COMMITTEE A3
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GLOBAL MODEL UN WHO 2026

ANNOTATED BIBLIOGRAPHY

COMMITTEE A3: AI, HEALTH, INFORMATION AND TRUST

Simulation: Committee A3

Welcome to Global Model WHO 2026,

We are very pleased to introduce you to the most authentic simulation of the World Health Organization in the world; and hope to contribute to your understanding of the organization, its mandate, and its critical role in global affairs.

Through a series of pre-conference webinars that will be offered and documents – like this resource guide – we aim to educate you not only about the global issues on the UN agenda, but also about the ways and means through which those topics are discussed, debated and negotiated by real UN diplomats.

This resource guide will provide you with a head start in doing research to gain a deeper understanding of the global issue that you will be discussing and the actions that the government you have been assigned recommends that the international community should take to address this issue. To make the research process a bit easier, the resource guide has been divided into sections and sub-sections to assist you in researching these two components. We strongly recommend you to give a careful look through the sources listed below so that the interaction with your peers is as exciting as possible.

We wish you all the very best in this journey of learning!

TOPIC DESCRIPTION

Artificial intelligence is becoming part of health care, public health, research and health-system management. AI can help analyze medical images, identify disease risks, summarize clinical information, support surveillance, improve access to services and help policy-makers use large amounts of evidence. At the same time, these systems depend on health information that is often highly sensitive. If data are inaccurate, incomplete, biased, insecure or used without appropriate safeguards, AI can produce unreliable or unfair results and weaken public trust. Generative AI also makes it easier to create convincing false or misleading health information. The central policy challenge is therefore not simply whether AI should be used in health, but how governments can ensure that AI and health-information systems are safe, evidence-based, transparent, equitable, accountable and worthy of trust.

Key Points and Main Issues

WHO's Global Strategy on Digital Health 2020–2027 places AI within a broader digital-health system built on governance, trustworthy data, privacy, security, interoperability, equity, digital literacy and public participation. WHO's more recent work makes the challenge more urgent: AI is being deployed faster than many health systems are developing the laws, standards, workforce capabilities and accountability mechanisms needed to govern it. Delegates therefore need to consider both the benefits AI can bring to health and the conditions that make its use trustworthy.

1. GOVERNING AI FOR HEALTH AND KEEPING HUMANS IN CONTROL

AI can help clinicians and health systems make decisions, but not every use creates the same level of risk. An AI tool that schedules appointments is different from one that recommends a diagnosis, changes a treatment plan or decides which patients receive scarce services. Governments therefore need to decide which uses require stronger rules, what evidence must be provided before a system is used, who may approve its use and which decisions must remain under human control.

Key issues include:

- Risk-based regulation: Apply stronger requirements when an AI system can significantly affect a person's diagnosis, treatment, access to care or safety. Lower-risk administrative uses may not need the same level of review.
- Human oversight: Having a person 'in the loop' is not enough if that person cannot understand, question or stop the AI. Effective oversight means a qualified person has the information, time and authority to reject or override an AI recommendation when necessary.
- Decision rights: Decide in advance what the AI may only suggest, what it may do automatically, and what requires approval by a clinician or another responsible person. This prevents important decisions from being transferred to AI simply because the technology can perform them.
- Oversight throughout use: Checking an AI system only before it is introduced is not enough. Its accuracy and safety should continue to be monitored because the patients, data, clinical practices or software may change over time.
- Purchasing AI systems: Before hospitals or governments buy or expand an AI system, they need evidence about how well it works, for which patients it has been tested, its known limitations, how data are protected and what support the supplier will provide when problems occur.
- Agentic AI: Some newer AI systems can carry out a series of actions rather than simply give advice. Health systems need to specify what actions such a system is allowed to take, what it is prohibited from doing, when it must stop and ask a person for approval, and how its actions will be recorded and reviewed.

Key Points and Main Issues (cont.)

Recommended Actions

- Create rules for the use of AI in health that identify which uses are low or high risk, which authority reviews them, and what requirements must be met before they are introduced.
- Before high-risk AI is used, require evidence that it works safely for its intended purpose and population. Continue checking its performance after deployment and require action when serious problems appear.
- Specify what developers, hospitals and other health institutions, health professionals and government regulators are each responsible for—for example, who tests the system, who decides whether to use it, who monitors problems and who must respond when harm occurs.
- For decisions that could seriously affect a person's health or access to care, require a qualified person to review the AI's recommendation and give that person the authority to reject or change it.

Issues for delegates to consider

- Which health decisions should AI be allowed to make or carry out without prior human approval?
- Who should be responsible when an AI system contributes to patient harm?

Key Points and Main Issues (cont.)

