

# Geneva Data Community: Bringing data, digital and AI together for better health

*'Why partnerships and "trust" are crucial for impact  
using data, digital and AI tools'*

Data, Digital Health, Analytics and AI (DDA)  
Department

Health Systems, Access and Data (HSD) Division

30 October 2025



World Health  
Organization



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# Outline

- DDA mission, vision, priorities, structure
- Current context
- 'Trust'
- Partnerships and collaboration
- Impact and challenges

## DDA mission and vision



**Powering health systems with data, digital, and AI—for equity, resilience, and universal health.**

Strengthen health systems by ensuring timely, reliable, and trustworthy data and high-quality service delivery harnessing rigorous data science, digital systems and AI, so **every country** can **monitor progress**, **improve accountability**, and **deliver** people-centered, equitable, sustainable and resilient **health** for all.

# DDA: five key priorities



## **i. Systems**

Strengthen health information and service delivery systems through normative guidance, technical standards, vetted content, capacity assessments and targeted technical assistance.



## **ii. Foundations**

Improve health system by promoting local governance, production and ownership of data capture, surveillance and digital health systems – with a focus on standards and interoperability.



## **iii. Monitoring**

Drive global, regional and national progress through trustworthy, accurate and timely monitoring & reporting performance, data-driven priorities, and health inequities.



## **iv. Partnerships**

Align global and national stakeholders around data, digital and AI priorities – encompassing governance, strategy development, system architecture, and implementation.



## **v. Infrastructure**

Develop, maintain and support global access to enabling technical infrastructure, building blocks, reference architecture, content and platforms to facilitate national and cross-border health.

# DDA: Structure

## Dept of Data, Digital Health, Analytics, and AI

### Data, Standards & Analytics (DSA)

#### Define and Steward Global Health Data Standards and Analytic Methods, Monitor Progress and Transparency

- Maintain WHO custodianship of global health classifications and terminologies (ICD-11, ICF, ICHI: interoperability), statistical standards, indicator metadata, and validation protocols.
- Advance analytical methods for monitoring inequalities, mortality, UHC, and SDG indicators—anchored in reproducible, open, and transparent methodologies.
- Support WHO and Globally technical programs with standardized data structures, coding, quality rules, and analytic pipelines that ensure comparability and consistency across sources.

### Digital Health and Information Systems (DIS)

#### Develop and Curate the Norms, Standards, and Building Blocks required for Resilient National Data and Digital Health Systems

- Provide **enterprise design support, content standards, and implementation pathways** to ministries of health and digital teams.
- Develop data and digital building blocks necessary to enable effective and responsive **information and service delivery systems**, focusing on **foundational** components (digital public infrastructure)
- Guide the appropriate **governance, policy and regulatory environments** required to enable sustainable data systems and digitalization of health systems
- Guide countries in localizing, testing and implementing interoperable **point-of-care systems** which advance UHC/PHC goals.

### Insights, Capacity and Operations (ICO)

#### Assess country capacity for data and digital health, identify gaps and guide investments, align partners and implementors to strengthen priority areas of need

- Assess country capacities and needs, to identify gaps and challenges
- Based on situation assessment and gap analysis, identify actionable priorities and develop local strategies
- Engage partners (internal and external) to fund and act on priorities identified
- Develop and strengthen national capacity for surveys and assessments of program performance
- Advance national and global capacity and global evidence and resources on monitoring health inequality
- Curate platforms and instruments to facilitate global and regional collaboration, including Strategies, Compacts, Collaboratives, and Initiatives

### AI & Frontier Technologies (AIF)

#### Operationalize AI Governance, Benchmarking, and Risk Management Frameworks and Science-Based Guidance on Frontier Technologies

- Build WHO's **internal capacity** to advise on use of AI across programs and support country readiness through regulatory and governance frameworks.
- Define AI classification schemas, risk-tiering models, and **benchmarking methods** to support performance, fairness, and safety evaluation of AI/ML systems in health.
- Provide **normative guidance** and tools to help Member States assess, procure, deploy, and regulate AI solutions in health service delivery and public health.
- Advance a **research and evidence-generation agenda** on frontier and direct-to-person technologies, harnessing creative partnerships and cross-sectoral collaborations

# Current context

## Global Crisis

- Demise of DHS, US-CDC
- Change in ODA models
- Sudden programmatic exits
- **Impact:**
  - *40+ countries reported negative impacts on HIS/digital health infrastructure due to withdrawal*
  - *50%+ of NSOs reporting reduced budget*

## DDA Response

- Building Equitable HIS for PHC and HSS 2025-30: SCORE, CRVS, REDDHI, SMART packages, etc.
- Innovating evidence generation beyond traditional surveys: modeling, AI-driven analysis, GIS, RHIS
- Guidance on DPIs and standards for digital health transformation
- Driving digital health equity through partnerships: GDHCN trust network, HDC, GIDH, collaborating centers, academic, implementing partners

## Country focus

- In alignment with Lusaka Agenda and Accra Initiative, build digital and data foundations that can support
  - development loans,
  - social protection, and
  - health financing
- Driving financial autonomy, affordability and national capacity.

