ADB

World Health Organization
Western Pacific Region

High-Level Technology Fund
providing high tech solutions

Forum on Harnessing Artificial Intelligence for HeAlth Equity

25-26 March 2026

Online and at ADB Headquarters, Manila, Philippines

AI for health equity: From aspiration to action

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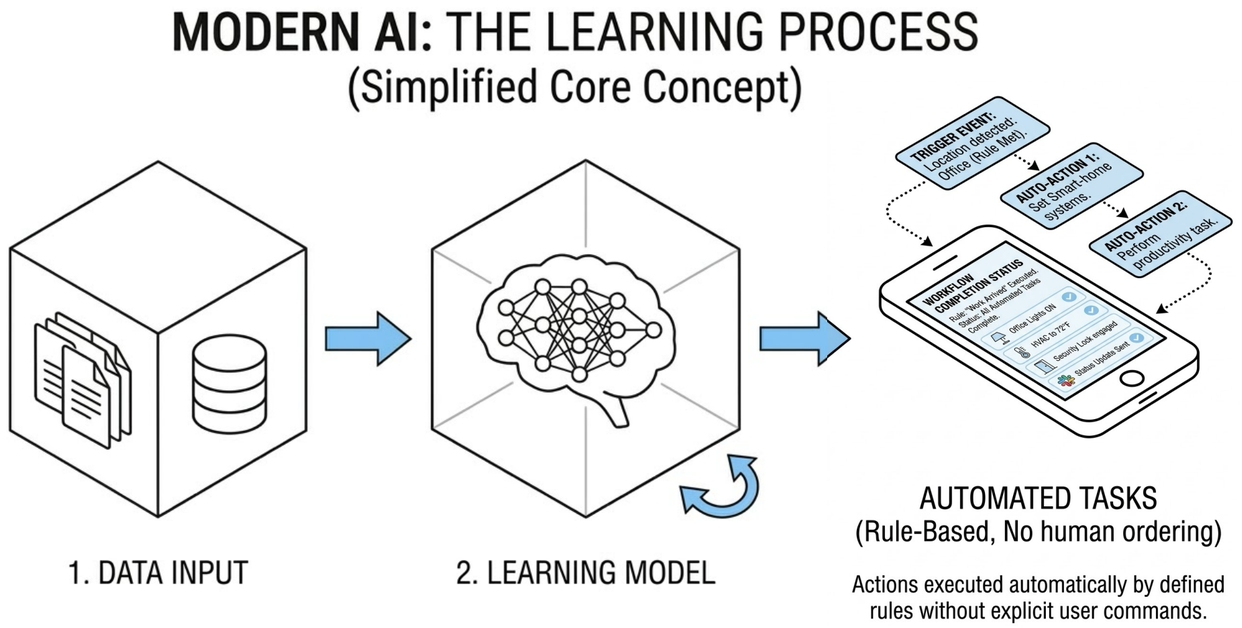
WHAT IS AI?

Understanding the technology behind the term

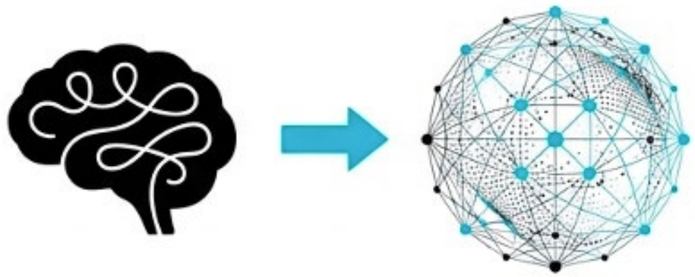
"AI" today is **not** sentient machines. It is a capability of algorithms – when integrated into systems and tools – to learn from data so that they can perform automated tasks without a human explicitly ordering every step

Ethics and governance of artificial intelligence for health. Guidance on large multi-modal models. Geneva: World Health Organization; 2024