2. PROTECTING HEALTH DATA, PRIVACY AND CONSENT

AI systems often use large amounts of information about individual patients and entire populations. This can improve care and research, but health information can reveal diagnoses, genetic characteristics, medications and other highly personal facts. The policy challenge is therefore to decide who may collect and use health data, for what purposes, and under what protections—while still allowing legitimate uses that can improve health.

Key issues include:

- Primary and secondary use: Information collected to treat a patient is being used for its primary purpose. Using the same information later to train an AI system, conduct research, compare hospital performance or plan health policy is a secondary use and may require different rules or authorization.
- Consent for later uses: A patient may agree to data being used for treatment without realizing that the same data could later be used to train an AI model. Governments must decide when new consent is required and when another legal basis may permit a public-interest use.
- Collecting only what is needed: Keeping more data than necessary creates additional privacy and security risks. Organizations should be able to explain what information they need, why they need it and when it will be deleted.
- Cybersecurity: Connecting hospitals, laboratories, cloud services and AI systems creates more points that attackers can target. A breach can expose private information, alter medical records or interrupt health services.
- Removing identifying information: Taking names and obvious identifiers out of a dataset reduces privacy risks, but people can sometimes still be identified by combining remaining details with other information.
- Data crossing borders: Health data used for international research or stored by cloud providers may move to countries with different privacy laws. Governments therefore need rules about where data may go, who remains responsible for protecting them and what happens if protections are weaker elsewhere.

Key Points and Main Issues (cont.)

Recommended Actions

- Set rules stating who may collect, store, share and use health data, and require security measures such as access controls, secure storage and procedures for responding to data breaches.
- Specify when health data collected for patient care may later be used for research, AI training or policy analysis, and whether that later use requires the patient's consent, approval by an ethics or data authority, or another legal basis.
- Require organizations to tell people what health data they collect, what the data will be used for, who may receive them and how long they will be kept.
- Keep records showing who accessed or changed sensitive health data, investigate suspected misuse and establish consequences when organizations or individuals violate the rules.

Issues for delegates to consider

- When should patient data be usable for public-interest research without specific consent for every new project?
- What protections should apply when health data are processed by private AI or cloud providers?

Key Points and Main Issues (cont.)

3. ENSURING DATA QUALITY, REPRESENTATIVENESS AND INTEROPERABILITY

AI systems learn from and operate on health information. If that information is wrong, incomplete or drawn mainly from some groups, the AI may give unreliable results. A separate problem arises when hospitals, laboratories and other services store information in systems that cannot exchange or interpret one another's data. Delegates therefore need to consider both the quality and representativeness of the data used by AI and whether health-information systems can communicate with one another.

Key issues include:

- Data quality: Missing diagnoses, outdated records or incorrectly entered information can lead an AI system to learn the wrong patterns or make poor recommendations.
- Representativeness: If the data used to build an AI system come mainly from certain ages, ethnic groups, countries or types of hospitals, the system may work less well for people who were poorly represented.
- Interoperability: Hospitals, laboratories, pharmacies and public-health agencies often use different computer systems. Common technical standards and definitions allow information from one system to be correctly read and used by another.
- Local testing: Good results in the country or hospital where an AI system was developed do not prove that it will work equally well elsewhere. Differences in populations, disease patterns, equipment and clinical practice can affect performance.
- Language and cultural context: Models may be less reliable in languages or settings poorly represented in training data.
- Control over national health data: Countries may want rules governing where nationally generated health data are stored, who may use them and whether local institutions and populations share in benefits created from those data.

Key Points and Main Issues (cont.)

Recommended Actions

- Adopt common technical formats and definitions so that hospitals, laboratories, pharmacies and public-health systems can exchange health information without changing its meaning.
- Require AI developers to state what populations and settings were represented in the data used to build and test the system, and identify groups or situations for which performance is uncertain.
- Before using high-impact AI widely, test it with the types of patients, languages, equipment and clinical conditions found in the places where it will actually be used.
- Invest in reliable electronic health records, secure data systems and procedures for correcting missing or inaccurate information so that AI is not built on poor-quality data.

Issues for delegates to consider

- How much local evidence should be required before an AI system developed elsewhere is used in a country's health system?
- How can countries improve data sharing without creating large centralized stores that increase privacy and security risks?

Key Points and Main Issues (cont.)

4. PREVENTING ALGORITHMIC BIAS AND WIDENING HEALTH INEQUALITIES

AI can widen health inequalities in more than one way. The system itself may work less accurately for groups that were poorly represented in its training data, and some people may have less access to AI-enabled services because they lack internet access, suitable devices, digital skills or accessible interfaces. These are different problems and require different responses.

