
Male	The Gambia	MRC Gambia at LSHTM	Scientific/Academic	High	moderate
Female	The Gambia	MRC Gambia at LSHTM	Scientific/Academic	moderate	moderate
Male	The Gambia	MRC Gambia at LSHTM	Scientific/Academic	High	moderate
Male	The Gambia	MRC Gambia at LSHTM	Civil society	High	moderate
Male	Uganda	Research and Education Network for Uganda (RENU)	Industry	High	moderate
Female	Uganda	Makerere University	Scientific/Academic	High	moderate
Female	Uganda	Uganda National Health Users'/Consumers' Organisation	Civil society	moderate	High
Female	Uganda	Makerere University	Scientific/Academic	High	moderate
Female	Uganda	Infectious Diseases Institute	ELSI	High	High
Male	Uganda	Research and Education Network for Uganda	Industry	moderate	Low
Male	Uganda	Sunbird AI	Industry	moderate	Low
Male	Uganda	RENU	Industry	High	moderate
Male	UK	LSHTM	Scientific/Academic	High	moderate
Male	UK	Glasgow University	Scientific/Academic	High	moderate



Female	USA	Boston University	Scientific/Academic	High	moderate
Male	USA	YOTOR-AI Consulting	Industry	moderate	moderate
Female	Zambia	Zambart	Scientific/Academic	High	moderate
Female	Zambia	Zambart	Scientific/Academic	High	Low

N/A denotes cases where institutions, not individual stakeholders, were reported, making stakeholder sex not applicable.