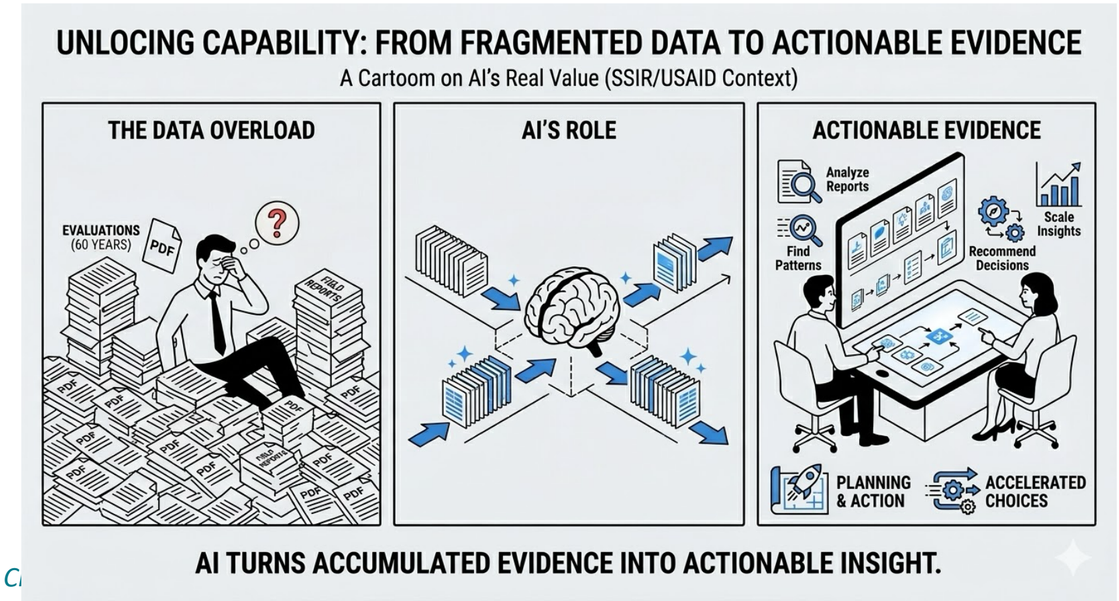


PROCESS

AI processes information at scale



Humans reason → AI computes at scale



Workload Reduction in Radiology

AI reduced reading time by 27% and cut case volume by 62%

Chen et al., npj Digital Medicine, 2024

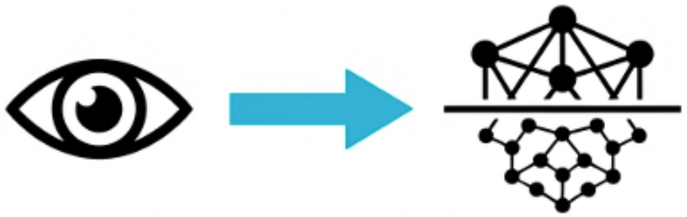
Discovering decades-old lessons

Analysis of 60 years of USAID evaluation data showed consistent lessons, laid dormant