Key issues include:

- Under-representation in data: Some populations may appear too rarely, or be described less accurately, in the data used to develop AI. This can cause the system to learn patterns that work better for some groups than others.
- Differences in performance: A system can have high overall accuracy while making substantially more errors for a particular sex, age group, ethnic group or other population. Overall averages can therefore hide unequal risks.
- Unequal access to digital services: Even a well-performing AI service may widen inequalities if people without reliable internet, devices, digital skills or accessible interfaces cannot use it.
- Differences between countries: Countries with fewer financial and technical resources may have to rely on AI developed elsewhere, using other populations, languages and clinical practices, and may have less capacity to test or modify it.
- Accessibility: Systems should be usable by persons with disabilities and people with different levels of literacy.
- Sharing benefits from data: If a population's health data help create a useful or profitable AI system, governments may consider whether that population should receive benefits such as affordable access to the resulting tool, stronger local research capacity or improvements in health services.

Key Points and Main Issues (cont.)

Recommended Actions

- Require developers and health institutions to report how an AI system performs for important population groups, not only its average performance, and investigate significant differences in error rates or outcomes.
- When essential services become digital, keep telephone, in-person or other non-digital ways to obtain care for people who cannot reliably use the digital system.
- Support AI systems that work in the languages and clinical settings of the populations they serve, and test them locally before relying on them for important decisions.
- Help countries with fewer resources obtain secure digital infrastructure, trained staff and access to tools for testing AI so they can evaluate systems themselves rather than relying only on claims made by suppliers.

Issues for delegates to consider

- Should an AI system be approved if its average performance is high but it performs substantially worse for a minority group?
- What obligations should developers have to populations whose data were used to build commercially valuable health AI?

Key Points and Main Issues (cont.)

5. EVALUATING SAFETY, EFFECTIVENESS AND RELIABILITY

A promising demonstration does not show that an AI system is safe enough for routine health care. Governments and health institutions need evidence that it performs accurately for its intended task, improves or at least does not worsen care, and continues to work under normal conditions. Generative AI creates an additional problem because it can produce answers that sound confident and convincing even when they are wrong.

Key issues include:

- Validation: Test whether the system actually performs the task it claims to perform, preferably using data and clinical settings that were not used to develop it.
- Benchmarking: Using the same agreed tests for several AI systems allows regulators and health institutions to compare their performance and identify weaknesses rather than relying on each developer's own claims.
- Fabricated answers ('hallucinations'): Generative AI can invent facts, references or medical recommendations while presenting them as if they were reliable. Users therefore need ways to verify important outputs.
- Changes in performance over time: An AI system that worked well when introduced may become less reliable as patient populations, medical practice, equipment or the data it receives change.
- Over-reliance on automation: Clinicians may accept an AI recommendation too readily because it appears objective or authoritative, even when their own judgement or other evidence suggests a problem.
- Monitoring after introduction: Some errors or rare harms become visible only after thousands of people use a system. Health institutions therefore need a way to detect, report and investigate problems after deployment.

Key Points and Main Issues (cont.)

Recommended Actions

- Match the amount of evidence required to the possible harm: an AI tool that can influence diagnosis or treatment should undergo more demanding testing than a low-risk administrative tool.
- For high-impact systems, use testing by organizations or experts independent of the developer and, where possible, compare systems using agreed performance tests.
- After an AI system is introduced, continue measuring accuracy and safety, give health workers a clear way to report errors or harmful incidents, and require investigation and corrective action when serious problems are found.
- Tell clinicians and, when relevant, patients what the system has and has not been tested for, which groups it may work less well for and when its output should not be relied upon without further checking.

Issues for delegates to consider

- What evidence should be required before AI is used in clinical care?
- How should regulators oversee AI systems that are updated frequently after approval?

Key Points and Main Issues (cont.)

6. TRANSPARENCY, EXPLAINABILITY AND ACCOUNTABILITY

Transparency does not mean that every patient must understand computer code. It means that people receive the information they need for their role. Patients may need to know that AI influenced their care and what that means; clinicians need information about performance and limitations; regulators need enough access to investigate safety and compliance. Accountability is the separate question of who is responsible for decisions and harm when several actors helped build, purchase and use the system.

Key issues include:

- Disclosure to patients: Patients may need to be told when AI plays an important role in a diagnosis, treatment recommendation or communication so they understand how a decision was reached and when they can ask for human review.
- Useful explanations: A patient may need a plain-language explanation of why a recommendation was made and its uncertainty, while a clinician or regulator may need technical evidence about accuracy, data and limitations. One form of explanation will not meet every need.
- Records for review: Health institutions should be able to reconstruct important AI-supported decisions—for example, what information entered the system, what it recommended, who reviewed the recommendation and what action was ultimately taken.
- Shared responsibility: A developer designs the system, a hospital chooses to deploy it and a clinician may use its recommendation. Rules need to identify what each actor is responsible for rather than allowing responsibility to disappear between them.
- Commercial secrecy: Companies may legitimately protect trade secrets, but secrecy should not prevent regulators or qualified independent evaluators from obtaining enough information to test safety, investigate problems and hold responsible actors accountable.
- Challenging decisions: A person affected by an important AI-supported decision should have a way to question it, obtain human review and seek correction or remedy if the decision was wrong or harmful.

