ADB

World Health Organization
Western Pacific Region

HLT High-Level Technology Fund
providing high tech solutions

KOREA e-Asia Fund

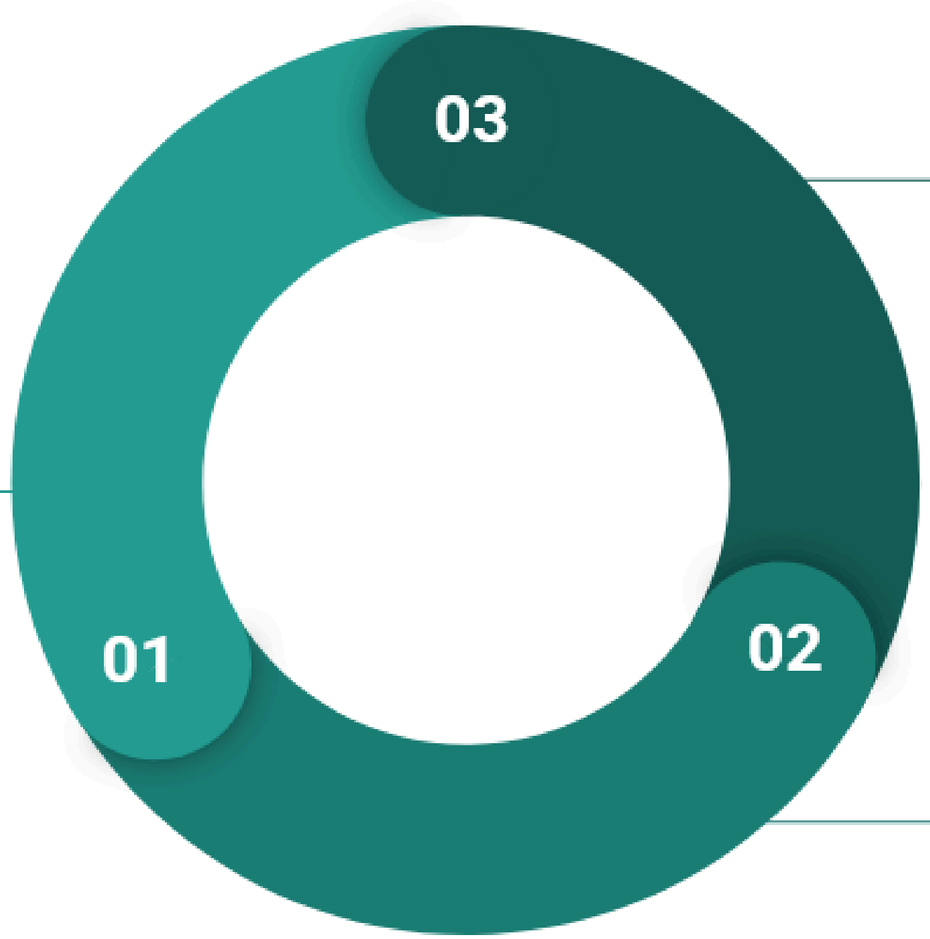
Forum on Harnessing Artificial Intelligence for HeAIth Equity

25–26 March 2026

Online and In-Person, ADB Headquarters, Manila, Philippines

Should we adopt this AI? How to prioritize?

Value-Based Framework



Benefit

What benefit does it offer over realistic current practice, for whom?

Cost

Is it worth what it costs? Is the investment justifiable?

Risk

What is the risk in this deployment context? What is the probability and severity of harm?

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Benefit

1.1 Disease / health burden

- Is the health condition targeted a significant cause of morbidity, mortality, or disability?
- Is there evidence that this condition is currently under-detected/-treated or inadequately managed?
- Does this use case target a population group/area with disproportionately poor health outcomes?

1.2 Advantage over current practice

- What is the realistic current standard of care or practice for this condition?
- What specific improvement does this AI offer over current practice??
- Is there credible evidence (peer-reviewed studies, pilots, or validated field data) that this tool delivers the claimed improvement?

1.3 Reach and equity

- Without this AI, what would this population have access to instead?
- Does this use case extend meaningful access to populations?
- Are there populations who would be systematically excluded or underserved by this tool as proposed?
- Is the health need this tool addresses likely to grow, remain stable, or decline in this setting over the next 5–10 years?

Risk

2.1 Likelihood of error

- What is the most likely error and what would happen to a patient?
- How severe and reversible is the likely harm if the tool errs?
- Is this a high-stakes decision or a lower-stakes advisory output?
- Could systematic errors disproportionately harm a specific population subgroup in this setting?

2.2 Severity of potential harm

- What is the realistic current standard of care or practice for this condition?
- What specific improvement does this AI offer over current practice?
- Is there credible evidence (peer-reviewed studies, pilots, or validated field data) that this tool delivers the claimed improvement?

2.3 Ecosystem readiness signal

- Is it possible to place a qualified clinician in the decision loop in this setting?
- Is there any existing mechanism through which users could flag errors or adverse events linked to this tool?
- Is there any legal, regulatory, or institutional framework — national or international — that could be applied to govern liability and patient rights for this tool in this setting?

Cost

3.1 Full cost (lifecycle)

- What are the main cost components for this deployment?
- Taking those cost components together, how would you characterize the overall financial burden this deployment places on the health system?

3.2 Health gain

- Is there evidence — from this or similar settings — of the health outcomes this tool achieves per unit cost?
- At the scale envisaged, does the likely health gain justify the full deployment cost compared to other interventions that could be funded?
- Does this tool reduce costs elsewhere in the system that offset part of its cost?