Lindsey Moore, Stanford Social Innovation Review, 2025

PERCEIVE

AI senses beyond human limits



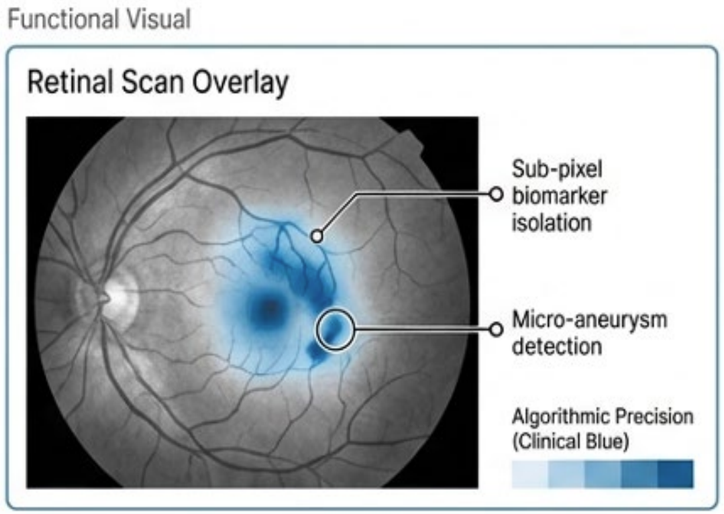
Humans see → AI detects

PRIMARY CARE

Diabetic Retinopathy Screening

Matches board-certified opthalmologists for accuracy

Ruamviboonsuk et al., Lancet Digital Health, 2022



SECONDARY CARE

Medical Imaging Diagnosis

AI comparable/surpassing human experts in complex pattern recognition

Sabri et al., Computers, Materials, and Continua, 2025

TERTIARY CARE

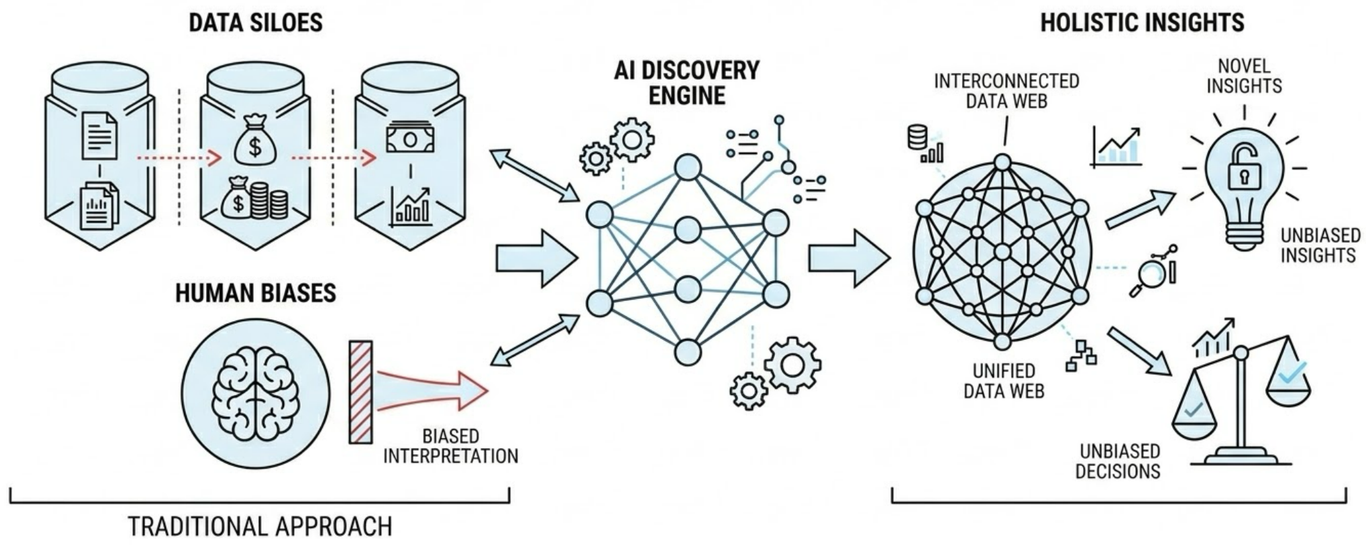
Early Warning System

Real-time early warning system detect septic shock 28 hours before doctors

Henry et al., Science Translational Medicine, 2017

DISCOVER

AI can discover beyond siloes and biases



Molecular discovery

AlphaFold enables researchers to explore drug-target interactions that required years of experiment

Abramson et al., Nature, 2024

Unified Intelligence

AI-unified data identifies cancer treatment paths that single-layer analyses miss.

Osipov et al., Nature Cancer, 2024

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Myriad Use-Cases in Global Health: *From Bench to Populations*

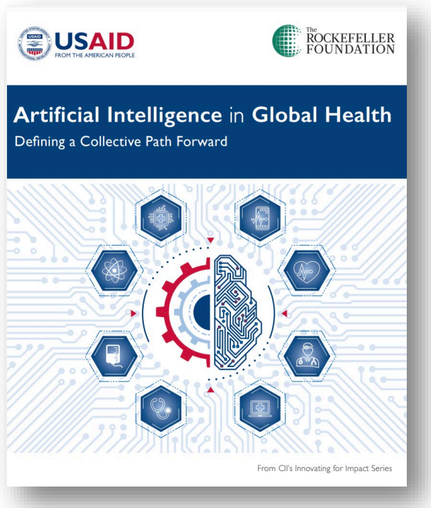


Figure 2: Framework of all AI Use Cases in Healthcare

Population health
- 1A Surveillance and prediction
- 1B Population risk management
- 1C Intervention selection
- 1D Intervention targeting

