



# Forum on Harnessing Artificial Intelligence for He**AI**th Equity

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# A Mapping of AI Education and Training Initiatives for Health Professionals in the Western Pacific

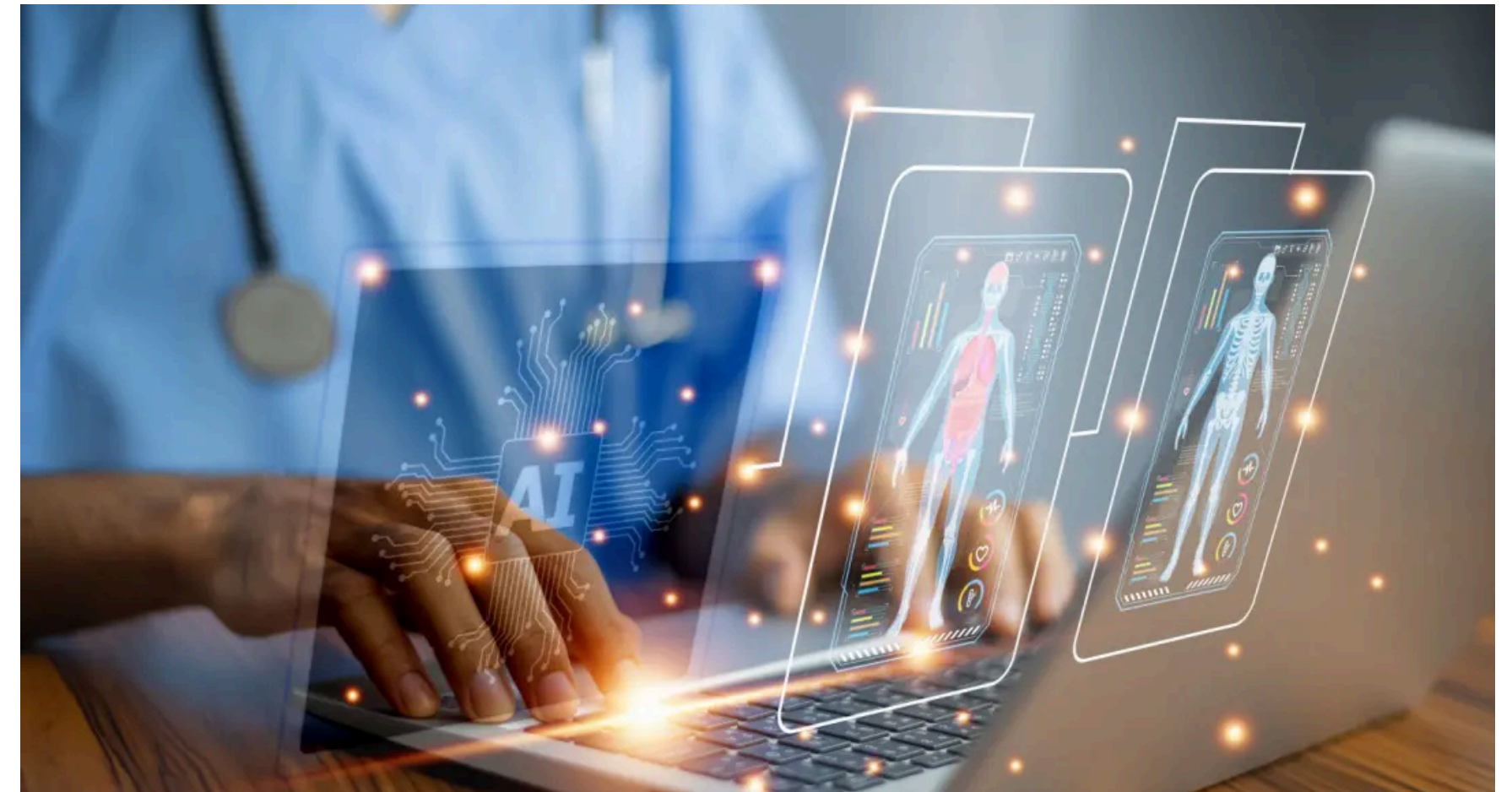
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Based on a scoping review of 125 initiatives identified between 2020 and 2025

# AI is becoming a practical workforce issue across health systems

- AI is moving from experimentation to deployment across clinical care, public health, and health system operations.
- Workforce readiness is now a practical bottleneck for safe, effective, and equitable use.
- This review provides a regional baseline of what exists, where it is concentrated, and what remains missing.



