Burnett Foundation Aotearoa

Innovation Challenge 2026 - Applicant Information Guide

- Applications open – Thursday 26 March 2026
- Applications close – 9pm, Sunday 26 April 2026

Kia ora,

Burnett Foundation Aotearoa has launched an Innovation Challenge to explore how artificial intelligence and digital technologies might contribute to the next phase of the HIV response in Aotearoa New Zealand.

The challenge invites technologists, innovators, developers, designers, and organisations to propose ideas that could:

- improve HIV prevention
- support people living with HIV
- reduce stigma
- improve access to trusted sexual health information and services

Selected teams may receive development funding of up to $30,000 (GST exclusive) to develop their proposed solution, build and demonstrate an early-stage prototype or proof of concept.

This guide provides background information about the context in which the challenge operates, the principles guiding Burnett Foundation's approach, and what applicants can expect during the process.

The document is intended to provide context rather than instruction on how applications should be structured.

2. Why This Challenge Exists

Artificial intelligence is rapidly transforming how people access information, navigate services, and interact with health systems. Across healthcare, AI technologies are increasingly used to analyse data, support decision-making, and provide digital assistance.

Within the global HIV response, the use of AI is still developing and varies significantly between contexts. Existing initiatives tend to fall into three broad categories:

- *Conversational AI* - Chatbots and digital assistants that provide confidential information about HIV prevention, testing, treatment, and sexual health.
- *Predictive analytics* - Machine learning tools used by health systems to analyse patterns of infection or improve service delivery.
- *Clinical decision support* - AI tools used by clinicians to analyse data, assess risk factors, or support treatment planning.

Many initiatives internationally are still in early-stage pilot or exploratory deployment.

The Burnett Innovation Challenge seeks to explore whether new approaches could help address persistent barriers in HIV prevention, care, and stigma reduction.

Examples of current AI applications in the HIV sector are provided in Appendix One.

3. Innovation Opportunities

Emerging international work in AI and HIV highlights a range of promising approaches, alongside areas that may benefit from further exploration.

Many existing tools focus primarily on information delivery, with growing interest internationally in approaches that also support behavioural and social dimensions of prevention and care.

There are also opportunities to explore how AI-enabled solutions can operate effectively in high-trust environments, where stigma, privacy, and confidentiality are central considerations.

In some contexts, there is increasing attention on the importance of designing solutions in partnership with people living with HIV, and on approaches that reflect Indigenous perspectives and data sovereignty. Indigenous-led AI approaches are still emerging internationally.

These observations are intended to signal potential areas for innovation. They reflect an evolving global landscape and an opportunity to explore ideas that combine technical capability with strong ethical foundations and community insight.

4. What This Challenge Is Not

The Innovation Challenge focuses on ideas that contribute directly to HIV prevention, support, education, or stigma reduction.

To clarify the scope of the programme, the challenge is not intended to support:

- general marketing or promotional tools
- surveillance or monitoring systems that track individual behaviour
- generic AI products not specifically related to HIV
- academic research without a pathway to a practical tool or service
- unrelated health technologies
- fully developed commercial products seeking investment

Some international programmes use AI to identify transmission clusters or analyse networks of infection. Burnett Foundation considers this approach unlikely to be appropriate within the context of this challenge. Aotearoa's relatively small population and closely connected communities mean that analysing transmission patterns could unintentionally increase the risk that individuals or communities may be identifiable. Given the potential risks of stigma or harm, proposals focused on cluster detection or similar surveillance approaches are unlikely to be considered suitable for this challenge.

5. Bringing New Thinking

We recognise that we *don't know what we don't know.*

The purpose of this challenge is not only to explore ideas already identified within the HIV sector, but also to invite new thinking from people working at the frontier of technology, design, and innovation.

Applicants may see opportunities or possibilities that have not yet been considered within the HIV response.

While the funding available through this challenge is modest, the ambition of the challenge is not. Some ideas may have transformative potential but require greater resources or longer development timelines than this programme alone can support.

Burnett Foundation is still interested in seeing such ideas. Where appropriate, the Foundation may, at its discretion, introduce teams to potential partners or future opportunities aligned with the goals of the HIV response. Participation in the challenge does not guarantee additional funding or partnership.

6 Beyond the Challenge: Market Opportunity

This challenge sits within a rapidly growing global market for trusted, privacy-first digital health.

Across sectors such as mental health, sexual health, youth wellbeing, and chronic care, there is increasing demand for solutions that can operate safely in high-trust, high-stigma environments. These are some of the most complex conditions in which to design digital tools.

HIV brings together issues of privacy, identity, stigma, and behaviour in ways that closely reflect challenges emerging across many areas of health and social support internationally. Solutions that can work effectively in this context are likely to have relevance beyond HIV.

For teams working in artificial intelligence, this challenge provides an opportunity to build capability in trustworthy, human-centred systems that are increasingly sought after by health providers, governments, and community organisations globally.

