Better Community Health: A New Landscape of Community Health in the Era of Aging, Urbanization, and Digital Transformation

Highlight

Thursday 22 May 2025

Campus Biotech
Geneva

Introduction

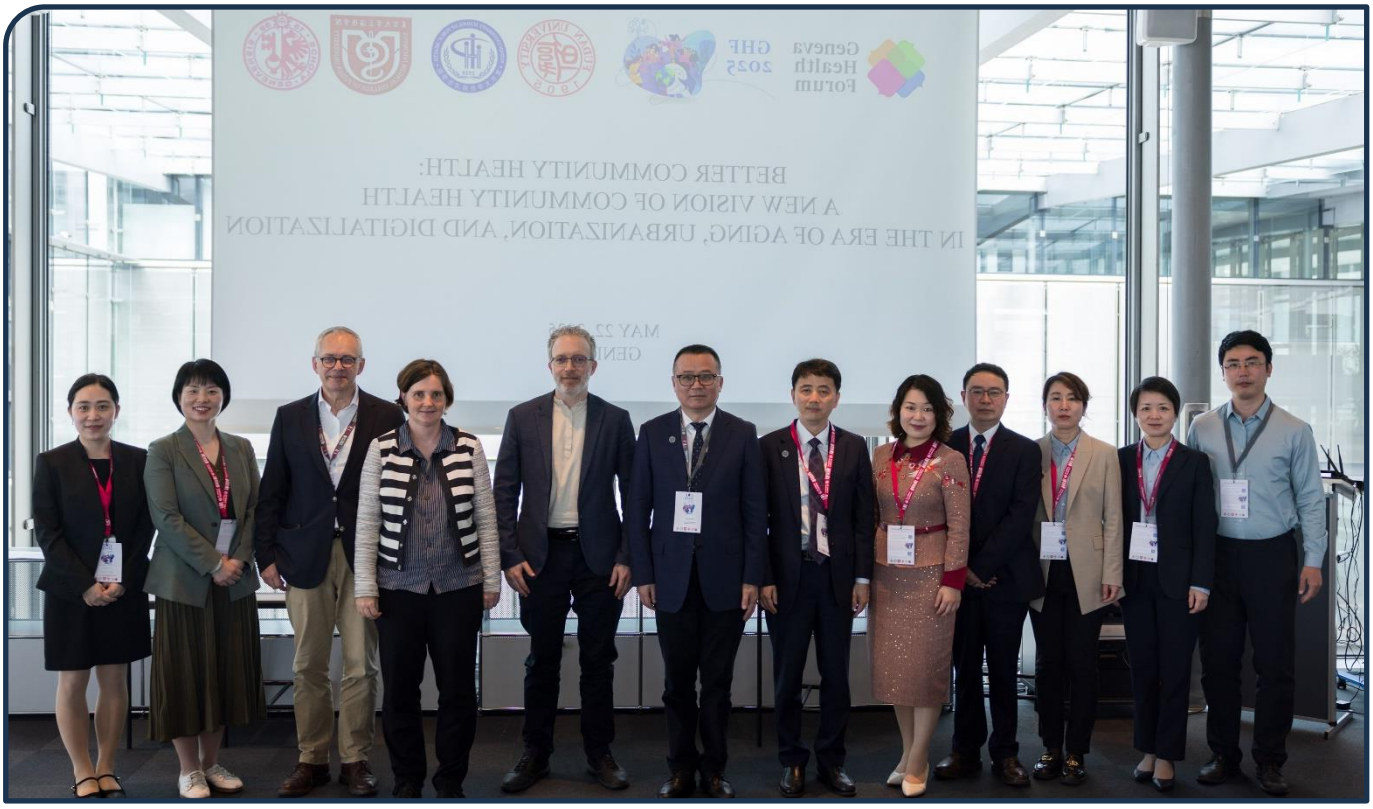
Community health has long been, and will increasingly be, a cornerstone of universal health coverage, health equity, and sustainable healthcare systems. In a context shaped by population ageing, rapid urbanization, epidemiological transition, and accelerating digital transformation, community-based health systems face growing demands alongside new opportunities. Seeking ways to integrate medical and elderly care, strengthening coordination between clinical services and disease prevention, and leveraging digital tools to continuously support, people-centered care has become a major global health challenge.

The seminar emphasized the strategic role of community health as the foundation of resilient health systems. Experiences from Shanghai's Minhang District illustrated how sustained investment in primary care, prevention, and integrated governance can improve health outcomes, reduce pressure on hospitals, and address complex urban health needs. Discussions highlighted three-tier service delivery models, family doctor systems, closed-loop health management, and "15-minute health service circles" that bring care closer to residents while ensuring continuity across the life course.

Digital transformation emerged as a key enabler of integration. Electronic health records, unified health cards, regional data platforms, and intelligent management tools were presented as essential infrastructures for coordinating community services, hospitals, public health institutions, and social care. These digital foundations support early detection, chronic disease management, elderly care, and more precise, cost-effective interventions.

International perspectives enriched the dialogue by underscoring the value of data-driven decision-making, modelling, and capacity building, particularly in resource-limited settings. The importance of tertiary prevention—reducing complications, relapses, and long-term disability—was highlighted as critical for both population health and system sustainability.