Key Points and Main Issues (cont.)

Recommended Actions

- For high-impact AI, require developers and health institutions to provide the information patients, clinicians and regulators need about the system's purpose, evidence, limitations and role in decisions.
- For important AI-supported decisions, keep records showing the information used, the AI output, the person responsible for reviewing it and the final action taken so that errors can later be investigated.
- Before deployment, assign responsibilities for testing, purchasing, operating, monitoring and updating the AI system and specify who must respond if it causes or contributes to harm.
- Give patients and health workers a clear way to report a problem, request human review of an AI-supported decision, correct inaccurate information and seek a remedy when harm occurs.

Issues for delegates to consider

- How much explanation should patients receive when AI influences diagnosis or treatment?
- Can a health system rely on a proprietary AI tool if independent evaluators cannot adequately inspect how it works?

Key Points and Main Issues (cont.)

7. HEALTH MISINFORMATION, GENERATIVE AI AND INFORMATION INTEGRITY

AI affects trust in health information in two distinct ways. First, people may receive health advice directly from generative-AI tools such as chatbots, which can give useful explanations but can also produce convincing errors. Second, AI can be used to create or spread false health content through websites and social media. Governments therefore need policies both for AI systems that provide health information directly and for the wider online information environment in which misleading content can be amplified.

Key issues include:

- Too much conflicting information ('infodemics'): During an outbreak or other emergency, people may encounter such a large volume of accurate, inaccurate and contradictory information that it becomes difficult to know what guidance to trust.
- AI-generated false content: Generative AI makes it faster and cheaper to produce large amounts of convincing false text, audio, images and video, including fabricated medical advice or evidence.
- Amplification by recommendation systems: Social-media and search platforms decide which content users are most likely to see. Systems designed to maximize attention can sometimes spread sensational or misleading health claims more widely than reliable information.
- Health advice from chatbots: People may rely on a conversational AI system as if it were a clinician even though it may not know their medical history, may misunderstand the question and can produce incorrect information.
- Showing where content came from: Labels, digital credentials or other tools can help users determine whether an image, video or document was AI-generated or altered. These tools can help but cannot prove that the underlying health claim is true.
- Protecting freedom of expression: Governments may need to respond to demonstrably dangerous false health information, but rules should be narrowly designed so they do not give authorities broad power to suppress criticism, scientific disagreement or legitimate public debate.

Key Points and Main Issues (cont.)

Recommended Actions

- Make reliable health information easy to find and understand, including in relevant local languages, and teach people how to check sources, recognize manipulated content and understand the limits of AI-generated health advice.
- During outbreaks and other health emergencies, create teams or procedures that identify rapidly spreading harmful claims, determine whether they pose a real health risk and respond with timely, evidence-based information rather than attempting to suppress all inaccurate statements.
- Ask online platforms and AI providers to explain how they label AI-generated content, how recommendation systems may spread harmful health information, and what procedures they use to respond when their systems generate or amplify dangerous medical claims.
- Design measures against harmful misinformation around the specific risk—for example, correcting false claims, improving access to reliable information or requiring platform transparency—while protecting lawful expression and scientific debate.

Issues for delegates to consider

- What responsibilities should AI developers and online platforms have for false health information generated or amplified by their systems?
- How can governments counter dangerous misinformation without undermining legitimate debate or freedom of expression?

Key Points and Main Issues (cont.)

8. BUILDING PUBLIC TRUST THROUGH TRUSTWORTHINESS

Governments cannot create lasting trust simply by telling people that AI is safe. Trust is more likely when people can see that systems protect their information, work reliably, acknowledge uncertainty and provide a way to correct mistakes. The policy goal is therefore to make AI-enabled health services worthy of trust and to communicate honestly about both their benefits and limitations.

Key issues include:

- Trust and trustworthiness: Public confidence should be based on evidence that a system is safe, reliable and accountable. Efforts to increase acceptance should not substitute for fixing weaknesses in the technology or the way it is governed.
- Trust in institutions: A person's willingness to trust health AI may depend partly on previous experiences with hospitals, governments or technology companies. A technically accurate system may still face distrust if the institution using it has not handled data or errors responsibly in the past.
- Transparency about uncertainty: Overstating AI capabilities can damage trust when systems fail.
- Participation by affected people: Patients, health workers and communities can identify practical concerns—such as accessibility, language, privacy or effects on the patient-clinician relationship—that may not be obvious to technical developers.
- Clinician confidence: Health workers need evidence and training that help them distinguish situations in which an AI tool is useful from situations in which its output should be questioned or ignored.
- Responding to failures: When an AI system causes a serious error, institutions can protect or rebuild trust by acknowledging what happened, informing affected people, correcting the problem and explaining what will change to prevent a recurrence.