Individual health

Care routing
- 2A Self-referral
- 2B Triage
- 2B Personalized outreach

Care services

Prevention	Diagnosis	Acute treatment	Follow-up and chronic treatment
3 Behavior change • Exercise • Diet • Wellness • Education	4A Data-driven diagnosis • Symptom-based • Lab-based 4B Image-based diagnosis • Radiology • Pathology	5A Clinical decision support • Treatment guidance • Medication prescribing 5B Monitoring: Inpatient monitoring, device monitoring 5C AI-facilitated care: Self-care guidance, psych counseling 5D AI-facilitated care: Robotic surgery, robotic PT	5A Compliance monitoring • Medication adherence • Rehab compliance • Dietary compliance

Health Systems
- 7A Medical records
- 7B Capacity planning and personnel management
- 7C Claims processing
- 7D Fraud prevention
- 7E Quality assurance and training
- 7F Coding and billing

Pharma & Medtech
- 8A Clinical trial support and recruitment
- 8B Drug discovery and medtech R&D
- 8C Drug safety and pharmacovigilance
- 8D Supply chain and planning optimization
- 8E Process optimization
- 8F Real world evidence and HEOR

"The question is no longer *whether* AI can help health systems—but *where*, *for whom*, and *under what conditions*."

AI FOR PUBLIC HEALTH: SOLVING SYSTEM BOTTLENECKS

Shift perspective from AI as a **"treatment tool"** to AI as a **"systems-thinking solution"** that fixes structural public health inefficiencies.

TARGETING HIGH-RISK POPULATIONS EARLY

Undetected chronic conditions

Reach late-stage orises.

AI identifies through risk stratification

Before expensive crises occur.

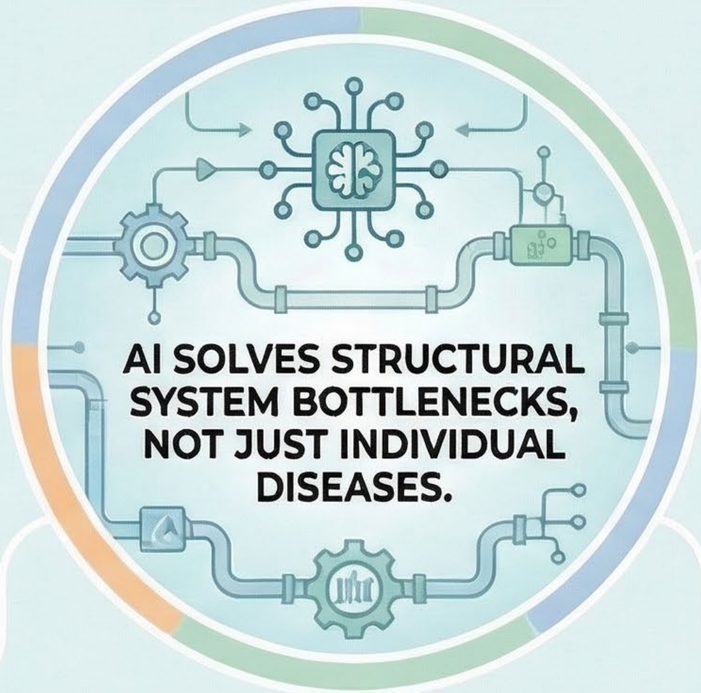
EXPANDING ACCESS TO REMOTE AREAS

Severe health worker shortages

Limited basic care.

AI-assisted triage

Automated diagnostics.



ENSURING CONTINUOUS PATIENT CARE

Patient dropout

Discontinued treatment.

Virtual assistants & remote monitoring

Personalized, long-term adherence support.

