AI on Friday

What to Know, Why It Matters

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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

1,357 AI medical devices cleared, 3 actually tested on patient outcomes

What is happening: A 2026 study examined 1,357 AI-enabled medical devices authorized by the U.S. FDA. Only 34 were linked to prospective clinical trials, 12 had peer-reviewed results, and just three had been evaluated using patient-centered outcomes such as mortality, morbidity or hospital readmission.

Potential value: AI-enabled devices can support diagnosis, risk assessment, monitoring and treatment decisions, potentially improving the quality and efficiency of care.

What to keep in mind: Regulatory authorization does not necessarily demonstrate improved health outcomes or reliable performance across different populations, institutions and clinical environments.

Why it matters: Before adoption, health systems need to examine the supporting evidence, validate performance under local conditions and establish mechanisms for continuous monitoring, professional oversight and corrective action.

Read more: 1,357 AI medical devices cleared, 3 actually tested on patient outcomes

AI IN PLAIN ENGLISH

Algorithmic Surveillance

Algorithmic surveillance uses AI to continuously observe, classify or predict people's behaviors, activities or risks. In health, it may support disease surveillance or early intervention, but it can also affect privacy, autonomy and trust. Its use requires a clear public health purpose, proportionality, transparency and appropriate safeguards.

Why it matters for health: It can strengthen early warning and planning while changing how data are collected, linked, and acted upon.

Example: A public health team uses privacy-protected service and laboratory data to identify a rise in respiratory symptoms.

Rubber Stamping

Rubber stamping occurs when a person formally approves an AI-generated recommendation without having enough time, information or authority to assess it properly. Human review only provides meaningful oversight when the reviewer can question, correct or reject the system's output.

Why it matters for health: A review step is meaningful only when the reviewer has time, relevant information, authority, and a practical ability to disagree.

Example: A clinician is asked to approve dozens of AI-generated summaries at the end of a busy shift.

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

Jamaica

In February 2026, the Ministry of Health and Wellness activated its AI-TECH Council to identify evidence-based applications in community NCD screening, cancer detection, ageing, workforce support and public health surveillance. More *here*

Canada

Health Canada issued guidance in April 2026 establishing regulatory expectations for machine-learning-enabled medical devices, including data quality, validation, transparency, monitoring and planned model changes. *More here*

Puerto Rico

The territory hosted the first Caribbean congress dedicated exclusively to AI in health in September 2026, bringing together approximately 500 clinicians, researchers, technology specialists and policymakers. More *here*.

Brasil

Brazil's Ministry of Health is preparing the potential acquisition of ultraportable digital X-ray systems equipped with AI-assisted software for tuberculosis screening. The technology is intended for use outside hospitals, including in Indigenous and river communities, prisons, urban peripheries and among people experiencing homelessness. More *here*

Additional recommended readings

Clinical Evidence and FDA Recalls of Artificial Intelligence–Enabled Medical Devices

Published in *JAMA Network Open* in 2026, this study examined 903 AI-enabled medical devices. Devices lacking publicly available information about supporting clinical studies showed a greater likelihood of recall. The findings reinforce the importance of clinical validation, transparency and post-market monitoring.

Full text here

Use and Public Reporting of Predetermined Change Control Plans for AI-Enabled Medical Devices

Published in JAMA Health Forum in 2026, this study examined how manufacturers plan and communicate modifications to AI-enabled devices. Only about 5% of the devices studied had an authorized predetermined change control plan, highlighting an important gap in the management of algorithm updates.

Full text here

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