**125**

initiatives identified

**2020–2025**

period covered

**39 settings**

38 Member States +  
Thailand

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# The mapping required a high-volume review and synthesis process

Rather than a light-touch review, this was a high-volume screening and synthesis process combining bibliographic databases, grey literature, human review, and AI augmentation.

**38,513 records identified across two rounds of search**

## Round 1 | Human-led review

~17,249 records identified  
Manual title/abstract screening and full-text assessment  
**84** programs validated

## Round 2 | AI-augmented review

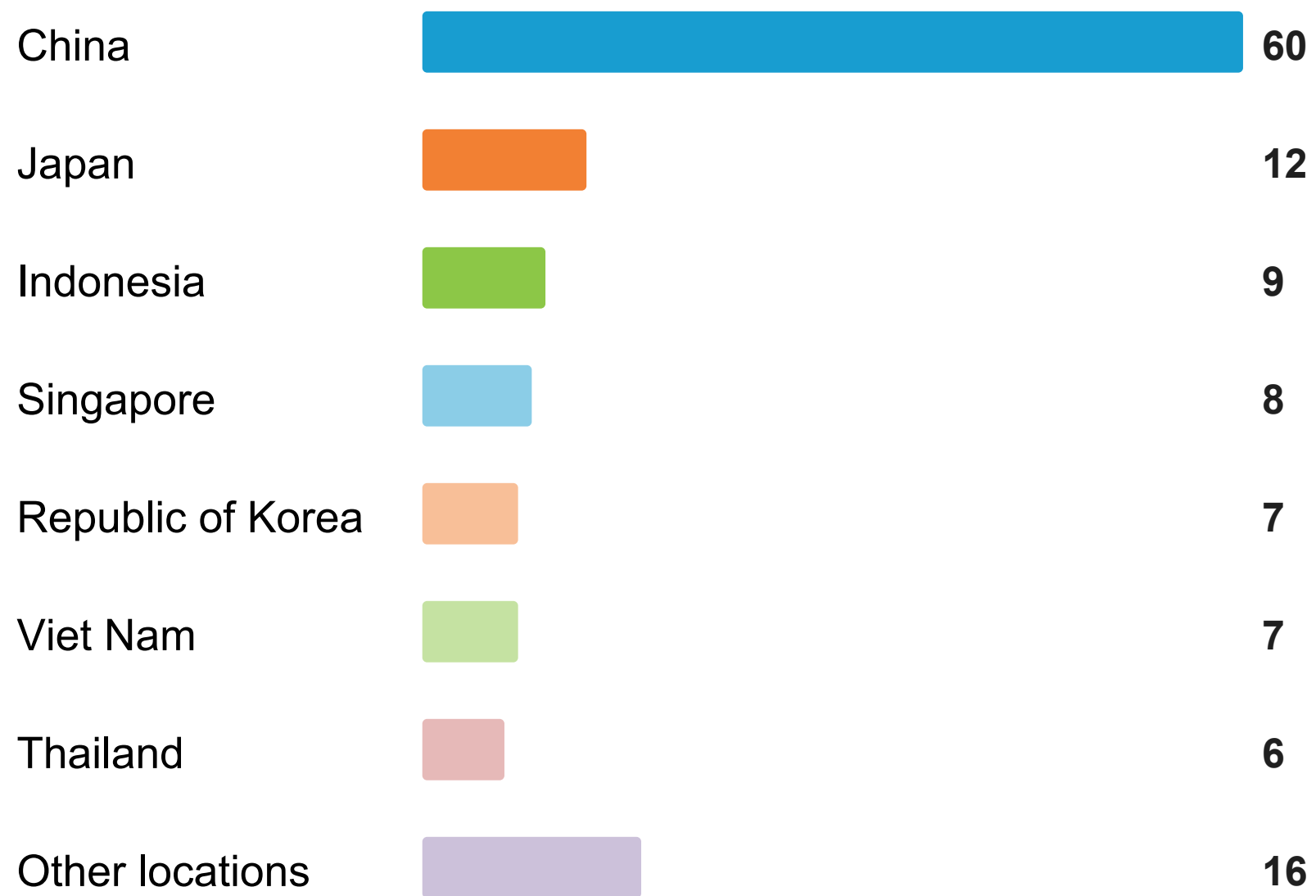
~21,264 records identified  
Refined search + AI-assisted title/abstract screening with human validation  
**47** programs validated

