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**ARMS, CONFLICT AND HEALTH: AI AND THE ARMS INDUSTRY AS A MAJOR
COMMERCIAL DETERMINANTS OF HEALTH**

| BACKGROUND

The merger of artificial intelligence (AI) with the arms industry is fundamentally reshaping warfare, producing weapons that are more lethal, simpler to operate, and deadlier than ever before. This transformation is driven by advances in autonomy, machine learning, and robotics, which are being rapidly integrated into military systems worldwide. The convergence represents a powerful and increasingly dominant commercial determinant of health (CDoH). The AI-arms nexus does this by actively shaping a global environment where conflict is more likely, more damaging to health infrastructure, and more profitable, thereby directly undermining the conditions required for human health and well being. (Key reference: The BMJ Series - Weapons, wealth, and health: the arms industry as a commercial determinant of health | The BMJ <https://share.google/ZqJofQTQgJZzA3XmV>)

| OBJECTIVES

Five ways this convergence functions as a CDoH:

1. Creating and Profiting from Demand for Conflict

Business Model: The industry's core profit motive depends on the perception of threat and the occurrence of armed conflict. AI-powered weapons are marketed as essential for national security, creating a cycle of innovation, obsolescence, and procurement.

Health Impact: This directly drives the prevalence of conflict, a primary determinant of catastrophic health outcomes. More conflict means more direct mortality, injury, displacement, and the destruction of healthcare systems—as seen in Gaza, where the targeting of hospitals is enabled by AI-driven intelligence and precision.

2. Shaping Political and Regulatory Environments

Lobbying & Regulatory Capture: Arms and tech companies lobby against meaningful international bans or stringent regulations on autonomous weapons (e.g., weakening proposed treaties at the UN). They frame regulation as an impediment to "innovation" and national security.

Health Impact: This stymies preventive governance, allowing the proliferation of weapons that international humanitarian law cannot adequately control. The lack of regulation ensures that the health-harming consequences of these weapons (indiscriminate effects, accountability gaps) are not factored into their development or sale, externalizing the costs onto civilians and health systems.

3. Commodifying and Proliferating Lethal Capabilities

Democratization of Lethal Force: By making AI targeting systems and autonomous platforms cheaper, scalable, and easier to use, particularly as the industry expands its market to non-state actors and marginal states. This turns advanced warfare into an accessible commodity.

Health Impact: This leads to proliferation and longer, more intractable conflicts. For example, in Myanmar and the DRC, the availability of commercial drones and AI kits has intensified violence, increased civilian casualties, and prolonged wars, draining public resources that could fund health, education, and social development.

4. Externalizing the True Costs onto Health Systems and Societies

Privatizing Profit, Socializing Harm: The immense profits from selling AI-arms systems are privatized, while the full health, environmental, and societal costs are borne by public health systems and humanitarian organizations.

Health Impact: This manifests as:

- Direct Resource Diversion: National budgets shift from public health and social spending to military AI procurement.
- Overwhelmed Health Systems: As seen in all case studies, health infrastructure is targeted or collapses under the strain of mass casualties, leading to secondary deaths from preventable and treatable conditions.
- Intergenerational Health Burdens: Societies bear the long-term costs of trauma, disability, and a lost "healthy workforce" for decades.

5. Utilizing Corporate Determinants of Data and Knowledge

Data-Driven Warfare & Opacity: The industry relies on vast data collection (surveillance, biometrics, battlefield data) to train its AI systems. This data is a proprietary asset, and the algorithms are "black boxes."

Health Impact: This creates a profound power asymmetry and accountability vacuum. Communities subjected to AI-driven strikes cannot interrogate the data or logic that labeled them a target. This undermines the right to life, remedy, and reparations—key social determinants of health and justice.

Conclusion: A Fundamental Threat to Health Equity

The convergence of AI and the arms industry is not a neutral technological advance; it is a powerful commercial enterprise that actively shapes a world detrimental to health. It constructs a global environment where:

- Conflict is more profitable, and therefore more likely.
- The tools of violence are more accessible and devastating.
- The rules protecting health in war are systematically undermined.
- The costs are deliberately shifted away from shareholders and onto the most vulnerable populations.

In this way, the AI-arms complex acts as a supercharged commercial determinant of health, driving inequity and injury on a global scale. The arms industry is actively exploiting AI's low-cost, dual-use, and scalable nature to place unprecedented lethal power not only in the hands of industrialized states, but also in the hands of marginal states and non-state actors. This democratization of violence leads to more frequent, precise, and widespread attacks, whose health consequences extend far beyond the battlefield—causing physical injury, psychological trauma, the collapse of healthcare systems, and the erosion of fundamental human rights. Without urgent, coordinated international regulation that addresses both the supply and use of AI-enabled weapons, this trend will continue to elevate the global burden of conflict-related harm.



Panelist

Abdinasir Abubakar

WHO Representative

World Health Organization
Sudan

Dr. Abdinasir Abubakar has been the WHO Representative in Sudan since 1 August 2026. In this role, he leads the implementation of WHO's country programme and provides strategic leadership, management, and oversight of the Organization's operations in Sudan.

Before this, Dr. Abdinasir served as WHO Representative and Acting Representative in Lebanon from May 2022 to July 2026, providing strategic leadership to WHO Lebanon and supporting the government's response to multiple emergencies through coordination, technical guidance, and efforts to strengthen health system resilience.

Dr. Abdinasir held several technical and management positions at the WHO Regional Office for the Eastern Mediterranean in Cairo, Egypt between 2015 and 2022. He was instrumental in leading the COVID-19 pandemic response and coordinating efforts across 22 countries in the region. His experience at WHO and other UN agencies spans various technical and leadership roles, including Team Lead, Epidemiologist, and technical advisor in Egypt, South Sudan, Sudan, Kenya, and Somalia for the past three decades.

With more than 30 years of public health experience, Dr. Abubakar has worked with national and international organizations on health systems, emergency preparedness and response, and epidemiological research. He managed major outbreaks and epidemics, including COVID-19, H5N1, MERS-CoV, meningitis, cholera, Rift Valley fever, visceral leishmaniasis, anthrax, and viral hemorrhagic fevers.

Dr. Abubakar has contributed extensively to operational research on health emergencies, health systems, and emerging/re-emerging infectious diseases, authoring or co-authoring more than 50 peer-reviewed articles on topics including COVID-19, influenza, meningitis, cholera, yellow fever, nodding syndrome, visceral leishmaniasis, HIV/AIDS, health systems, health emergencies, etc.

A Canadian national, he holds a medical degree from Somali National University and a Master of Public Health and a fellowship in Epidemiology and International Health from the Johns Hopkins Bloomberg School of Public Health in the United States of America.