Bringing together representatives from local governments, community hospitals, public health institutions, universities, and international organizations, provided a platform for exchanging experiences and best practices, reaffirming a shared commitment to integrated, digitally enabled, and people-centered community health systems. .



Programme

Chair

- **Dr Xu Yanyi**

  Assistant Dean, School of Public Health, Fudan University

Opening remarks

- **Prof Luo Li**

  Secretary of the Party Committee, School of Public Health, Fudan University
- **Prof Wu Fa**

  Vice Dean Shanghai Medical College, Fudan University
- **Prof Antoine Flahault**

  Director Institute of Global Health, University of Geneva

Keynote Speech

- **Mr Hang Wenquan**

  General Officer, Minhang District Health Commission of Shanghai

  From Existence to Strength: The Evolution of a Classic Urban Community Health System

Expert presentations

- **Prof Nicolas Ray**

  Professor, Institute of Global Health (UNIGE)

  Optimizing geographic accessibility to community health services in resource-limited settings
- **Dr Zhong Hua**

  Director, Hongqiao Community Hospital, Minhang District, Shanghai

  Integrating Medical and Elderly Care Services in Community Health
- **Dr Wei Lijun Director,**

  Wu Jing Community Hospital, Minhang

  Forging the Foundation of Community Health in China through the Integration of Healthcare and Prevention
- **Dr Huan Hongmei**

  Director, Gumei Community Hospital, Minhang District, Shanghai

  The New Mission Of Community Health Organizations:Health Management
- **Prof Olivia Keiser**

  Professor, Institute of Global Health (UNIGE)

  Strengthening Community Health through Data Analysis and Training
- **Prof Luo Li**

  Secretary of the Party Committee, School of Public Health, Fudan University

  Proactive Health Concept and Community Practice: Experience from China

- **Prof Fu Qiang**
  Director-General, National Center for Mental Health, China
  Commentary

Roundtable Discussion

Community Health in the Age of AI :

Will AI eliminate the role of the family doctor?

How will AI reshape resource allocation in community health institutions?

Chair

- **Dr Xu Yanyi**
  Assistant Dean, School of Public Health, Fudan University

Moderator

- **Dr Chen Ling**
  Director, Xinzhuang Community Hospital, Minhang District, Shanghai

Panelist

- **Dr Yang Zhen**
  Director, Meilong Community Hospital, Minhang District, Shanghai
- **Mr Alain Junger**
  Deputy DSO – Care and Information Systems, Lausanne University Hospital (CHUV)
- **Dr Ma Handong**
  Co-founder, Shanghai Senyi Medical Technology Co., Ltd,

Conclusions

- **Prof Luo Li**
  Secretary of the Party Committee, School of Public Health, Fudan University

Prof Wu Fan

Vice Dean Shanghai Medical College, Fudan University

Prof Luo Li

Secretary of the Party Committee, School of Public Health, Fudan University

Prof Antoine Flahault

Director Institute of Global Health, University of Geneva

Dr Xu Yanyi

Assistant Dean, School of Public Health, Fudan University

The opening remarks of the seminar set the scene by recalling the long academic tradition and public mission of one of China's leading medical institutions, highlighting its evolution into a key factor in medical education, research, and health system development. Particular emphasis was given to AI's growing role within Shanghai and its contribution to shaping health policies and practices at both municipal and national levels.

Attention was then drawn to the strategic importance of primary care as the foundation of a sustainable health system. Over recent decades, Shanghai has made substantial investments in expanding and strengthening primary health services, aiming to bring care closer to communities and to reduce pressure on hospitals. A landmark achievement in this process has been the creation of an electronic health archive for every resident, initiated in the early 2000s. This digital infrastructure later evolved into a unified electronic health card system, now scaled nationally, enabling seamless linkage between primary care facilities, hospitals, and a wide range of health services.

These efforts are embedded within a broader policy framework, notably a five-point action plan for a Healthy Shanghai, implemented across primary healthcare and municipal governance levels. This plan reflects a commitment to prevention, continuity of care, and system integration, while promoting equity and efficiency across the health system.

The seminar also emphasized the value of international academic collaboration in addressing complex global health challenges. Multidisciplinary approaches to global health education and research were highlighted, alongside the importance of building bridges between institutions and fostering international networks that connect schools, researchers, and practitioners worldwide. Such cooperation strengthens the exchange of knowledge, methods, and perspectives, enriching both local practice and global understanding.

Finally, the discussion turned to future priorities for improving community health. While strong clinical and curative capacities remain essential, greater attention was called for tertiary prevention—often an overlooked dimension of health systems. This approach focuses on preventing complications, relapses, and long-term disability among people already affected by disease. Advances in precision medicine and data-driven tools were identified as promising means to identify individuals at high risk of relapse and to target interventions more effectively. Beyond improving patient outcomes, such strategies also offer significant economic benefits by reducing avoidable healthcare costs.

Overall, the opening remarks framed the seminar as a platform for exchanging experiences and best practices, with the shared goal of advancing more integrated, resilient, and people-centered community health systems.