## Synthesis

131 validated records merged  
Cross-check and de-duplication (-6 duplicates)  
**125** unique initiatives included in the final map

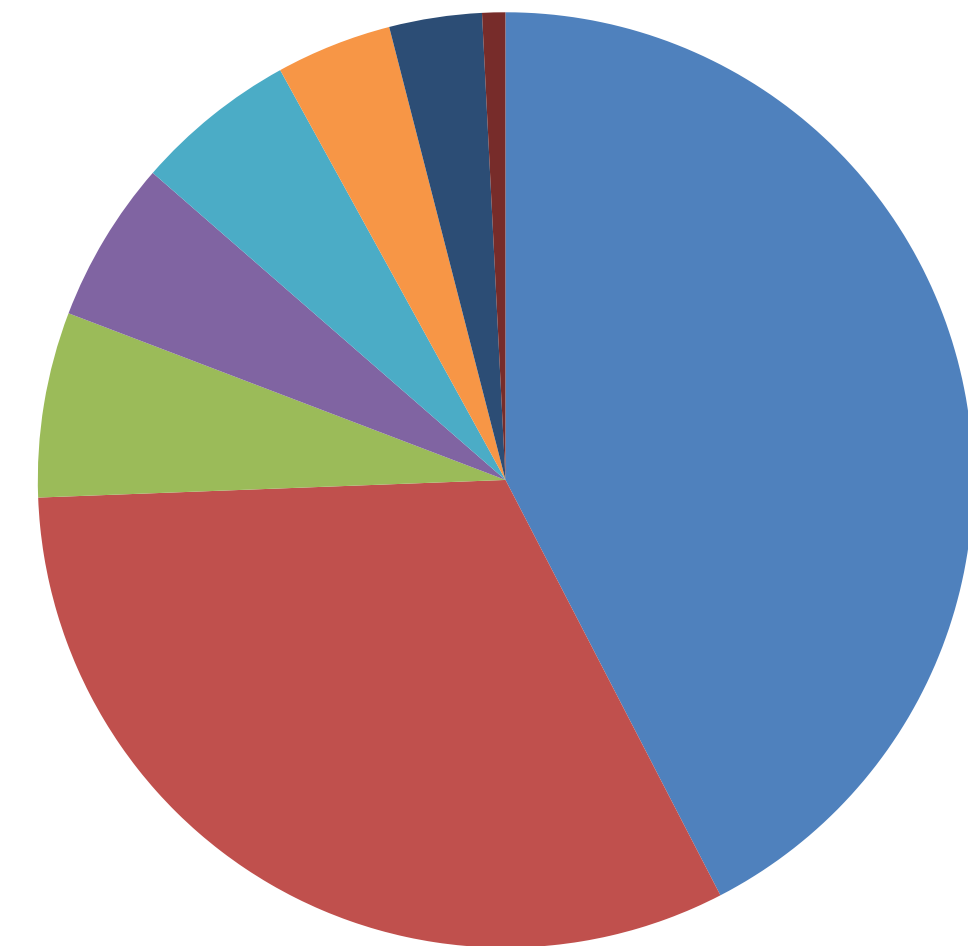
# The regional landscape is growing, but highly uneven