PREDICTING OUTBREAKS BEFORE THEY SPREAD

Climate and epidemic threats

Unchecked spread.

Early warning systems

Proactive, targeted responses.

MAKING INVISIBLE DATA ACTIONABLE

Siloed paper records

Hidden information.

NLP digitizes records

Real-time, system-wide visibility.

Where AI is Mostly Being Implemented

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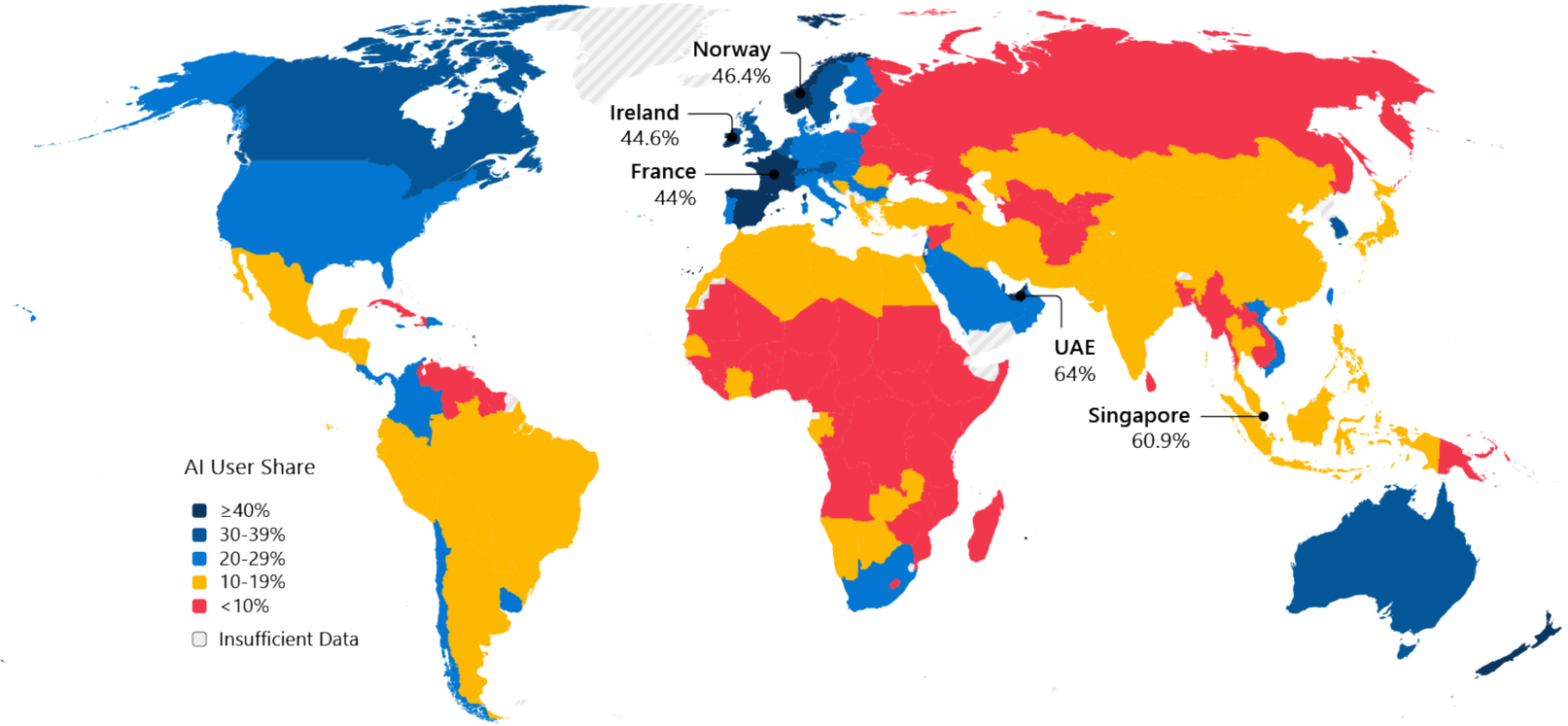
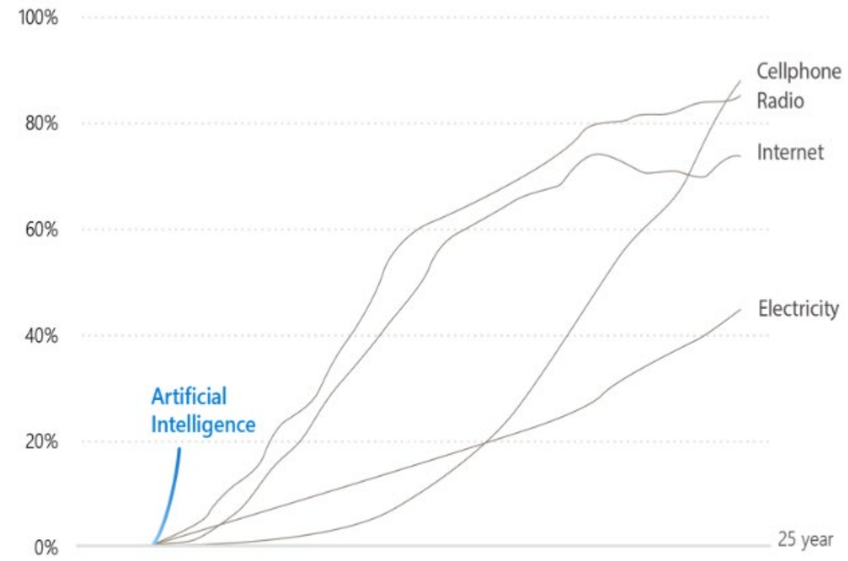
AI Diffusion by Economy H2 2025