# 'Trust' in health data

## 1. 'Trust' is one of WHO's five data principles

## 2. Beyond a transparent audit trail – health data need secure protection and privacy, and consistent representation

## 3. Trusted relationship and partnerships

### 2

#### WHO shall uphold Member States' trust in data

WHO shall uphold the trust placed in it by Member States when the Organization processes data that Member States have shared with it and placed under WHO's control.

*WHO will*

##### 1. Provide impartial and inclusive consultation

Upholding Member States' trust in data requires an impartial and inclusive process for consulting with Member States prior to the use of their data by WHO. Consultations with Member States will be transparent, predictable, proportionate, inclusive and coordinated processes with streamlined communication that allows Member States and WHO to easily prepare for, respond to and participate in discussions.

##### 2. Secure storage and processing

Ensure that data shared with WHO by Member States are securely and confidentially stored and processed – applying principle 4.

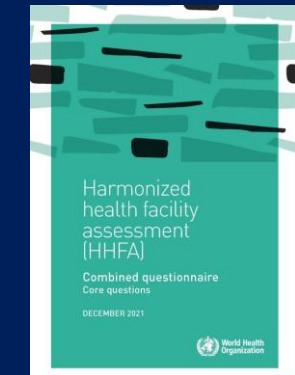
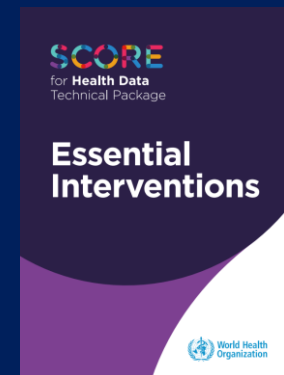
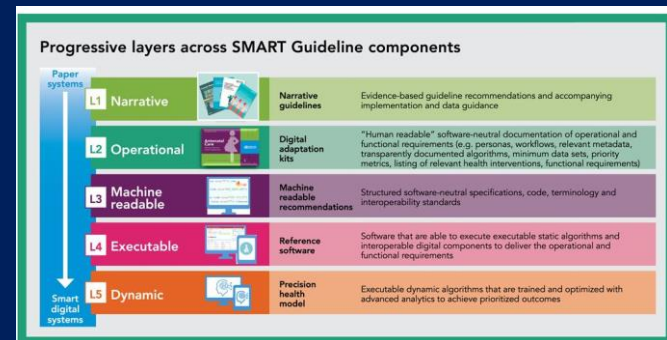
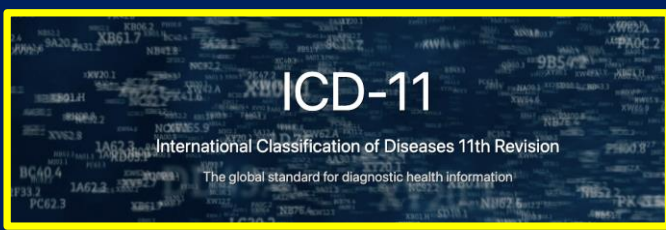
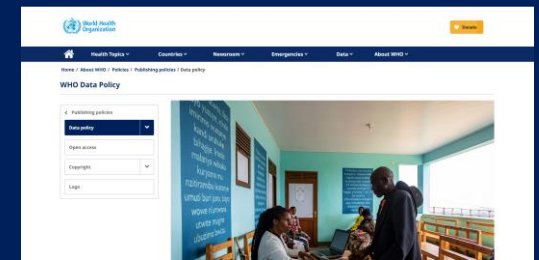
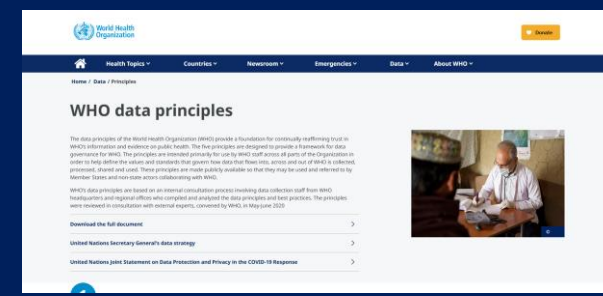
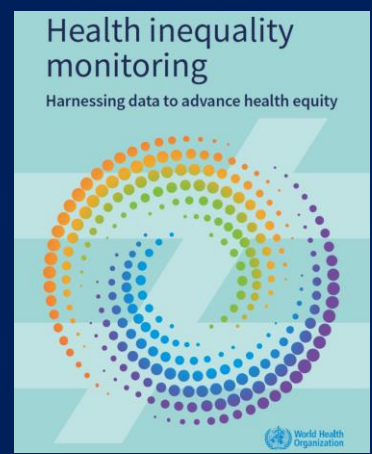
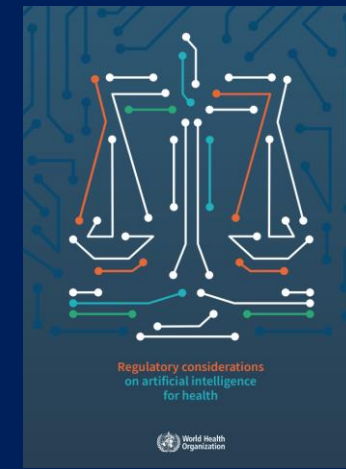
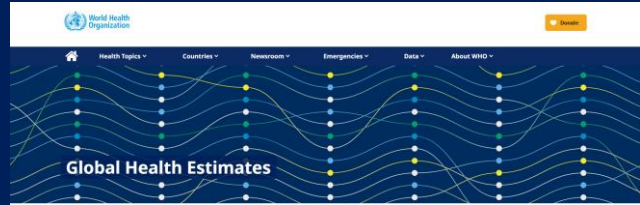
##### 3. Apply human rights and the right to privacy