Top countries by number of initiatives



**48% of mapped initiatives were in China.**

*A hub-driven landscape, with much thinner coverage elsewhere*

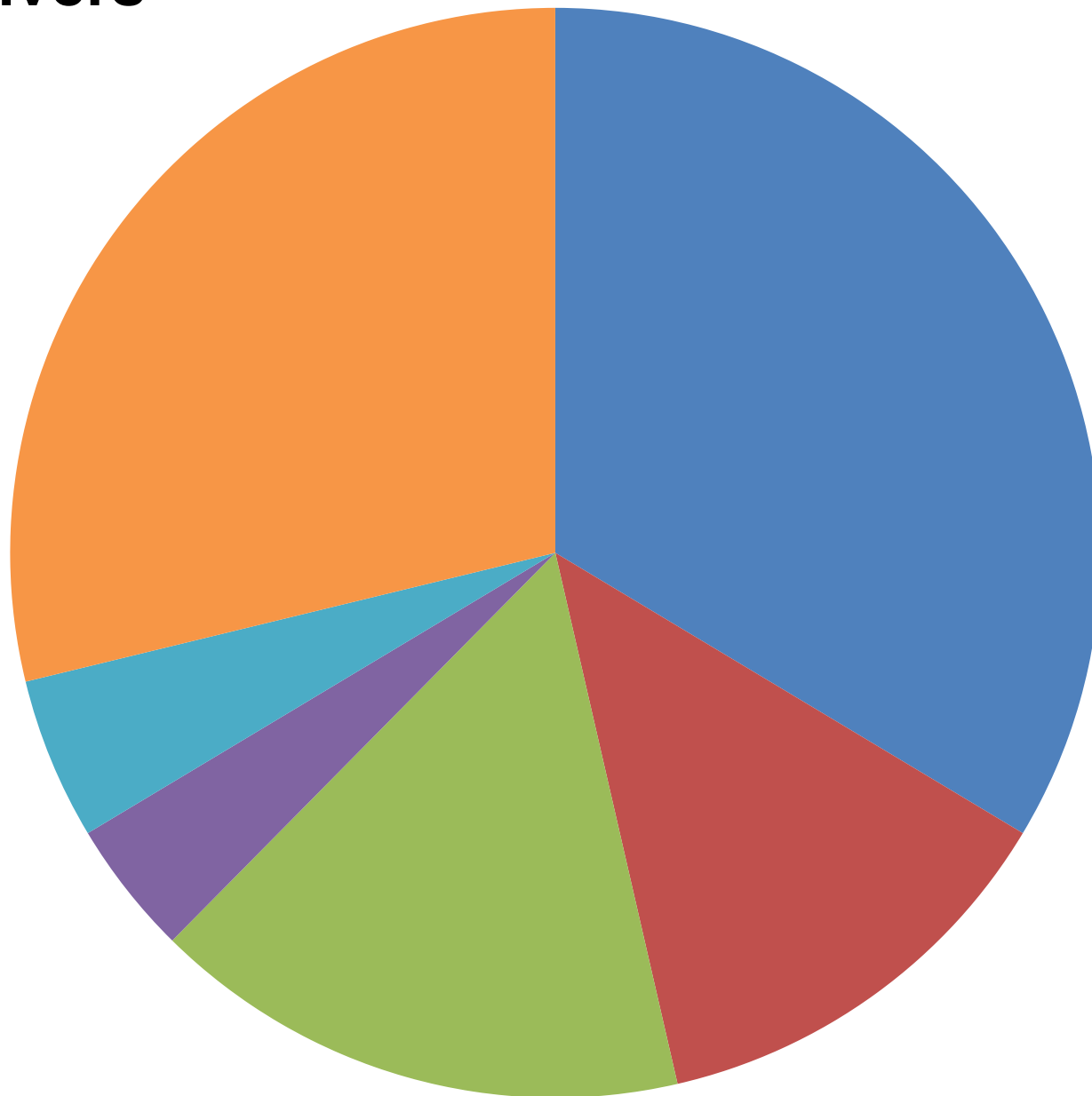


Pacific Island nations and lower-income countries show limited or no documented offerings.

