

**Written Comments to the OECD Health Committee**

July 2026

Item 9. Digitalisation of Health and Artificial Intelligence

DELSA/HEA(2026)3

General Comments

Business at OECD has consistently identified health data governance and AI in health as key strategic priorities for its members, notably since the OECD Ministerial Meeting in 2024. This continued focus reflects the growing importance of enabling responsible AI adoption in healthcare systems. This is further highlighted in our [January AI for Health](#).

In this context, *Business at OECD's* strong engagement in the OECD International Conference on AI in Health held in Madrid in May underscores its ongoing commitment to this agenda. The organization was pleased to contribute to the event by organizing a welcoming reception, which helped set the stage for discussions and foster constructive dialogue among stakeholders. Throughout the conference, a large business delegation actively participated in panels and exchanges, bringing forward concrete private sector perspectives on advancing the responsible use of AI in health.

First, we welcome the draft outcomes, including the emerging Action Plan on AI and health. The document reflects several priorities that *Business at OECD* has long advocated for, especially in our recent priorities [paper](#). In particular, we strongly support the focus on building trust in AI systems, including through transparency and risk-based governance approaches. The recognition of the need for interoperable and high-quality health data ecosystems is also essential, as access to reliable and representative data remains a foundational requirement for innovation and effective deployment of AI solutions. Continued focus on interoperable data (governance) frameworks and cross-border collaboration could have greater long-term impact than advances in AI models.

Second, we also welcome the emphasis on workforce capacity and skills development, which closely aligns with our message that human capital is critical to unlocking the benefits of AI in healthcare. As set out in *Business at OECD's* January 2026 AI for Health paper, AI should complement rather than replace the human component of healthcare: the detailed clinical assessment, personal empathy and regulatory accountability of healthcare professionals remain essential to maintaining trust in patient interactions and in the health system."

Similarly, the acknowledgement of the role of international cooperation and regulatory interoperability is encouraging, as fragmentation remains a major barrier to scaling innovation across borders.

At the same time, we believe that some key elements could be further strengthened to fully reflect the discussions expressed during the conference discussions. We would like to share three main points with you all:

- First, while governance and safeguards are appropriately highlighted, greater emphasis could be placed on enabling innovation and timely access to data that furthermore needs to be accurate, complete, interoperable, representative, and fit for purpose, including as a foundational enabler for AI-enhanced approaches.. This includes, for example, reducing unnecessary barriers to responsible data sharing, promoting secure data access frameworks, shared implementation principles, interoperable governance models and practical mechanisms for aligned cross-border collaboration, ensuring that national implementation strengthens a coherent international ecosystem, as well as supporting the development of data infrastructures that facilitate both public and private sector collaboration.
- Second, we would encourage a stronger recognition of the role of the private sector not only as a stakeholder but as a key partner in implementation. The conference discussions clearly demonstrated that industry brings critical expertise and investment needed to translate policy into practice. Reflecting this partnership more explicitly in the Action Plan and noting the importance of an innovation-enabling ecosystem towards improving health outcomes, would strengthen its impact.

○ Third, OECD discussions should recognise that AI applications used in health-related settings vary significantly in their functions, users and potential impacts. Consumer navigation, administrative workflow support, clinical decision support, payment integrity, fraud, waste and abuse detection, utilisation-management support and direct clinical tools can present very different risk profiles. These use cases should be subject to proportionate assurance, oversight and governance requirements that reflect actual risk. Such an approach does not reduce standards of privacy, safety, fairness or accountability; rather, it ensures that governance mechanisms are appropriately aligned to the potential impact of each use case.

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- Fourth, further clarity on practical implementation pathways (including measurable objectives, indicators of progress and timelines), would help ensure that the Action Plan translates into tangible progress and supports accountability across stakeholders.

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Overall, *Business at OECD* stands ready to continue contributing to this work and to support the effective implementation of the Council Recommendation and the Madrid outcomes.

We look forward to continued collaboration with the OECD and all stakeholders to ensure that AI and health data governance frameworks both protect individuals and enable innovation that can ensure patients get better access to high quality and integrated health care which will result in healthier and more resilient societies.

Industry example

- **AI companion for simpler care navigation.** UnitedHealthcare's AI companion Avery¹ is a practical example of the diversity of types of AI patients may interact with in the healthcare setting. Avery is a consumer navigation tool that provides natural-language support on health insurance coverage and claims details, cost estimates, scheduling help, care options and rewards, to create a simpler, more personalised experience. 90% of members using Avery found what they needed and had not required the assistance of a customer care provider on the telephone, saving time and improving the customer care experience. Avery is also designed to escalate interactions to human advocates when additional support is required, demonstrating how AI can complement rather than replace human expertise.

Avery is currently available to over 6.5 million members, with expansion planned to reach 20.5 million members by year-end 2026.
- **Ambient documentation:** UnitedHealth Group has already made ambient tools available to 70% of employed healthcare providers and is on track to exceed 90% by year-end, reducing documentation time and supporting clinician focus.

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Specific Comments

- Para 58, Theme 5 - suggest explicitly acknowledging that fragmentation and divergence in health data governance frameworks may affect international collaboration, evidence generation, and equitable access to innovation, including when it comes to AI-enhanced health innovation.
- Para 58, Theme 5 - suggest explicitly recognizing capability gaps as a source of fragmentation. Fragmentation may arise not only from divergent legal interpretations, but also from differences in digital maturity, infrastructure, workforce capabilities, institutional capacity, and budget orientation needed to support future health data ecosystems.

¹ <https://www.uhc.com/news-articles/newsroom/avery-announcement>