Key Points and Main Issues (cont.)

Recommended Actions

- Include patients, health workers and communities likely to be affected when deciding how high-impact AI will be introduced and when evaluating whether it creates practical problems or unequal effects.
- Publish understandable information about how important AI systems perform, where their limitations are known and what significant safety problems have occurred, while protecting legitimate patient privacy and security information.
- When communicating an AI result, explain important uncertainty and the need for human judgement instead of presenting the output as automatically correct because it was produced by AI.
- Ask patients and health workers about their actual experience with AI-enabled services—for example, whether explanations were understandable, human review was available and the technology made care easier or harder—and use the results to improve the service.

Issues for delegates to consider

- What evidence and safeguards should people have before they are expected to trust AI-enabled health services?
- Should public participation be required before certain high-impact health AI systems are deployed?

Key Points and Main Issues (cont.)

9. BUILDING WORKFORCE, REGULATORY AND INSTITUTIONAL CAPACITY

Buying an AI system does not make a health system ready to use it safely. Different people need different capabilities: regulators must judge evidence and enforce rules; clinicians must know when to use or question AI; purchasing officials must evaluate suppliers; ethics committees must review AI research; and technical staff must maintain secure systems. Countries also need to decide which capabilities they must build themselves and which can be shared through regional or international cooperation.

Key issues include:

- Regulatory expertise: Authorities need staff who can understand AI performance evidence, identify safety and data-protection problems and determine whether a system meets national requirements.
- Skills for health workers: Clinicians do not need to become AI engineers, but they do need to understand what a tool is designed to do, when it may fail and when a human should disregard or verify its output.
- Skills for purchasing decisions: Hospitals and ministries need staff who can ask suppliers for evidence about performance, security, data use, costs and maintenance instead of relying on marketing claims.
- Review of AI research: Ethics committees need enough expertise to assess questions such as reuse of patient data, bias, privacy, consent and risks created when experimental AI influences care.
- Long-term operating costs: AI systems require continuing spending on software updates, cybersecurity, data quality, technical support and staff training. A system that is affordable to buy may be difficult to maintain safely.
- Sharing expertise internationally: Countries can use common testing methods, recognize some assessments performed by trusted regulators and share specialist expertise. This can reduce duplicated work, especially where each country cannot maintain every type of technical expert.

Key Points and Main Issues (cont.)

Recommended Actions

- Add practical AI training to health-professional and regulator education so clinicians learn when to verify AI outputs and regulators learn how to assess evidence, data protection and safety risks.
- Bring together clinicians, data and cybersecurity specialists, patient representatives, ethics experts, purchasing officials and regulators to review important AI uses instead of leaving decisions to a single technical department.
- Where national resources are limited, use internationally agreed testing standards, shared evaluation tools or assessments from trusted regulators, while still checking whether the system is suitable for the local population and health system.
- When deciding whether an AI system is affordable, include continuing costs for software updates, cybersecurity, monitoring, staff training and technical support rather than considering only the purchase price.

Issues for delegates to consider

- What capabilities must every country develop domestically, and which can reasonably be shared regionally or internationally?
- How can lower-resource countries avoid dependence on technologies they lack the capacity to evaluate?

Key Points and Main Issues (cont.)

10. BALANCING INNOVATION, ACCESS AND REGULATION

Governments need to protect patients without creating rules that make useful technology unnecessarily difficult or expensive to introduce. The key is to distinguish uses according to risk. A low-risk administrative tool may be tested under lighter requirements, while an AI system that influences diagnosis or treatment should face stronger evidence and oversight. Delegates must therefore consider not simply whether regulation is 'strict' or 'flexible,' but which requirements are justified for which uses.

Key issues include:

- Supervised testing environments ('regulatory sandboxes'): Regulators can allow a new AI system to be tested with a limited number of users or in selected health facilities while imposing conditions, monitoring results and stopping the test if serious problems appear. This allows evidence to be gathered before widespread use.
- Updating rules as technology changes: AI capabilities can change faster than legislation. Governments may need procedures for revising technical standards and guidance without rewriting the entire legal framework each time the technology changes.
- Cost of complying with rules: Extensive testing and documentation can improve safety but can also be expensive. Governments should consider whether requirements unintentionally prevent smaller developers or lower-resource health systems from accessing useful technologies while still maintaining necessary protections.
- Open and proprietary systems: Systems whose code or model information is more openly available may be easier to inspect and adapt locally, while proprietary systems may provide stronger centralized support. Each approach also creates risks involving misuse, security, maintenance or lack of transparency.
- Intellectual property and access: Patents, copyright and trade secrets can reward companies for developing new technology, but governments may also need to consider whether these protections make important health technologies too expensive, prevent necessary scrutiny or make systems difficult to connect with other health technologies.
- Different national rules: If countries require completely different tests, documentation or data standards, developers and researchers may have to repeat the same work in each country. Greater alignment can reduce unnecessary duplication, but countries may still need flexibility for local laws and health-system needs.