**Access is shaped not only by geography, but also by language.**

# 6 training archetypes are shaping the emerging ecosystem

## Key Drivers



## 6 Archetypes

- |   |   |
|---|---|
| 1. Formal academic curricula (university-led) | 2. *CPD short courses (professional societies/government) |
| 3. Workshops and hands-on bootcamps           | 4. Modular online courses/micro-credentials               |
| 5. Vendor-linked applied trainings            | 6. Public-sector National Campaigns                       |

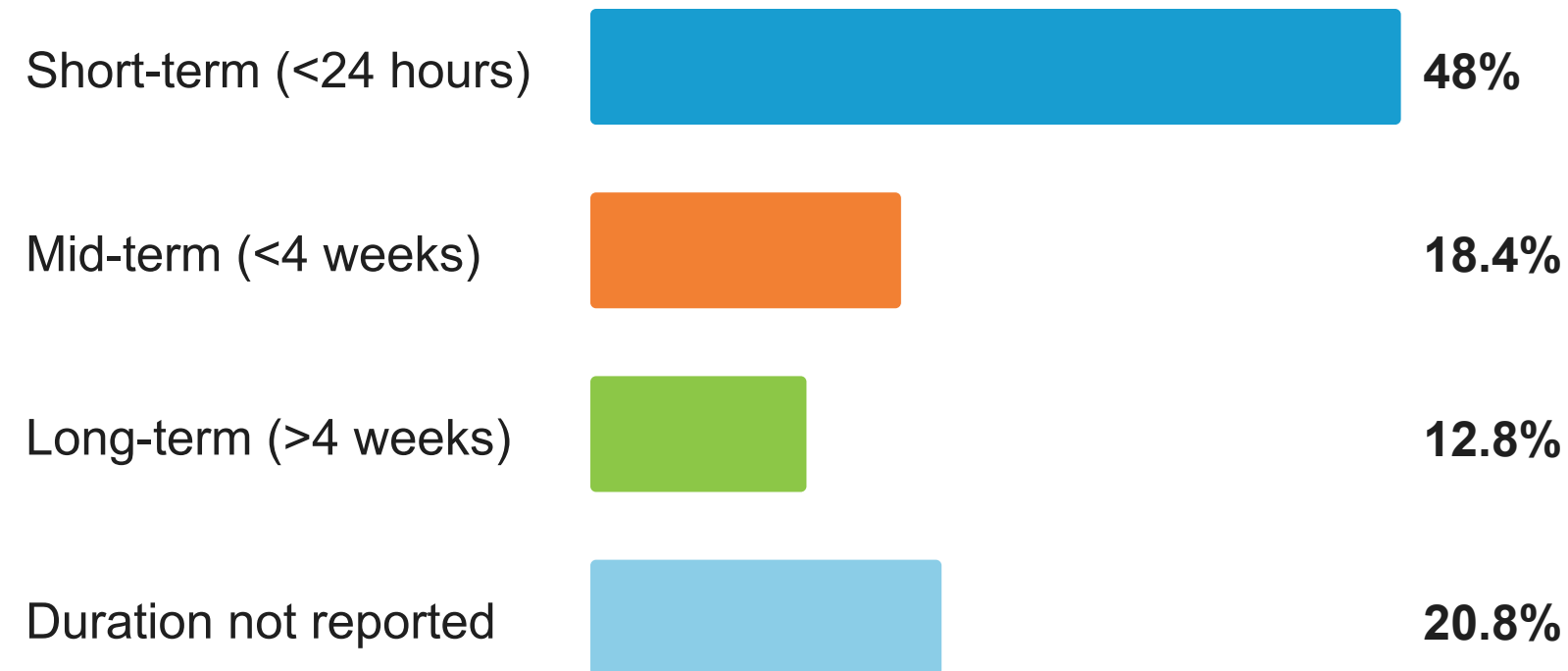
\*CPD – continuing professional development

These categories reflect **synergies and gaps** in AI education:

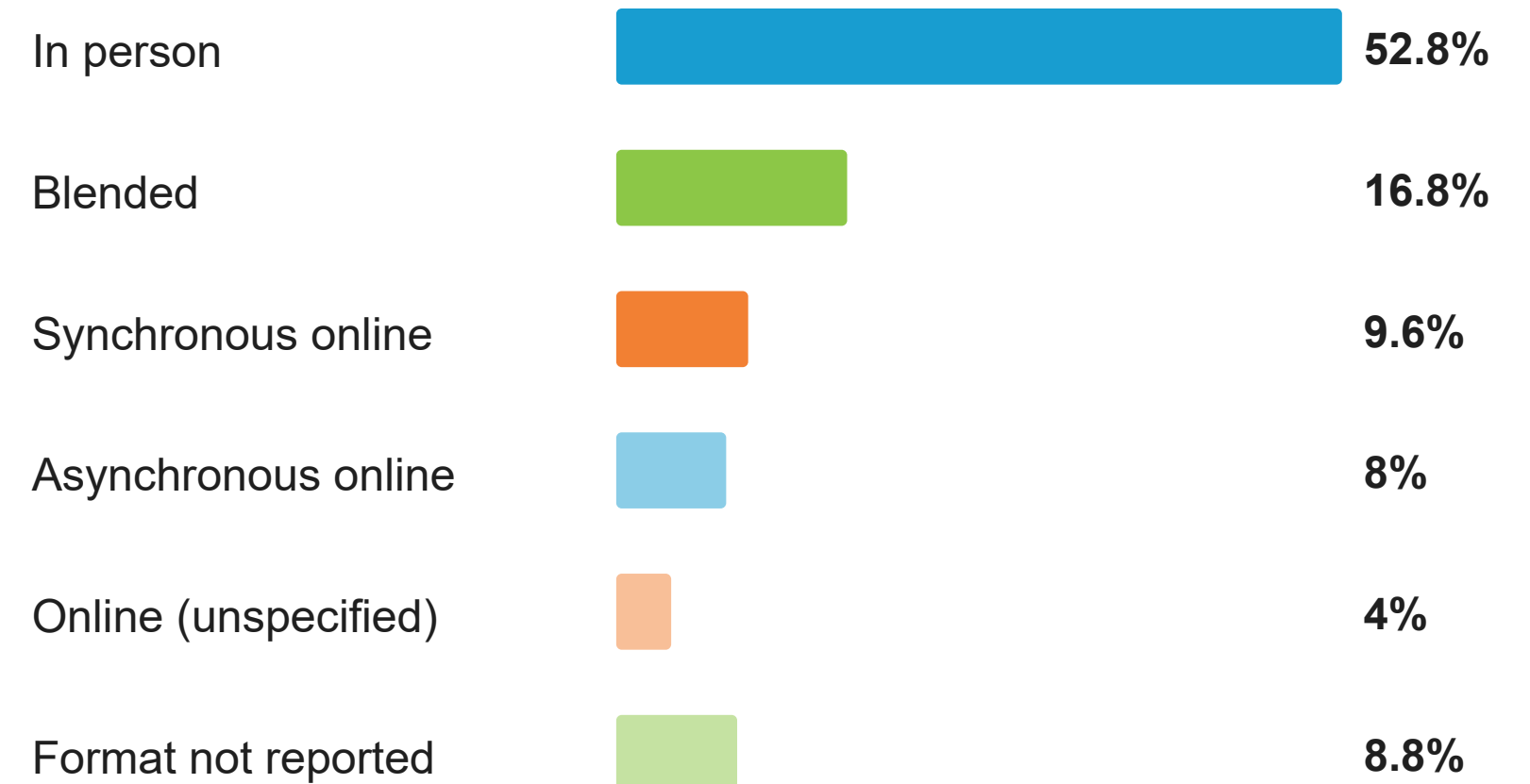
- **Academic institutions** emphasize **pre-service training**, whereas **professional societies** focus on **CPD**.
- **Vendor-linked trainings** focus on specific product use, often lacking broader **governance** or **systems integration**.