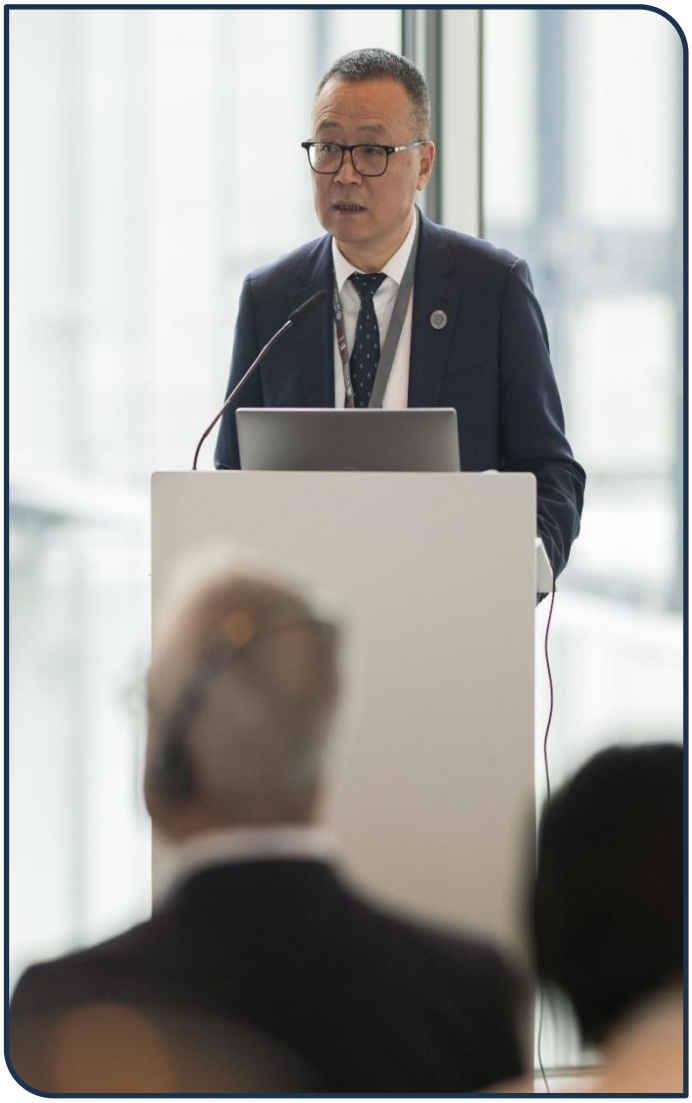
From Existence to Strength: The Evolution of a Classic Urban Community Health System

Mr Hang Wenquan

General Officer, Minhang District Health Commission of Shanghai

This presentation outlines the transformation of Minhang District, Shanghai, from a traditional urban–rural area into a model of integrated, people-centered community health governance. Located in southwest Shanghai, Minhang has experienced rapid economic growth, large population inflows, and accelerated population ageing over the past four decades. These dynamics have created significant health challenges, including chronic disease prevalence, pressure on elderly care, infectious disease control among migrant populations, maternal and child health gaps, and growing mental health needs.

In response, Minhang has progressively built a resilient public health system grounded in prevention, equity, and community-based care. A historic three-tier healthcare network—county hospitals, township health centers, and village clinics—laid the foundation for universal access. Grassroots innovations such as barefoot doctors and rural cooperative medical care ensured wide coverage at low cost and played a decisive role in controlling major infectious diseases, including polio, neonatal tetanus, schistosomiasis, and filariasis.



Since 2008, Minhang has entered a new phase of development by integrating high level medical resources and strengthening primary care. Through strategic partnerships with leading universities and tertiary hospitals, the district has established a dense network of branch hospitals, medical alliances, and two major regional medical groups. These initiatives have enabled resource sharing, two-way referrals, remote consultations, and a “15minute medical service circle,” allowing residents to access quality healthcare close to home,

At the same time, Minhang has shifted from a treatment-oriented model to a comprehensive “great health” approach, combining disease prevention, health management, and clinical care across the life course. Digital health platforms, early detection systems, and integrated data management support public health decision making and emergency response. A robust medical insurance and social security system ensures near-universal financial protection.

As a result of sustained reforms, Minhang’s average life expectancy reached 85.93 years in 2024, significantly exceeding national and global averages. The district’s experience demonstrates how integrated governance, strong primary care, and people-centered policies can drive healthier, more resilient cities, offering valuable lessons for urban health system reform in China and beyond.

Optimizing geographic accessibility to community health services in resource-limited settings

Prof Nicolas Ray

Institute of Global Health & Institute for Environmental Sciences, University of Geneva

This presentation addresses one of the central challenges of global health: improving equitable geographic access to primary healthcare services in resource-limited settings. It focuses on the critical role of Community Health Workers (CHWs) in advancing Universal Health Coverage (UHC), particularly in rural and hard-to-reach areas where formal health facilities are scarce.

Although CHWs are widely recognized as a cornerstone of community-based primary healthcare, the current global workforce—estimated at 3.8 million across more than 98 countries—remains insufficient to meet population needs. Moreover, major gaps persist in data availability, making it difficult to assess where CHWs are deployed, how effective they are, and how well they improve geographic accessibility to essential health services.