Key Points and Main Issues (cont.)

Recommended Actions

- Set requirements according to what the AI system does and the harm it could cause, rather than applying the same rules to every AI technology or writing rules around a particular brand or technical design.
- Allow promising AI systems to be tested on a limited scale under regulator or health-authority supervision, with clear limits on who may use them, what data will be collected, how problems will be reported and what evidence is required before wider use.
- Work with other countries and international bodies to use compatible definitions, testing methods and data standards so evidence can be shared and health systems do not have to repeat unnecessary evaluations, while preserving national authority over approval and use.
- Before adopting an AI system, assess not only whether it works but also whether the health system can afford its continuing costs, maintain it safely and make it available without worsening inequalities in access to care.

Issues for delegates to consider

- How can countries regulate high-risk AI without preventing useful innovation?
- Should international minimum standards apply to AI used in health, even when national regulatory systems differ?

Key Points and Main Issues (cont.)

Central Questions for Delegates

1. Which uses of AI in health could cause serious harm if they are wrong—for example, systems influencing diagnosis, treatment or access to care—and what stronger requirements should apply to those uses?
2. Which health decisions may AI recommend, which may it carry out automatically, and which should always require approval by a qualified person?
3. When health data collected for patient care are later used for research, AI training or performance testing, when should new patient consent be required and when might another public-interest authorization be sufficient?
4. What evidence should be required to show that an AI system works safely and fairly for the population in which it will be used?
5. How should responsibility be divided among AI developers, health institutions, health professionals and regulators?
6. How can countries reduce algorithmic bias and prevent AI from widening existing health inequalities?
7. What obligations should governments, technology companies and online platforms have to protect health-information integrity?
8. What makes an AI-enabled health system trustworthy from the perspective of patients and health professionals?
9. How can lower-resource countries build the infrastructure, workforce and regulatory capacity needed to benefit from AI safely?
10. How can international cooperation reduce regulatory fragmentation while respecting national circumstances and sovereignty?

World Health Organization. Artificial intelligence-related health research: ethics review and oversight (21 July 2026). 2026

A major 2026 WHO report on ethical oversight of AI-related health research. It is especially useful for debates on research ethics committees, fairness, benefit sharing, data colonialism, ethics dumping, power imbalances and capacity-building in low- and middle-income countries.

World Health Organization. Artificial intelligence and evidence-informed policy: emerging challenges and opportunities (25 April 2026). 2026

Examines how AI can support health-policy analysis while creating risks involving bias, opacity, equity, data governance and regulatory gaps. It emphasizes that AI should augment rather than replace human judgement and recommends human oversight, multidisciplinary collaboration and risk-based regulation.

ITU-WHO-WIPO Global Initiative on AI for Health. Data standards for health AI: benchmarking, metadata and federated data discovery (27 March 2026). 2026

Shows how international organizations are developing common infrastructure for evaluating health AI. It is particularly relevant to benchmarking, metadata, federated approaches to data access and international standards.

ITU / WHO / WIPO. AI-enabled Health Innovation and IP: From idea to impact (2026). 2026

Joint guidance from ITU, WHO and WIPO covering intellectual property, commercialization, health-data governance, standards and regulatory pathways for AI-enabled health innovation. Useful for debates about scaling innovation while protecting the public interest.

OFFICIAL UN RESOURCES ON THE TOPIC (CONT.)

United Nations. Independent International Scientific Panel on Artificial Intelligence (2026). 2026

The UN's new scientific mechanism for assessing AI opportunities and risks. Its work is useful for placing health AI within the wider international debate over AI governance, scientific evidence, human control and global capacity gaps.

United Nations. United Nations Global Principles for Information Integrity (2024–2026 implementation). 2024–2026

Provides a broader UN framework for societal trust and resilience, public empowerment, transparency, research and healthy incentives in the information ecosystem. It is directly relevant to health misinformation and AI-generated content.

ITU-WHO-WIPO Global Initiative on AI for Health. Data standards for health AI: benchmarking, metadata and federated data discovery (27 March 2026). 2026

Shows how international organizations are developing common infrastructure for evaluating health AI. It is particularly relevant to benchmarking, metadata, federated approaches to data access and international standards.

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OFFICIAL UN RESOURCES ON THE TOPIC (CONT.)

United Nations. Global Digital Compact (22 September 2024). 2024

Adopted by Member States as part of the Pact for the Future. It addresses digital trust and safety, information integrity, responsible data governance, AI governance, human oversight, capacity-building and the need to counter misinformation while protecting human rights.