3.3 Opportunity cost

- What would not be funded if resources are allocated to this AI?
- Are there lower-technology alternatives that could address the same need at lower cost and risk?
- Would this deployment create long-term vendor dependency that limits future choices or drives up costs over time?

Group Exercise

Taluvea

Diabetic retinopathy

Selvoria

TB Chest X-Ray

Dhanora

LLM-based Decision Support

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Discussion & Report Back

What is the group's overall recommendation?

- ☐ PROCEED
- ☐ PROCEED WITH CONDITIONS
- ☐ PAUSE, PENDING REVIEW
- ☐ DISCONTINUE

Are these questions helpful? What's missing?

Do you foresee your MOH using it?

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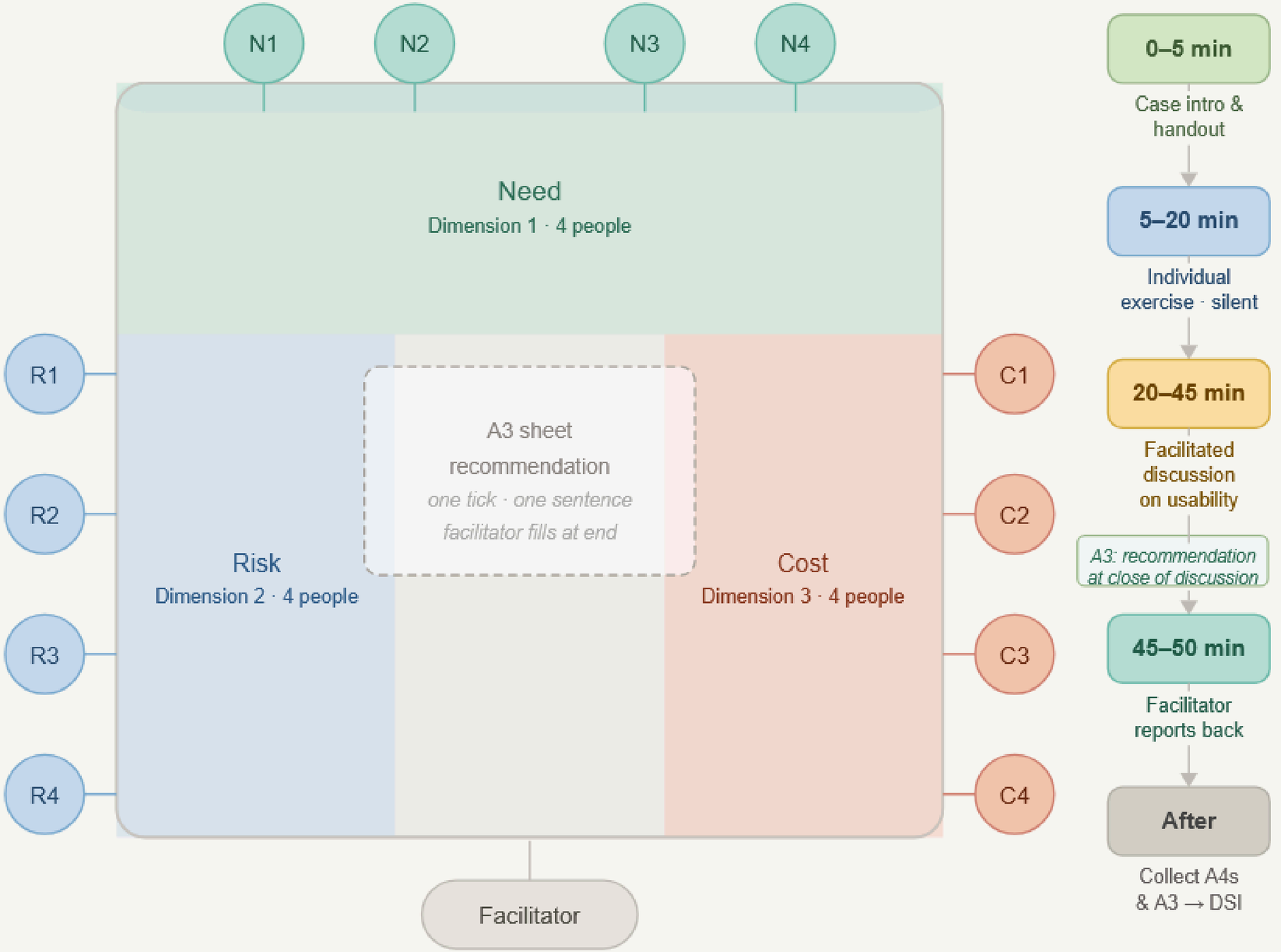
Stage

VIP | DMC | DMC | DMC | Moderator

Pax | DMC | DMC | Pax

Pax | Pax | Pax | Pax | Pax

Pax | WHO | WHO | Pax


N1
N2
N3
N4
Need
Dimension 1 · 4 people
R1
R2
R3
R4
Risk
Dimension 2 · 4 people
A3 sheet
recommendation
one tick · one sentence
facilitator fills at end
Cost
Dimension 3 · 4 people
C1
C2
C3
C4
Facilitator
0–5 min
Case intro & handout
5–20 min
Individual exercise · silent
20–45 min
Facilitated discussion on usability
A3: recommendation at close of discussion
45–50 min
Facilitator reports back
After
Collect A4s & A3 → DSI