# Most training remain short, in-person, and locally delivered

## Duration



## Delivery mode



**74.4%**

single-site or institutional deployment

**21.6%**

Fully online / virtual deployment

**7.2%**

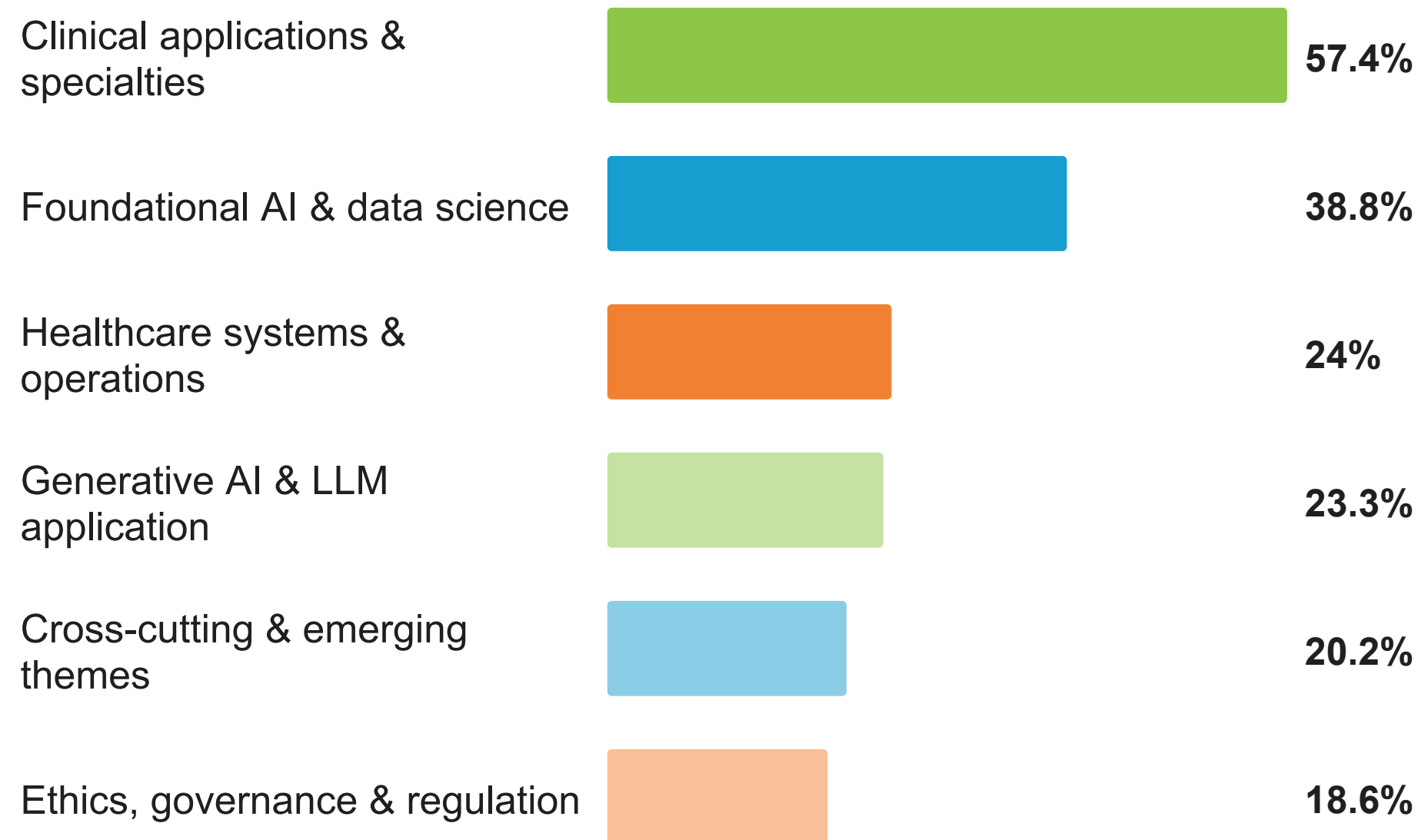
national deployment

**Message**

... awareness training, weaker for deep skill-building and

Limited **access to remote or underserved professionals** due to in-person course dependency.

# The curriculum emphasizes application more than governance and regulation



**57.4%**  
Training most often emphasizes direct clinical utility

**23.3%**  
Generative AI is already a visible part of the curriculum

**18.6%**  
Ethics, governance, and regulation remain the least integrated major topic area

**Capability** is advancing faster than **governance literacy**.

# There is a lack of evidence on post-training outcomes and impacts

The review found strong evidence of instructional activity, but much weaker evidence on what happens after training — especially for behavior change, system impact, and equity.