World Health Organization. Artificial Intelligence for Health (27 May 2024). 2024

A concise overview of WHO's approach to responsible AI for health, emphasizing safety, ethics, equity, governance, regulation and the danger that regulatory capacity may lag behind technological change.

These sources were selected because they relate directly to countries assigned in the simulation and reveal concrete national approaches to AI, health data, regulation, validation, human oversight or public trust.

United Kingdom Government / MHRA. Independent Commission blueprint for safe AI adoption in healthcare (10 September 2026). 2026

The UK commission's recommendations focus on accelerating useful AI while maintaining patient safety and trust. It gives delegates a recent example of regulatory reform responding to fast-moving health AI.

Brazil Ministry of Health. Smart hospitals and AI in care (5 August 2026). 2026

Brazil's Ministry of Health describes plans for smart hospitals and data intelligence within the public SUS system, illustrating how AI is being linked to public-sector modernization and professional decision support.

Singapore Ministry of Health. AI-assisted clinical note-taking tools: Parliamentary answer (4 August 2026). 2026

A concrete example of Singapore's human-in-the-loop approach. The Ministry states that health professionals must review AI-generated notes before they enter the clinical record, leaving professional responsibility with the clinician.

Saudi Arabia Ministry of Health. Health Innovation Sandbox (8 July 2026). 2026

Saudi Arabia's sandbox provides a controlled environment for testing digital-health and AI solutions with technical and regulatory guidance. It offers a concrete example of balancing innovation with validation and oversight.

Oman Ministry of Health. Trusted Data in the Age of AI for Effective Health Policymaking (19 May 2026). 2026

An especially relevant assigned-country statement. Oman stresses reliable, secure and interoperable health data, AI readiness, international cooperation and combating health misinformation. The event was held during WHA79.

Malaysia Ministry of Health. Malaysia at WHA79 high-level discussion on the future of AI (19 May 2026). 2026

Malaysia's Ministry of Health explicitly framed AI in health as a question of public trust, making this a particularly useful source for the simulation topic.

Kenya Ministry of Health. Kenya showcases digital health and AI innovations at World Health Assembly side event (18 May 2026). 2026

Kenya described its use of AI in health delivery, surveillance, epidemic preparedness and financing, while highlighting electronic health records and data-governance systems as foundations for responsible scaling.

Health Canada. Pre-market guidance for machine learning-enabled medical devices (1 April 2026). 2026

Detailed Canadian regulatory guidance covering good machine-learning practice, data management, testing, clinical validation, transparency, risk management and post-market monitoring.

Government of India, Ministry of Health and Family Welfare. SAHI and BODH initiatives for responsible health AI (17 February 2026). 2026

India launched the Strategy for Artificial Intelligence in Healthcare for India (SAHI) and the BODH benchmarking platform. SAHI emphasizes ethical, transparent and people-centred AI; BODH is designed to evaluate models using diverse real-world health data while preserving privacy. This is one of the strongest assigned-country sources for governance, validation and trust.

United Arab Emirates Ministry of Health and Prevention. National Policy for Smart Health Services and AI in the Health Sector (17 February 2026). 2026

The UAE is developing a national policy focused on institutional adoption of AI, data quality, privacy protection and measuring effects on public health and patient experience.

Singapore Ministry of Health. Artificial Intelligence in Healthcare Guidelines (AIHGle 2.0) (2026). 2026

Singapore's updated health-AI guidelines clarify responsibilities for developers, deployers and users; strengthen transparency; and address deployment risks. They are particularly useful for accountability, human oversight and lifecycle governance.

Australian Government Department of Health, Disability and Ageing. Artificial intelligence in health care (updated 2026). 2026

A current government overview explaining AI uses and risks, including privacy breaches, changing risk levels, opacity and unfair performance when training data do not represent all populations.

New Zealand Ministry of Health. Precision health: AI and genomics (2025–2026).

2025–2026

New Zealand emphasizes that AI and precision-health technologies should be accessible, safe, effective, equitable, accountable, transparent and supervised. Useful for equity, evaluation and responsible adoption.

WHO Regional Office for Europe. Artificial intelligence is reshaping health systems: country profiles (19 November 2025).

2025

Although published by WHO rather than national governments, this collection contains country-specific profiles from the European Region and is highly useful for delegates assigned Finland, Estonia, Spain, Portugal, Germany, France and the United Kingdom. It compares national strategies, law, health-data governance, workforce readiness and barriers to AI uptake.

Australian Government Department of Health, Disability and Ageing. Safe and Responsible Artificial Intelligence in Health Care – Legislation and Regulation Review (23 July 2025).