Using geospatial modeling and real-world case studies, the presentation demonstrates how optimized deployment of CHWs can significantly expand healthcare coverage. In Côte d'Ivoire and Niger, modeling shows that strategic placement of additional CHWs can substantially increase the proportion of the population able to reach care within one hour, complementing existing community health centers. In Sierra Leone, the CHW network expanded dramatically between 2000 and 2015, increasing population coverage within a 30-minute walking distance from 16.1% to 80.4%. Further optimization could improve coverage of under-five deaths, ensuring that the most vulnerable populations are better reached.

A key tool highlighted is AccessMod 5, an open-source, WHO-endorsed geospatial modeling platform developed by the University of Geneva and partners. Applied in more than 35 countries, AccessMod 5 enables governments and organizations to analyze geographic accessibility, model service coverage, optimize health workforce deployment, and support evidence-based planning. The tool has directly informed national CHW policies, including the 2021–2025 strategy in Sierra Leone, helping to right-size and retarget CHWs toward underserved areas.

Overall, the presentation illustrates how geospatial analytics can transform health system planning, making CHW programs more efficient, equitable, and impactful, and providing concrete, data-driven pathways toward universal access to primary healthcare.

Integrating medical and elderly care services in community health

Dr Zhong Hua

Director, Hongqiao Community Hospital, Minhang District, Shanghai

This presentation describes the Minhang–Hongqiao model for integrating medical services and elderly care within community health systems, developed in response to rapid population ageing in Shanghai. In Hongqiao Town, over 30% of residents are aged 65 or above, creating strong demand for coordinated medical, nursing, rehabilitation, and long-term care services. National, municipal, and district-level policies—including the "Healthy China 2030" strategy and Shanghai's 14th Five-Year Plan for ageing—provide a supportive framework for advancing integrated care.

At the core of the model is a community-based, medically led system that ensures continuity of care across prevention, treatment, rehabilitation, and long-term support. Community health service centers act as the main platform, closely linked with home-based care, nursing homes, and higher-level medical institutions. The "one transfer up, one transfer down" mechanism enables smooth referrals between community hospitals and specialized facilities, while long term care insurance supports patients according to their level of dependency.

Family doctors play a central role as gatekeepers, clinicians, coordinators, and communicators. Through contract-based services, they provide comprehensive health management, chronic disease follow-up, early risk screening, rehabilitation guidance, and coordination with specialists and nursing institutions. This strengthens trust in community healthcare and reduces unnecessary hospital admissions.

The Hongqiao Community Hospital network follows a "1+2+3+8" layout, consisting of one main hospital, two sub-centers, three nursing homes, and eight community health stations, ensuring accessibility within the neighborhood. Elderly-friendly infrastructure, home hospital beds, palliative care, traditional Chinese medicine, rehabilitation services, and widely accessible public health programs—such as free health check-ups, cancer screening, and chronic disease management—form a comprehensive service package.

The model has achieved seamless integration of healthcare and elderly care, exemplified by the Hongqiao Town Elderly Care Home, a nationally recognized demonstration institution providing medical treatment, rehabilitation, daily care, and end-of-life services under unified management.

Looking ahead, the presentation identifies key challenges, including uneven resource distribution, workforce shortages, technological gaps, and limited public confidence in community-based care. Future priorities include strengthening policy coordination, enhancing incentives and talent development, and leveraging digital tools such as AI, wearables, and smart monitoring systems. Overall, the Minhang–Hongqiao experience illustrates a scalable, people centered approach to integrated medical and elderly care in ageing urban societies.

Forging the Foundation of Community Health in China through the Integration of Healthcare and Prevention

Dr Lijun Wei

Wu Jing Community Hospital Minhang District, Shanghai, China

This presentation outlines China's efforts to strengthen community health through the integration of healthcare and prevention, with a focus on urban community-based systems. Against the backdrop of global health transitions, aging populations, rising chronic diseases, and emerging infectious threats, China is shifting from a disease-centered model toward a population health–centered approach. This transformation aligns with the WHO's Universal Health Coverage goals and the national "Healthy China 2030" strategy.

The core concept of medical–prevention integration emphasizes "prevention first, combined with treatment," supported by integrated systems, services, workforce development, and digital infrastructure. This approach aims to deliver whole-person, whole-life-cycle health services, improve system efficiency and quality, and optimize the cost-effectiveness of health investments, while contributing Chinese experience to global health governance.

