AI on Friday

What to Know, Why It Matters

Issue 03, 4 September 2026

Pan American Health Organization
World Health Organization
Americas Region

Information Systems and Digital Health Unit
Department of Evidence and Intelligence for Action in Health

This weekly email shares key developments, use cases and practical AI-in-health concepts in plain English, helping us apply AI in our technical cooperation and discuss emerging opportunities with Member States and partners.

DEVELOPMENT TO WATCH

AI moves from text chat to real-time video consultations

What happened: Google Research and DeepMind tested AMIE in 300 simulated video consultations covering 100 clinical scenarios. The system interpreted visual and auditory information, guided virtual physical examinations and supported diagnostic reasoning.

What the study found: The participating patient actors also preferred video consultations to text-based interactions.

What to keep in mind: The consultations involved actors rather than real patients. AMIE remains experimental and requires evaluation in real clinical settings. *Read more here.*

An "AI scientist" enters pharmaceutical research

What happened: Owkin announced an agreement to provide Boehringer Ingelheim access to K Pro, an AI platform that uses multimodal patient data to support research in oncology and immunology.

What it can do: The platform can help researchers generate, test and prioritize scientific hypotheses, potentially accelerating some stages of drug discovery.

What to keep in mind: This signals AI's growing role in scientific research workflows. However, it is a research collaboration, not evidence of a new treatment or improved patient outcomes.

Read more here.

AI IN PLAIN ENGLISH

Synthetic reality

Synthetic reality describes an information environment in which AI-generated or altered text, images, voices and videos can appear convincingly real. A deepfake is one example, but synthetic reality is broader: it challenges the assumption that seeing or hearing something is sufficient proof that it happened.

Health opportunity: Realistic virtual patients, clinical simulations and AI-generated scenarios can support professional training, emergency preparedness and multilingual health communication. **Health risk**: A fabricated video could appear to show a health authority announcing a false outbreak, treatment recommendation or vaccine warning, potentially spreading rapidly and weakening public trust.

PRACTICAL IDEAS

Pause before sharing

Before forwarding a surprising health-related image, video, audio recording or quotation: 1) Find the original source, 2) Confirm whether it appears on an official website or verified account, 3) Check the date and full context, and 4) Look for confirmation from at least two trusted sources.

You can also ask for an AI tool: *"Help me verify this health-related content. Do not assume it is authentic based on its appearance. Identify the original source and publication date, check whether it appears on official channels, find independent confirmation and clearly list anything that cannot be verified. Provide working links to the sources used."*

Important: AI can assist with verification, but it cannot guarantee that an image, recording or video is authentic.

Important reminder: AI-generated content may contain errors, outdated information or incorrect references. Always verify original sources, publication dates and links before using or sharing it, particularly for clinical, policy or technical decisions.

FROM THE AMERICAS

Uruguay advances toward a National Plan for AI in Health

What happened: Last week, PAHO conducted an AI readiness assessment in Uruguay, in collaboration with the Inter-American Development Bank, to support the country's progress toward a National Plan for the Use of Artificial Intelligence in the Health Sector.

A collaborative approach: The exercise was led by the Ministry of Public Health and PAHO, and brought together other government agencies, academic institutions and representatives from different sectors.

Why it matters: Readiness assessments help countries understand their starting point and identify priorities across governance, data, infrastructure, workforce, regulation, ethics and cybersecurity. Beginning with this foundation supports AI implementation that responds to national health priorities, can be sustained over time, generates measurable value and includes safeguards to identify and mitigate bias. **Read more here.**

WORTH READING 1

Artificial intelligence-generated synthetic data for cancer research and clinical trials

Published in 2026 in Nature Reviews Cancer, this review explains how AI-generated synthetic data could support cancer research, data sharing and clinical trial design.

The authors highlight its potential while warning that synthetic data may reproduce biases or fail to represent real patients accurately. Rigorous validation, transparency and oversight remain essential.

Read the article here.

WORTH READING 2

Large Language Model Performance and Clinical Reasoning Tasks

Published in 2026 in JAMA Network Open, this study evaluated 21 large language models across different stages of clinical reasoning.

The models performed relatively well in identifying final diagnoses but struggled with differential diagnosis and uncertainty. The findings reinforce that strong overall scores do not necessarily mean an AI system is ready for independent clinical use.

Read the article here.

PAHO's resources



Link

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