2025

Australia's review examines whether existing health-care laws adequately address AI and how regulation can support safe, responsible adoption. It is useful for comparing sector-specific regulation with general AI rules.

Rwanda Ministry of Health. National Health Intelligence Center (3 April 2025).

2025

Rwanda's national platform integrates health-system data for real-time analysis and evidence-based decisions. It provides a valuable African example of building national data infrastructure that can support advanced analytics and AI.

European Commission. Artificial Intelligence in Healthcare (2025–2026). 2025–2026

Explains how the EU AI Act, European Health Data Space and related initiatives apply to health. It is especially useful for assigned EU countries because it connects high-risk AI regulation with access to diverse, high-quality health data and patient trust.

European Union. European Health Data Space Regulation (entered into force 26 March 2025). 2025

Creates an EU framework for individuals' control of electronic health data and for secure secondary use in research, innovation, policy and regulation. It provides a concrete negotiating model for balancing data access with privacy and trust.

ASEAN. ASEAN Responsible AI Roadmap 2025–2030 (2025). 2025

Provides practical regional steps for responsible AI governance and interoperability while recognizing differences in national needs and capabilities. It is useful for assigned ASEAN members including Indonesia, Thailand, Singapore and the Philippines.

ASEAN. Expanded ASEAN Guide on AI Governance and Ethics – Generative AI (2025). 2025

Adds policy considerations specific to generative AI, making it relevant to health chatbots, synthetic content, misinformation and newer AI systems not covered by earlier traditional-AI frameworks.

African Union. Continental Artificial Intelligence Strategy (9 August 2024). 2024

The AU strategy promotes an Africa-centred, development-oriented, ethical and equitable approach to AI. It is relevant to all assigned African countries and emphasizes infrastructure, skills, datasets, innovation, governance and local context.

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NON-OFFICIAL RESOURCES ON THE TOPIC

Journal of Medical Internet Research. Effects of Type and Timing of Clinician-Facing AI Support on Patient Trust in Medical Consultations (21 August 2026). 2026

Two vignette experiments examining how clinician use of AI support affects patient trust. It helps delegates consider how AI can change the patient-clinician relationship even when the AI system is not directly interacting with the patient.

World Health Organization Regional Office for Europe. WHO brings 37 countries together in Lisbon to get AI governance right (15 July 2026). 2026

A highly current snapshot of the governance gap: AI deployment is accelerating while health-specific strategies, liability standards, training and ethical guidance lag. Useful for framing why this topic is urgent in 2026.

WHO Regional Office for Europe. Statement: Govern AI in health before the gaps become irreversible (15 July 2026). 2026

A short, accessible statement that gives delegates concrete statistics and examples of the mismatch between AI adoption and governance readiness.

JAMA Network Open. Factors for Patient Trust and Acceptance of Medical Artificial Intelligence (5 March 2026). 2026

Empirical research examining which characteristics of medical AI affect patient trust and willingness to accept its use. It is useful for moving the discussion of trust from abstract principles to evidence about what patients actually value.

NON-OFFICIAL RESOURCES ON THE TOPIC (CONT.)

BMC Public Health. Generative AI and health misinformation: production, propagation, and mitigation—a systematic review (29 January 2026). 2026

A systematic review of empirical research on how generative AI changes the production, spread and mitigation of health misinformation. It finds that generative AI can increase the speed, scale and perceived credibility of false health content and identifies major evidence gaps in multilingual and lower-resource settings.

WHO Regional Office for Europe. Artificial intelligence is reshaping health systems: state of readiness across the WHO European Region (19 November 2025). 2025

Although an official WHO report, it is useful here as comparative analytical reading. Based on 50 Member States, it identifies gaps in health-specific AI strategies, legal frameworks, workforce training, data governance and ethical guidance.

npj Health Systems. Trust in AI-assisted health systems and AI's trust in humans (28 March 2025). 2025

A useful conceptual article on how AI changes trust relationships among patients, clinicians, institutions and technology. It argues that trust can erode when bias persists, transparency is weak or incentives are misaligned, and emphasizes shared accountability.

ITU-WHO Focus Group on AI for Health. Shaping ethics, regulation and standardization in AI for health (2023/updated access). 2023

A technical resource on international benchmarking, ethics, regulation and standardization. It helps students understand why performance testing and common evaluation methods matter for international trust.

How Delegates Should Use These Sources

Delegates should not assume that a country's position is simply "for" or "against" AI. Most governments are trying to capture benefits while managing different combinations of risk. When preparing a position paper, identify the country's current digital-health infrastructure, health-data rules, AI strategy or regulatory approach, level of AI deployment, capacity constraints and statements about privacy, equity, innovation and public trust. Then compare those national priorities with the WHO and wider UN frameworks. This will help delegates decide which international standards their country is likely to support, where it may want flexibility, and what forms of technical or financial assistance it may seek.