Source: AI Economy Institute



Comparison of AI diffusion to other earlier technologies. Source: Microsoft AI Diffusion Report 2025.

Source: AI Economy Institute

Despite global interest, most real-world AI deployments come from the developed settings

New data shows the world is using artificial intelligence at record levels, but it also reveals a widening divide.

Delays in adoption will further widen inequities

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Countries may not adopt due to lack of "perfect" conditions while AI evolved rapidly

Countries that do not engage early risk having standards set by others

Countries miss opportunities to learn through real-world implementation

Waiting for perfect conditions delays benefits and would only widen inequities

Risks from inappropriate adoption

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Data bias : Models trained on HIC populations perform poorly in different epidemiological, linguistic, and care contexts

Access gap: High-cost AI tools remain inaccessible to under-resourced systems

Automation bias: Over-reliance on AI where human oversight is weakest

Digital divide: Countries with the greatest health needs have the least capacity to shape AI norms

Without deliberate action, AI risks reinforcing and accelerating existing disparities.

Risk classification

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Low Risk
Human-in-the-loop

Applications that support administrative or operational functions.

These do not directly affect clinical outcomes and operate within routine human oversight.

The consequences of error are limited to inconvenience or efficiency loss.

Medium Risk
Human-on-the-loop

Applications that inform clinical decisions but are subject to independent clinician judgment

These carry moderate clinical risk that depends on the reliability of human oversight in the deployment setting.

High Risk
Human-out-of-the-loop

Applications whose output directly triggers or substantively determines clinical action with minimal or no real-time human review

These carry the highest clinical risk because the margin for human correction is narrow or absent.

Responsible AI: Priorities in Western Pacific (Regional Committee in 2025)

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PRIORITY USE CASES
Identifying What Matters Most

Prioritize Real-World Impact Over Novelty

- Select AI applications based on patient benefit, cost-effectiveness, and safety.