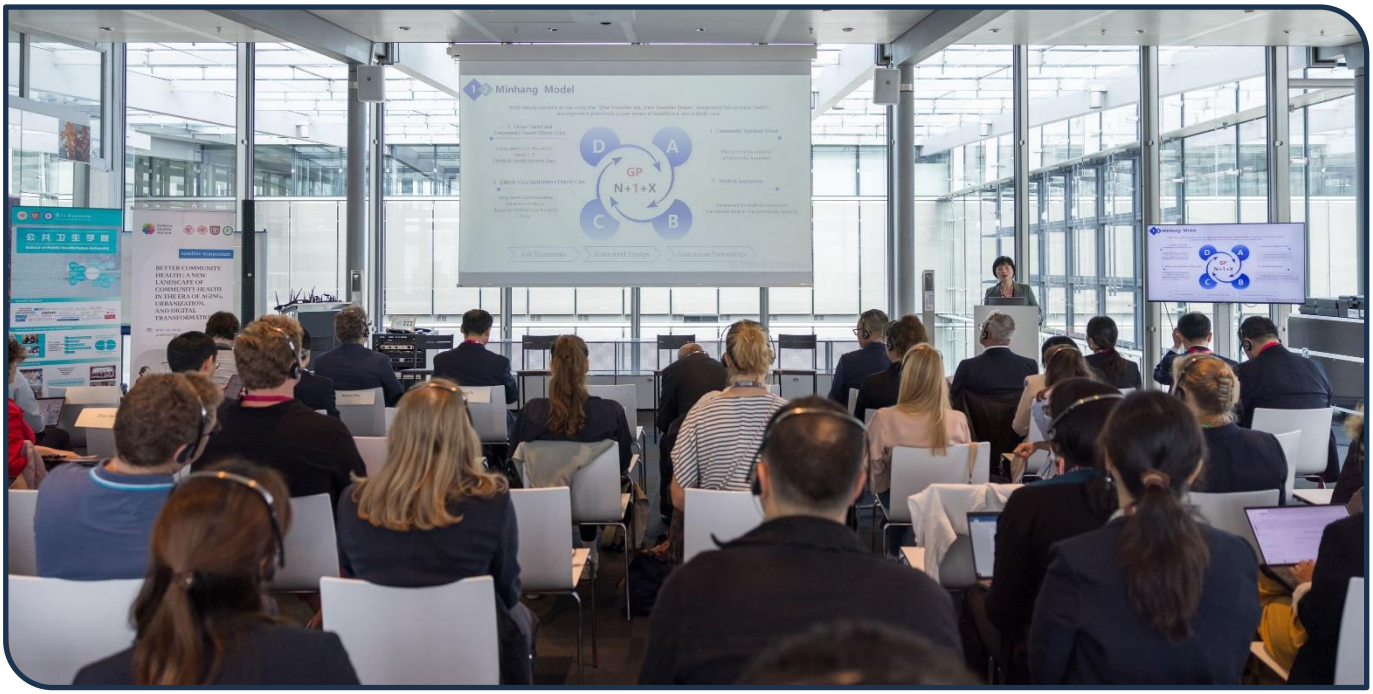
A key structural innovation is the creation of compact urban healthcare consortiums in Shanghai 's Minhang District, which breaks down institutional barriers between hospitals, community health centers, public health agencies, and emergency services. These consortiums enable coordinated governance, resource sharing, talent development, and bidirectional referral systems across different levels of care. Community hospitals serve as the foundation of this model.

Using standardized capacity-building frameworks such as the "1+10+X" model, they integrate basic medical care, public health, chronic disease management, rehabilitation, nursing, and health management.

The family physician contract system and integrated electronic health records support continuous, life-course management of chronic diseases.

Traditional Chinese Medicine (TCM) plays a complementary preventive role, expanding services from high-risk patients to the general population and from residential to functional communities such as schools and workplaces. Digital health infrastructure further enhances service coordination through smart wards, interoperable data platforms, and telehealth solutions.

Certain case studies, particularly in pelvic floor disorder management, demonstrate how integrated screening, diagnosis, treatment, rehabilitation, and health education can be delivered through coordinated hospital–community networks. The presentation concludes by highlighting future trends, including regulatory innovation, AI-driven digital health, smart hospitals, and precision disease surveillance, signaling a paradigm shift toward fully integrated, intelligent, and people centered health systems.



The New Mission Of Community Health Organizations:Health Management

Dr Huan Hongmei

Shanghai Medical College Of Fudan University, Gumei Community Hospital, Minhang District, Shanghai, China

This presentation describes the evolving mission of community health organizations in China, emphasizing a strategic shift from disease treatment to comprehensive health management. Using Guimei

Community Hospital in Shanghai's Minhang District as a case study, illustrates how community-based institutions are becoming the cornerstone of population health across the entire life course.

Guimei Community Hospital serves a dense urban population of 166,000 residents and operates as an integrated hub combining medical care, public health, prevention, rehabilitation, and hospice services. Supported by strong policy leadership and academic partnerships, the hospital has played a pioneering role in the standardization of community health services, the development of the family doctor system, and the professional training of general practitioners

and health managers.

At the core of this model is a family doctor–led, multidisciplinary team approach. By leveraging comprehensive electronic health records, the hospital has established a full-life-cycle health management network covering over 157,000 residents. Services are highly integrated, enabling smooth transitions between screening, early detection, referral, treatment, rehabilitation, and follow-up. Free screening programs for chronic diseases and major cancers support early intervention and risk stratification, while closed-loop management ensures continuity of care.

The presentation highlights targeted health management across different life stages. For maternal and child health, the hospital provides continuous services from pre-pregnancy counseling through childbirth, postpartum care, and early childhood development. Children benefit from systematic health check-ups, vaccination programs, disease screening, and rehabilitation services. For adults, integrated Chinese and Western medicine clinics address common and chronic conditions, while elderly care focuses on home-based services, long-term care insurance assessment, intelligent wards, and hospice care.