While this challenge provides seed funding, it also offers the opportunity to:

- build and test solutions in a real-world, high-complexity environment
- develop capability in a fast-growing area of responsible AI
- create foundations for future partnerships, investment, or wider application

Build in one of the hardest environments. Apply it anywhere.

7. Trust, Privacy and Cultural Safety

The HIV response operates within one of the most sensitive areas of public health.

Communities affected by HIV can face real harm if personal information, behaviours, or identities are exposed or inferred through digital systems.

Artificial intelligence introduces both opportunity and risk. While it can improve access to information and services, it can also create new vulnerabilities through data collection, inference, or misuse.

Solutions supported through the challenge should demonstrate careful attention to:

- protecting trust and confidentiality
- minimising data collection and inference risks
- safeguarding sensitive information
- respecting cultural authority and community values

Technical excellence must be accompanied by strong ethical design.

8. Meaningful Involvement of People Living with HIV

The global HIV response is guided by the principles of GIPA and MIPA:

- *Greater Involvement of People Living with HIV/AIDS*
- *Meaningful Involvement of People Living with HIV/AIDS*

These principles recognise that people living with HIV should be active participants in shaping policies, programmes, and services that affect their lives.

9. Understanding People and Communities

Burnett Foundation works closely with communities who may experience barriers to accessing HIV information, prevention, and care. These include:

- **Māori -** Approaches should reflect kaupapa Māori perspectives on health and wellbeing, including whānau-centred models of care, cultural safety, and Māori data sovereignty.
- **Pacific communities -** Solutions should consider the importance of family, faith, and community leadership, as well as the need for culturally appropriate and language-accessible services.
- **Migrant and former refugee communities -** Some individuals may come from contexts where HIV is highly stigmatised or criminalised, or where access to accurate sexual health information has been limited. Trust, confidentiality, and accessibility are critical.
- **Rural communities -** People living outside major urban centres may face practical barriers such as distance from services, limited access to specialist care, and heightened privacy concerns in smaller communities.
- **People ageing with HIV -** Advances in treatment mean many people with HIV are living longer. This can involve managing multiple health conditions, medication interactions, and ongoing support needs over time.

9.1 Cross-cutting considerations

Across these and other communities, there are common factors that shape how people engage with HIV-related information and services:

- **Privacy and confidentiality -** For some, seeking information about HIV involves significant personal risk.

- **Identity and stigma -** This may include people who are not publicly out about their sexuality, or who live in environments where HIV remains highly stigmatised.

- **Trust in systems and services -** Past experiences, cultural context, and perceived judgement can all influence whether people seek support.

Designing for these realities is critical. In many cases, confidential, judgement-free, and discreet access to information is not a preference, but a requirement.

10. Community Engagement During Development

Some projects may benefit from engagement with communities affected by HIV. Where appropriate, Burnett Foundation may facilitate structured engagement processes to ensure:

- participant privacy and safety
- respectful engagement with lived experience
- appropriate consent processes
- recognition of community expertise

Applicants are not expected to have undertaken community engagement prior to applying. However, proposals should demonstrate awareness of the social context in which solutions will operate.

Where community engagement is required during development, Burnett Foundation may facilitate appropriate processes to protect privacy and participant wellbeing.

Applicants should not independently recruit Burnett clients or community members.

11 Eligibility

The Innovation Challenge is open to a wide range of participants, including individuals, teams, startups, developers, technology companies, non-profit organisations, and collaborative partnerships.

Applicants may be based in New Zealand or internationally. International teams must demonstrate a clear understanding of the New Zealand context and how their proposed solution would operate appropriately within Aotearoa.

To maintain fairness and avoid conflicts of interest, the following groups are not eligible to apply:

- current employees of Burnett Foundation Aotearoa
- members of the Innovation Challenge assessment panel or advisory group
- immediate family members of Burnett Foundation staff directly involved in the programme

In addition, the following applications will not be considered:

- proposals that do not include a meaningful artificial intelligence or data-driven component (for example, systems that analyse, personalise, or adapt based on user data)
- projects that are already fully developed commercial products
- proposals that are primarily research projects or work programmes, as Burnett Foundation supports this type of work through other funding pathways
- proposals from individuals or organisations unable to participate in the development phase of the programme

Burnett Foundation reserves the right to determine eligibility and application suitability at its discretion.

12. Seed Funding and Commercial Terms

Selected teams may receive development funding of up to $30,000 (GST exclusive) to build and demonstrate a prototype or proof of concept.

Key commercial principles include:

- Intellectual property ownership - Teams retain ownership of the intellectual property they develop.
- Mission-use licence - Burnett Foundation aims to receive a perpetual non-exclusive licence to use the solution within its programmes under agreed terms and conditions.
- Freedom to commercialise - Partners remain free to further develop or commercialise their solution in other contexts.

Burnett Foundation does not seek equity ownership in partner technologies.

All commercial arrangements will be agreed prior to development commencing. Burnett Foundation reserves the right not to proceed with a development partnership if suitable arrangements cannot be agreed.