**44.4%**

of initiatives did not report enrollment reach clearly.

**94.4%**

scored 0 on the Equity appraisal domain.

**72.8%**

showed little or no reported evidence of behavior change in practice.

**87.2%**

showed little or no reported evidence of system-level results.

**Only 3.2% of initiatives reported an explicit equity strategy.**

# Four key findings define the current regional landscape

Across the region, AI education for health professionals is growing — but the pattern is still concentrated, shallow in reach, and uneven in quality safeguards.

## 1. Momentum is real

125 initiatives were identified between 2020 and 2025, showing that AI training has moved beyond isolated experimentation.

## 2. Growth is concentrated

Provision is clustered in a small number of countries and institutions, with much thinner coverage in lower-resource and more remote settings.

## 3. Training depth is limited

Most offerings are short, in-person, and application-focused. They build awareness and practical exposure more often than sustained competency.

## 4. Governance remains peripheral

Ethics, governance, regulation, equity, and outcome evaluation remain much less visible than direct clinical or technical application.

# Three strategic shifts can turn activity into workforce capacity

The evidence points to three shifts: clearer pathways, more inclusive access, and stronger outcome evidence.

## From pilots to pathways

Move beyond stand-alone courses toward stackable competency pathways that connect undergraduate training, specialist education, continuing professional development, and workplace use.

## From access to inclusion

Regional scale will depend on multilingual, low-bandwidth, hybrid, and vendor-neutral delivery models so participation does not depend on geography, language, or institutional prestige.

## From activity to evidence

Stronger monitoring is needed to show not only who was trained, but whether training changes learner behavior, service delivery, and broader system performance.

**Regional implication:**  
**AI-for-health training** should be treated as **workforce infrastructure**, not as a loose collection of courses.

# Recommendations for Building AI Capacity for the Health Workforce

Frameworks & pathways	Develop and adopt a regional AI-in-health competency framework	Create stackable, competency-based pathways that link CPD and formal education
Capacity building & mentorship	Strengthen faculty capacity and train-the-trainer models, especially in underserved areas	Establish regional communities of practice and mentorship networks
Governance & safety	Link AI training more explicitly to governance, procurement, and safety processes	Encourage vendor-neutral curricula while engaging constructively with industry
Inclusive learning models	Promote inclusive delivery models: multilingual, low bandwidth, and blended approaches	Improve monitoring, evaluation, and transparent reporting, with an explicit equity lens
National integration & repository	Support national recognition and integration of AI competencies into health workforce policies	Maintain a living regional repository of AI training mapped to competencies and equity features

# Institutional strengths provides academic, clinical, and regional collaboration capacity



## Peking University

One of China's leading universities, with strong academic reputation, research capacity, and policy credibility.



## PKU Health Science Center

5 schools, 6 affiliated hospitals, 4 co-built hospitals, and 11 teaching hospitals underpin PKUHSC's multidisciplinary training in medicine.



## School of Public Health

A leading institution with 10 departments, 14 research entities and extensive global collaborations. The school provides support to the Chinese government delegation for global health governance at the 2024 World Health Assembly.



## Department of Global Health

Cross-regional overseas bases, 100+ research projects, participates in WHA annually as the Chinese delegation, and serves as the Secretary of the China-ASEAN Science & Technology Cooperation Center for Public Health.

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# Institutional Partnerships

## *National Center for Health Professions Education Development (NCHPED)*

EST. by Peking University on May 16th, 2018

Entrusted by the commission of the **Ministry of Education (MOE)** and the **National Health Commission (NHC)**

NCHPED conducts **over 60 research projects** including projects from **MOE** and **NHC**, **Chinese Academy of Engineering**, **National Social Science Foundation of China**, **National Natural Science Foundation** etc.

The executive deputy director of NCHPED, Weimin Wang, currently serves as the vice president of the Western Pacific Association for Medical Education (WPAME) of the World Federation for Medical Education.



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# Thank you!

—  
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