Digital health tools, including real-time management dashboards, support data-driven decision making and population risk surveillance. The effectiveness of this model is illustrated through patient stories, demonstrating improved outcomes in chronic disease control, pediatric rehabilitation, and end-of-life care.

Overall, the presentation positions community health organizations as proactive health managers, delivering people-centered, continuous, and integrated care that protects health with professionalism and life with compassion.

Strengthening community health through data analyses and trainint

Pr Olivia Keiser

Institute of Global Health & Institute for Environmental Sciences, University of Geneva

This presentation focuses on strengthening community health through data analysis, modelling, and capacity building, highlighting the importance of evidence-based and community-engaged solutions in

settings with high disease burden and unequal access to care. It addresses global health challenges such as HIV, unmet surgical needs, and limited analytic capacity in lowwer-middle-income countries.

A major component of the work presented concerns understanding the uneven distribution of the HIV epidemic in sub-Saharan Africa. Using large population-based datasets, machine learning methods were applied to predict HIV status and identify high-risk populations more efficiently. Among several algorithms tested, XGBoost showed the best performance, enabling the identification of small subgroups with a very high probability of HIV infection. These approaches can improve the cost-effectiveness of testing strategies, especially as reaching undiagnosed individuals becomes increasingly challenging.

The presentation also describes the use of mathematical and individual-based models to simulate HIV transmission dynamics, incorporating individual characteristics, sexual networks, and spatial structures. These models support scenario analysis and cost-effectiveness evaluations of prevention and treatment strategies, helping policymakers make informed decisions.

Beyond infectious diseases, the presentation highlights a systematic effort to assess the burden of reconstructive surgery needs in sub-Saharan Africa. Preliminary findings indicate that burns and congenital malformations account for a large share of reported conditions, revealing significant unmet surgical and rehabilitation needs. Telemedicine initiatives in countries such as Mali and Nepal are presented as potential solutions to improve access to specialized care in resource-limited settings.

A central message of the presentation is the need to strengthen in-country analytical capacity. To address this, the GRAPH Network has developed open, affordable training programs in data science, statistics, modelling, and the use of modern tools such as natural language processing and large language models.

Through self-paced courses, live cohorts, and tailored training for governments and organizations, these programs enable local analysts to work with their own data for local decision-making.

Overall, the presentation demonstrates how combining advanced data methods, accessible training, and community engagement can generate actionable insights and ensure that the benefits of data-driven health solutions flow back to the communities most affected.

Proactive Health Concept and Community Practice: Experience from China

Pr Luo Li

School of Public Health, Fudan University, Shanghai Institute for Major Infectious Diseases and Biosecurity, Shanghai Research Center for Governance of Emerging Technologies in Public Health and Medicine

This presentation introduces the concept of proactive health and its application in community practice in China, framing health as a fundamental human right, a social resource, and a driver of economic and social development. While global life expectancy has risen significantly—particularly in China—the presentation highlights a paradox: expanding medical services and rising demand have led to increasing healthcare utilization, escalating costs, and growing pressure on government financing and social security systems.

A central challenge identified is the persistent information gap between doctors and patients. Medical services are inherently invasive and complex, and patients often lack sufficient knowledge to make informed choices, leading to passive acceptance, dissatisfaction, inefficiencies, and ineffective market mechanisms. Traditional health promotion models that rely heavily on government provision risk overloading public systems and failing to control long-term expenditure growth.

The presentation proposes a strategic shift from government-dominated safeguards toward a

model of societal synergy, combining planning mechanisms, market forces, and individual responsibility. Reducing medical illiteracy and empowering individuals with relevant health knowledge is presented as the fundamental solution. When patients are better informed, they can actively engage in health decisions, improve satisfaction, reduce unnecessary costs, and alleviate pressure on public insurance systems.

A core strategy is "precise health education," described as letting information find the demand side. Using digital technologies, individual health data, and health portraits, personalized knowledge packages are delivered to targeted populations in a "sniper rifle" approach rather than broad, generic messaging. This system is supported by family doctor contracting, health insurance payment mechanisms, and online learning platforms that incentivize healthy behaviors through rewards and feedback loops.

The presentation outlines key technological innovations, including individual health index algorithms, medical knowledge encoding databases, precision matching technologies, and intelligent adjustment systems that align health education with personal risk profiles and behaviors. Early practical applications include collaborations with China's first health insurance company and pilot community programs in Shanghai.

Ultimately, the proactive health model aims to shift the focus from excessive medical intervention to self-management, prevention, and informed use of services, while fostering the development of both medical and non-medical health industries. The presentation concludes with a call for collective action to promote sustainable, knowledge-driven global health systems.

Strengthening Community-Based Healthcare for Resilient and Equitable Health Systems

Dr Fu Qiang

Director-General, National Center for Mental Health, China

This presentation reaffirmed the central role of community-based, prevention-oriented healthcare in building resilient, inclusive, and equitable health systems capable of responding to current and future public health challenges. Drawing on China's extensive policy experience as well as insights gained through international dialogue and comparative perspectives, the conference emphasized the strategic importance of integrated care models, effective chronic disease management, and the growing use of digital health technologies as key enablers of improved health outcomes at the community level.