13. How Applications Will Be Assessed

Applications will be assessed across several key dimensions:

- Potential impact on HIV prevention, care, or stigma reduction
- Execution capability, including technical expertise and the ability to develop a prototype

• Trust, privacy, and ethical design, particularly in relation to sensitive health information
• Cultural awareness and equity considerations, including relevance for communities most affected by HIV in Aotearoa
• Originality and innovation

Execution capability and trust considerations will be weighted strongly in the assessment process.

Assessment panel decisions are final. Due to the expected volume of applications, detailed feedback may not be available to unsuccessful applicants.

Burnett Foundation does not operate a formal appeals process for assessment decisions.

13.1 Supporting indicators used during assessment

Applicants should demonstrate the following.

- *Team capability* **-** The team has the skills and experience needed to develop the proposed concept. This may include expertise in artificial intelligence, software development, design, health innovation, or community engagement.
- *Artificial intelligence capability* **-** The proposal includes a meaningful artificial intelligence or advanced data component. Teams may bring this capability themselves or collaborate with partners who have relevant technical expertise.
- *Ability to deliver a prototype* **-** The team can participate in the development phase and produce a working prototype or proof of concept within the programme timeframe.
- *Understanding of the Aotearoa context* **-** The proposal demonstrates awareness of the social, cultural, and public health context of HIV in New Zealand, including issues such as privacy, stigma, and the experiences of communities most affected by HIV.
- *Ethical and responsible innovation* **-** The concept reflects careful consideration of trust, privacy, cultural safety, and the responsible use of technology.
- *Conflicts of interest* **-** Applicants must disclose any conflicts of interest that may affect their participation in the challenge.

14. Timeline

- Applications open – Thursday 26 March 2026
- Applications close – Sunday 26 April 2026
- Assessment period – late April to early May 2026
- Notification of selected teams - Mid May 2026
- Contracting and onboarding – Mid to late May 2026
- Development phase - June - July 2026

Burnett Foundation reserves the right to adjust the timeline if required.

15. What Happens After Submission

Following submission:

- Applications will be reviewed by the assessment panel.
- Shortlisted applicants may be contacted for clarification.
- Selected teams will be invited to enter a development partnership with Burnett Foundation.
- Successful applicants will participate in onboarding before the development phase begins.

16. Important Information

- Submitting an application does not guarantee selection.
- Burnett Foundation reserves the right not to proceed with any proposal if suitable solutions are not identified.
- Applicants are responsible for any costs associated with preparing their submission.
- Applications will be reviewed only by authorised members of the assessment panel and relevant Burnett staff.
- Applicants are encouraged not to include highly confidential or commercially sensitive information beyond what is necessary to describe their proposal.
- Submitting an application does not transfer intellectual property ownership to Burnett Foundation.

Thank you for your interest in the Burnett Foundation Innovation Challenge and for considering how your ideas and expertise might contribute to trusted, thoughtful innovation supporting the goal of ending HIV transmission in Aotearoa and supporting those living with HIV.

Ngā mihi

Burnett Foundation Aotearoa

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Appendix One - Examples of AI Tools in the HIV Sector

AI is beginning to appear in different parts of the HIV prevention and care ecosystem. Many tools remain early-stage or deployed in specific contexts.

Examples include conversational chatbots, digital avatars providing health information, and machine-learning systems used by health programmes to improve service delivery.

Examples of emerging AI-related tools and approaches in the HIV sector include:

1 **Aimee** - AI-powered sexual health chatbot supporting HIV prevention and self-testing access among young women in South Africa.
https://bhekisisa.org/article/2025-10-02-meet-the-ai-chatbot-thats-talking-to-young-south-africans-about-sex-hiv-and-self-harm/

2 **TWIIN** - Digital avatar delivering HIV prevention and harm-reduction information in Ukraine.
https://www.aidsmap.com/news/oct-2025/three-ways-ukraine-using-ai-improve-hiv-services

3 **PEPFAR predictive analytics models** - Machine learning used to identify patients at risk of disengaging from HIV treatment.
https://www.pepfar.gov/

4 **Optima HIV** - Modelling platform used by governments to optimise HIV intervention strategies. https://optimamodel.com/hiv/

5 **HealthMindr** - Digital HIV prevention app using behavioural algorithms to personalise testing and prevention strategies.
https://www.cdc.gov/hiv/research/demonstration/healthmindr.html

6 **Stanford HIV Drug Resistance Models -** Deep learning tools analysing viral genetic data to predict treatment resistance.
https://hivdb.stanford.edu/

7 **AI PrEP Risk Prediction Models** - Machine learning tools used in health systems to identify individuals who may benefit from HIV prevention medicines.
https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2777621

8 **SnehAI** - AI chatbot delivering confidential sexual health and HIV prevention information to young people in India. https://snehai.org/

9 **Roo (Planned Parenthood)** – conversational chatbot providing anonymous sexual health education and STI guidance. - https://roo.plannedparenthood.org/

These examples illustrate the emerging use of AI and advanced analytics within the HIV response internationally. They are not exhaustive and represent only a small subset of ongoing experimentation.