AI, Health Information and Trust

The Fourth Global Model World Health Assembly,

Recalling decision WHA78(22) (2025), which extended the Global Strategy on Digital Health through 2027;

Noting WHO reports on Ethics and Governance of Artificial Intelligence for Health (2021) and Ethics and Governance of Artificial Intelligence for Health: Guidance on Large Multi-Modal Models (2024), which provide recommendations on the safe, ethical and responsible development and use of artificial intelligence in health;

Recognizing that artificial intelligence can assist health professionals and public-health authorities in interpreting information, while also producing inaccurate or misleading outputs;

Concerned that false or misleading health information, including material generated or amplified by AI, can undermine informed decisions and trust in reliable health advice;

Recognizing that AI systems used in health care may collect, process or share sensitive personal health information, raising concerns about patient privacy, data security and the use of health information without appropriate authorization;

Concerned that AI systems may produce inaccurate or less reliable results for certain populations when the data used to develop and test them do not adequately represent their health conditions, or other relevant characteristics;

Emphasizing that safety measures should reflect the harm an AI tool could cause and should be considered when it is designed, purchased, put into use and checked after use begins;

Concerned that inaccurate or misleading health information generated by AI systems could lead patients to make decisions that harm their health, particularly when they cannot distinguish reliable medical advice from incorrect information;

Determined to promote safe, transparent, equitable and accountable uses of AI in health information and services,

1. URGES Member States:

(1) to establish different levels of safety testing and oversight for AI systems used in health care, based on the potential harm they could cause, with stricter requirements for systems that influence diagnosis, treatment or other decisions that could seriously affect patients' health;

(2) to decide which AI tools must be tested before use, including checks of accuracy, known limitations and performance in local languages and patient groups, and when testing should be carried out by an independent body;

(3) to identify who may approve the purchase of an AI tool, who must check its use in clinical care, who monitors problems after introduction and who may suspend its use, including when a private company supplies it;

(4) to establish ways for patients, health workers and the public to report potentially harmful AI-generated health advice, request a review of important decisions based on that advice and receive a response;

(5) to review how AI tools obtain and protect personal health data, whether data may be reused for another purpose, how long they are kept and what happens if they are accessed or disclosed without authorization, in accordance with national law;

(6) to assess whether AI tools provide less accurate or reliable results for people using different languages, people with disabilities or other population groups, and to require improvements to AI systems that perform poorly for particular groups before they are used or continue to be used in health care;

(7) to consider requiring health advice to disclose when AI has played an important role in producing it, identify who is responsible for that advice and explain when the underlying evidence is uncertain;

(8) to train health workers and public communicators to verify AI-generated claims against reliable evidence, identify fabricated references and explain uncertainty to patients and communities;

(9) to determine how AI tools used for important health decisions will be checked after introduction, how errors or harms must be recorded, when systems must be corrected and when they should be withdrawn;

2. INVITES international and regional organizations, medical and nursing professional associations, hospitals and other health-care providers, patient organizations, health-professional education institutions and other relevant stakeholders:

(1) to share testing procedures that independent reviewers can use to check how health AI tools perform in different languages and health-care settings;

(2) to help health systems with limited resources check claims made by AI suppliers, purchase secure tools and train staff to evaluate whether those tools work as promised;

(3) to improve transparency about AI system limitations, intended uses and the availability of evidence supporting performance claims;

(4) to work with health professionals, patients and civil society in designing trustworthy communication and complaint mechanisms;

3. REQUESTS the Director-General:

(1) to assist Member States, upon request, in developing procedures for testing the accuracy and safety of AI systems used in health care and ensuring that health professionals understand their limitations;

(2) to help Member States share information about incidents in which AI systems provide inaccurate health information or cause harm to patients, including what went wrong and what measures were taken to prevent similar incidents;

(3) to support practical training materials that help health professionals distinguish health information supported by reliable scientific research from information generated by AI that may be inaccurate or misleading.