Participants reached a shared understanding that rigorous, evidence-based policy research, combined with strong cross-sector and multidisciplinary collaboration, is essential to ensuring that health innovations are effectively translated into real-world practice and scaled sustainably. The discussions also highlighted the need to align national strategies with local implementation and community engagement.

The conference concluded with a collective commitment to strengthen continued cooperation, promote knowledge exchange, and advance concrete actions aimed at building healthier, more resilient communities in China and beyond.

Community Health in the Age of Artificial Intelligence

Dr Xu Yanyi

Assistant Dean, School of Public Health, Fudan University

Chair

Dr Chen Ling

Director, Xinzhuang Community Hospital, Minhang District, Shanghai

Moderator

Dr Yang Zhen

Director, Meilong Community Hospital, Minhang District, Shanghai

Panelist

Mr Alain Junger

Deputy DSO – Care and Information Systems, Lausanne University Hospital (CHUV)

Panelist

Dr Ma Handong

Co-founder, Shanghai Senyi Medical Technology Co., Ltd,

Panelist

The panel discussion offered a nuanced and forward-looking exploration of how artificial intelligence (AI) may reshape community health systems, while reaffirming the central role of human-centered primary care. Drawing on experiences from different health system contexts, the discussion moved beyond technological enthusiasm to address practical, ethical, and organizational considerations.

The first question addressed how AI can be used in community health, particularly in settings facing shortages of healthcare professionals. Experiences from remote and underserved regions illustrated how AI supported consultation models can extend access to care where doctors are scarce. In such models, patients interact with AI-based clinical interfaces that structure the consultation, while trained on-site assistants collect physical data such as vital signs or basic diagnostic measurements. These data are then transmitted to physicians located in referral centers, allowing remote medical decision-making. Panelists emphasized that this approach does not replace clinicians but rather creates a hybrid model that preserves medical responsibility while expanding service coverage. This logic resonated with broader seminar discussions on optimizing access, strengthening primary care, and using digital tools to reduce geographic and workforce inequalities.

The second question focused on the types of AI currently deployed in community hospitals and the main difficulties encountered. Given the very high volume of outpatient visits and limited staffing typical of community facilities, AI applications have been prioritized where needs are greatest: among elderly populations with multiple chronic conditions and among children requiring continuous follow-up. AI-assisted decisions support tools were described as enhancing diagnostic accuracy, supporting early detection, and improving longitudinal follow-up, particularly when combined with electronic health records and family doctor systems. Beyond clinical support, panelists highlighted the growing importance of AI in internal hospital management. In line with presentations on integrated governance and closed-loop health management, AI is increasingly used to optimize appointment

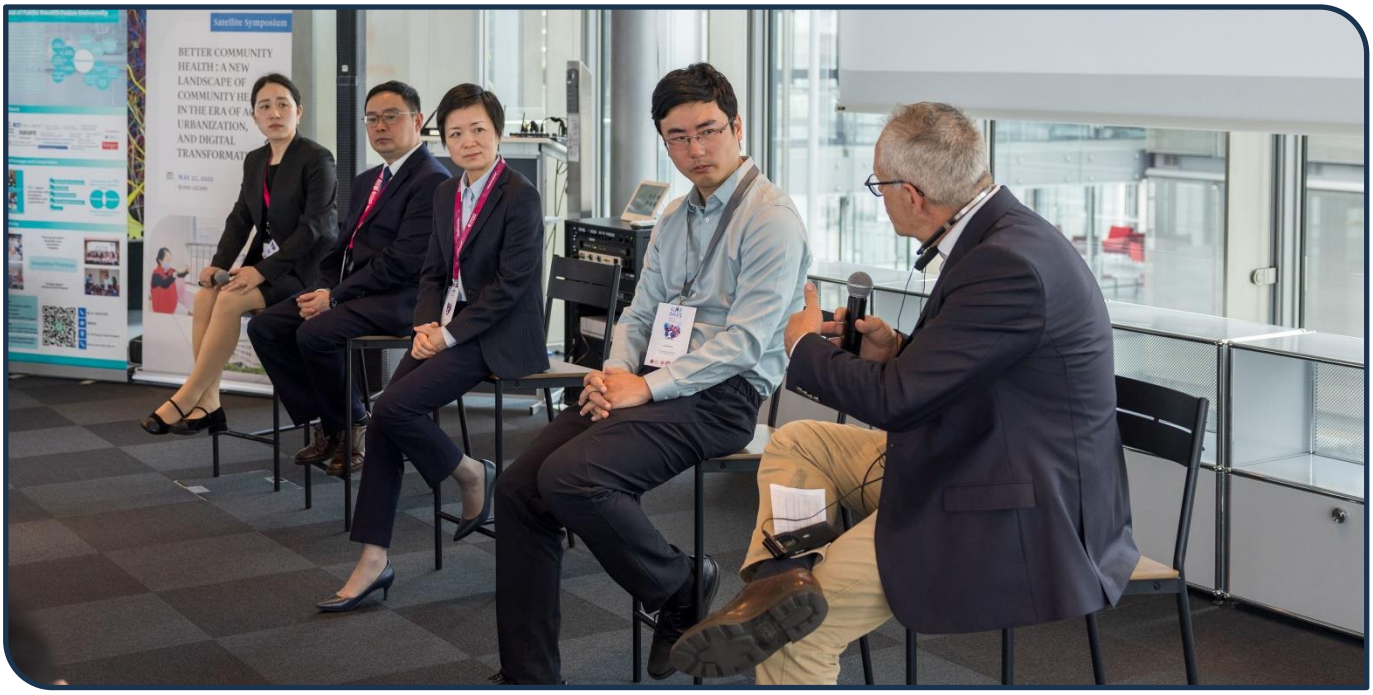
scheduling, patient flow, resource allocation, and coordination across medical alliances—functions that are essential for community hospitals operating under constrained budgets.