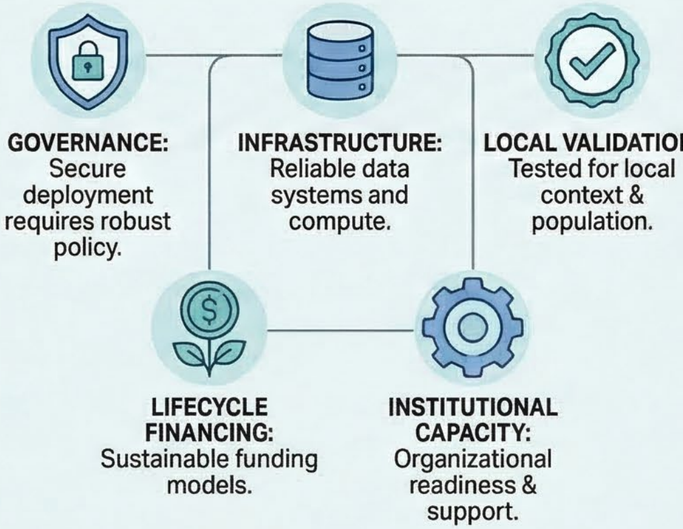
EXAMPLE USE CASE

Rural diabetic retinopathy screening.

KEY TAKEAWAY:
AI must be integrated into a safe, sustainable, and people-centered system to improve health equity.

AI ECOSYSTEM
Building the Foundation

Build the Minimum Foundational Ecosystem



KEY TAKEAWAY:
A stable ecosystem across five domains is essential for scalable AI.

CAPACITY DEVELOPMENT
Training Everyone Involved

Upskill People Across the Entire System

POLICYMAKERS: Training on regulation & ethical oversight.

HEALTH WORKERS: Clinical use training & interpretation.

TECHNICAL STAFF: Security.

KEY TAKEAWAY:
Successful adoption requires targeted training for all key stakeholders.

Some Recommendations for Member States

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1. Assess Value and Prioritise Use Cases

Use structured assessments for health benefit, capacity, and affordability. Identify national priorities. Address existing use cases.

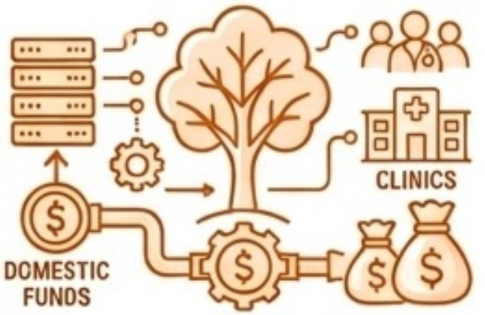
2. Govern Proportionately to Risk

Classify by clinical risk. Update regulations. Scale oversight. Use sandboxes.

3. Build Capacity Deliberately

Embed training in medical education & QA. Strengthen HTA and validation skills. Avoid standalone programs.

4. Fund the Ecosystem, Not Just Tools



Allocate domestic funds for full lifecycle (infrastructure, workforce, governance). Align AI with health health priorities. Match funding to accrued benefits.

NotebookLM

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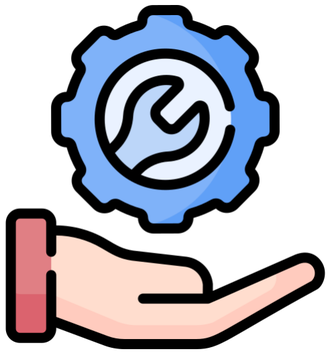
Role of WHO

Normative guidance and standard-setting

Technical Assistance and Country Support



Intergovernmental Convening and Policy Dialogue

Knowledge Generation and Collective Learning

Platforms for Collaboration

AI can widen gaps or close them. Start small, learn locally, act deliberately.

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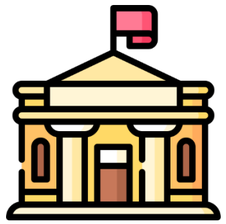
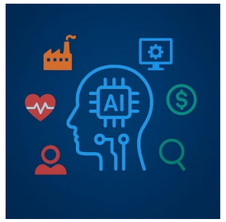
A stepwise approach to adopting AI in Health



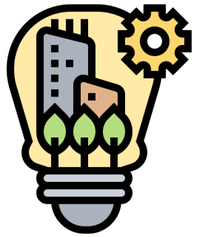
Establish institutional authority and governance architecture for responsible AI in Health



Identify priority use cases and build the minimum ecosystem to support them

Align financing and incentive structures to sustain responsible AI adoption

Embed capacity building in AI implementation program and existing systems



Strengthen local innovation capacity within the regional ecosystem