Uphold the highest standards of data protection and respect for human rights, including the right to privacy, with regard to any personal data and data aggregates of groups of individuals included in WHO-controlled data sets. This is especially important for data sets requiring careful handling and particular attention, such as sensitive medical data, and data on vulnerable and marginalized individuals and groups, including children. Require Member States and non-State actors who share data with WHO to confirm that the data have been collected in accordance with applicable national laws, including data protection laws aimed at protecting the confidentiality of identifiable persons.

'Trustability' lies beyond just data quality. It includes accuracy, consistency, security, completeness, timeliness & ethical use. Governed by international standards (e.g. GDPR, EU Health Data Space, IHR), with associated rules, interoperability standards and infrastructure actions.

Honour commitments to common objectives and clear, open frequent communication

# WHO tools for better health data



**THE GLOBAL HEALTH OBSERVATORY**  
Explore a world of health data

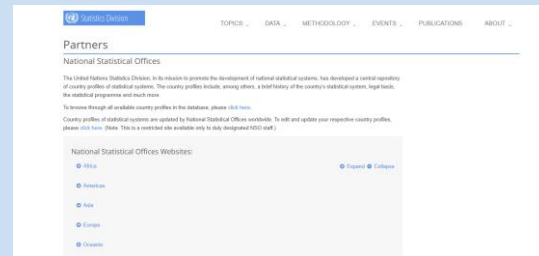
# Partnerships & collaboration – working together

## Beyond the Health sector

### 1. Data Partnership for SDGs

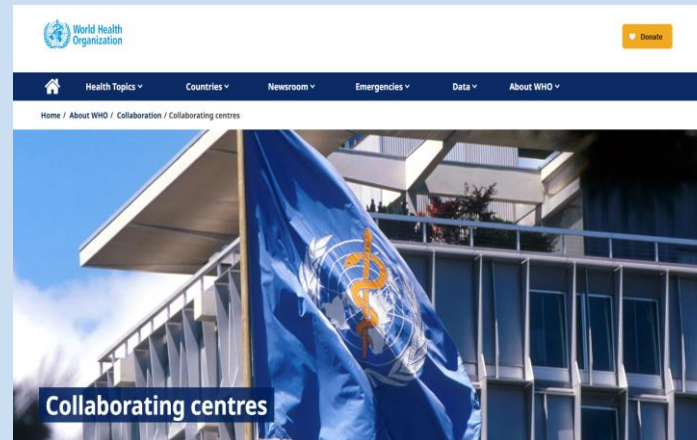


### 2. UN DESA & National Statistics Offices



## WHO collaborating centres

- >800 institutions in 80 countries
- Implementing WHO's mandated work & program objectives
- Developing & strengthening institutional capacity in countries and regions.



## WHO collaborations data, digital & AI

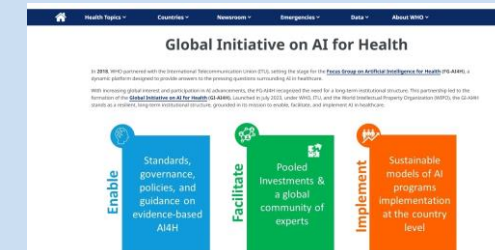
### 1. Health Data Collaborative



### 2. Global Initiative on Digital Health



### 3. Global Initiative on AI for Health



# Impact and challenges

Trusted, quality,  
complete, safe, secure,  
interoperable, timely  
accurate data

## > EVIDENCE

- Budgets
- Programs
- Policies

## HEALTH OUTCOMES:

Effective coverage  
Mortality / morbidity  
SDG and national  
health targets

## POLITICS

Getting the right info, in  
right format, to the right  
person at the right time



## CHALLENGES

**Resources and contextualization** (capacity building & implementing policies)

**Reporting burdens** (countries & frontline health workers)

**Protecting data** (sovereignty, sharing agreements & privacy)

**Interoperability** (foundational, syntactic, semantic, organizational)

**Patient access** (to summary health record data via portal or digital wallets)

**Data for communities left behind** (private sector and NGOs)

**Emergency contexts**

**Ethical and legal standards for data & digital**

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Thank you