The discussion then turned to whether AI could be applied more extensively in the future. While participants agreed that current applications remain relatively cautious, there was broad consensus that AI's potential extends well beyond diagnosis and management. In the longer term, AI could support research, population health surveillance, risk stratification, and evaluation of prevention strategies, echoing seminar contributions on data analysis, modelling, and proactive health. However, this expansion raises critical concerns. The legal status of AI in healthcare remains unclear, particularly regarding liability, certification, and decision authority. Panelists stressed that unresolved issues around data security, patient privacy, and large-scale data storage currently limit the scope of AI deployment, especially in sensitive clinical domains.

Finally, the panel examined the main challenges facing AI integration in community health systems. Data quality emerged as a central issue. Several participants noted that AI performance is highly dependent on the quality of underlying data, which is often compromised by inconsistent documentation and insufficient training of healthcare staff in digital tools. This challenge mirrors broader system-level concerns raised during the seminar regarding workforce development and digital literacy. Another key question concerned strategic intent: not simply what AI can do, but what it should be used for. Given that many AI tools are not certified as medical devices, panelists suggested that their greatest value may lie outside direct clinical decision-making. Applications in administrative management, logistics, patient navigation, and routine documentation were seen as particularly promising.

By automating repetitive and time-consuming tasks, AI can free healthcare professionals from administrative burden and allow them to focus on activities that machines are not capable of: clinical judgment, complex decision-making, communication, and empathy. In this sense, AI was framed not as a threat to the family doctor model, but as a potential ally—supporting the broader transformation toward integrated, preventive, and people-centered community health systems.

Overall, the discussion concluded that AI should be introduced pragmatically, guided by clear objectives, strong governance, and ethical safeguards. When aligned with robust primary care, high-quality data systems, and human-centered values, AI can become a powerful tool to strengthen community health without undermining its social and relational foundations.



Conclusions

Prof Luo Li

Secretary of the Party Committee, School of Public Health, Fudan University

From a public health perspective, China's progress over the past twenty years reflects a decisive shift from treatment centered expansion toward a prevention-oriented, community-based, and proactive health system, delivering substantial gains in population health while confronting rising costs and system pressures.

The move toward health literacy, precision health education, digital tools, and shared responsibility has begun to address information asymmetry and improve the efficiency and sustainability of care. These experiences suggest that better community health is achieved not through ever-expanding medical intervention, but through informed individuals, empowered communities, and coordinated governance.

Looking forward, China's evolving community health model offers valuable lessons for other countries and calls for deeper international collaboration in policy research, digital health innovation, and evidence-based practice to jointly advance sustainable, people-centered health systems worldwide.

Key messages

1. The following key messages capture the shared priorities and actionable
2. Community based and prevention- oriented care is the foundation of resilient and equitable health systems.
3. Shifting from treatment- focused care to proactive prevention is essential for long- term sustainability.
4. Integrated medical, public health, and social care improves continuity, efficiency, and health outcomes.
5. Family doctors are central to coordination, trust, and chronic disease management at community level.
6. Digital health systems enable integration, data sharing, and continuity of care.
7. Evidence based policy, data analytics, and modelling are critical for informed decision- making.
8. Workforce development and local capacity building are key to sustainable health system transformation.
9. Ageing societies require integrated community based medical and long- term care solutions.
10. Artificial intelligence should enhance efficiency while preserving human centered care.
11. Cross- sector and international collaboration is essential to scale innovation and impact.

The Geneva Health Forum is a non-profit initiative launched in 2006 by Geneva University Hospitals and the University of Geneva. It provides a neutral platform for dialogue and collaboration between public stakeholders, academia, civil society, and the private sector.

It collaborates with its partners to create synergies to address public health challenges.

Founded in 1928, the School of Public Health at Fudan University is one of the oldest public health schools in China. It houses national key disciplines and WHO Collaborating Centers, and is committed to cultivating top-tier public health professionals and advancing disease prevention, health promotion, and global health collaboration.

The school has significant international influence in fields such as epidemiology, environmental health, and health policy and management, and actively engages in collaboration with world-class institutions.

Contact :

contact@genevahealthforum.com

Geneva Health Forum, Medi-bridges Eurasie. « Better Community Health: A New Landscape of Community Health in the Era of Aging, Urbanization, and Digital Transformation ». Zenodo, 20 février 2026. https://doi.org/10.5281/zenodo.18720640.

Written by: Geneva Health Forum and Medi-bridges Eurasie

Layout: Geneva Health Forum

Special thanks to Joanne Movtchan Hili who helps us to review this report.