

AI4PEP

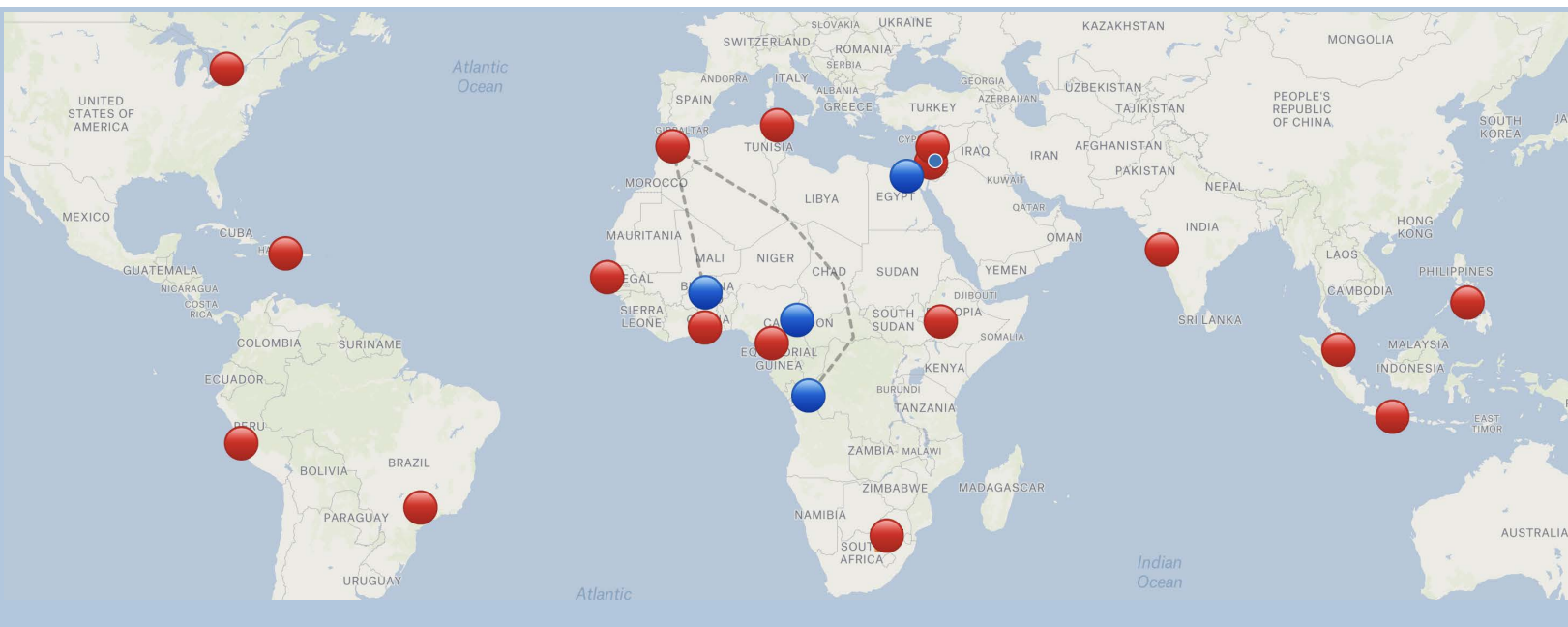
Newsletter

First Edition

Vol. 2

THEME:

**“Unveiling our Inaugural Cohort of
16 Global Health Leaders
& Laying the Foundation for Resilient
Global Health Systems
across the Global South”**



 **Our Hubs**  **Our Nodes**



**OCT
2023**

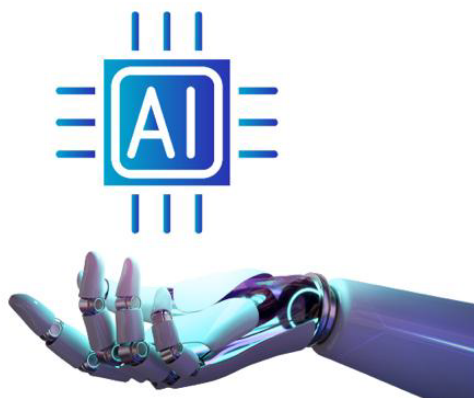
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“Advancing AI-powered health solutions in the Global South.”





Compliments from the Executive Director

Dr. Jude Kong

This quarter has been by far the most fulfilling part of our puzzle. We had the opportunity to review and select our ultimate inaugural cohort of Global Health pioneers across the Global South. We received 221 bids to our Call for proposals last year December 2022. The adjudication process was not the easiest, more so because the proposals demonstrated profound leadership, expertise, and unparalleled passion for decolonizing health research. Due to resources constraints, we were only able to fund a fraction of the most compelling and innovative ideas from across the Global South. Ultimately, 16/221 were selected.

It has been our greatest pleasure to have crossed paths and forged a great working relationship with these emerging global health leaders. I wish to extend my hearty congratulations to each one of the 16 teams that successfully joined the Global South Artificial Intelligence for Pandemic & Epidemic Preparedness & Response (AI4PEP Network) and won our seed grants to help them champion AI-powered health care solutions across the Global South.

Over the past year, I have seen the teams enthusiastically embrace our gender, equity, inclusivity, and de-colonial framework. We have also seen some very inspiring thought leaders emerge from the cohort, taking the initiative to lead from the forefront and behind the scenes. The teams have been doing an excellent job, working closely with governments, public

health agencies, civil society bodies, and other actors to generate new knowledge and collaborations to inform practice and policies at subnational, national, regional, and global levels. In a rapidly changing world, with rising inequalities and compounded inequities in access to health, we have unapologetically taken the responsibility to intervene from a disposition of a gender transformative and decolonial approach. We have started integrating a Gender Action Learning approach where our community learns from each other's experiences, while also drawing from our gender-responsive AI-based toolkits.

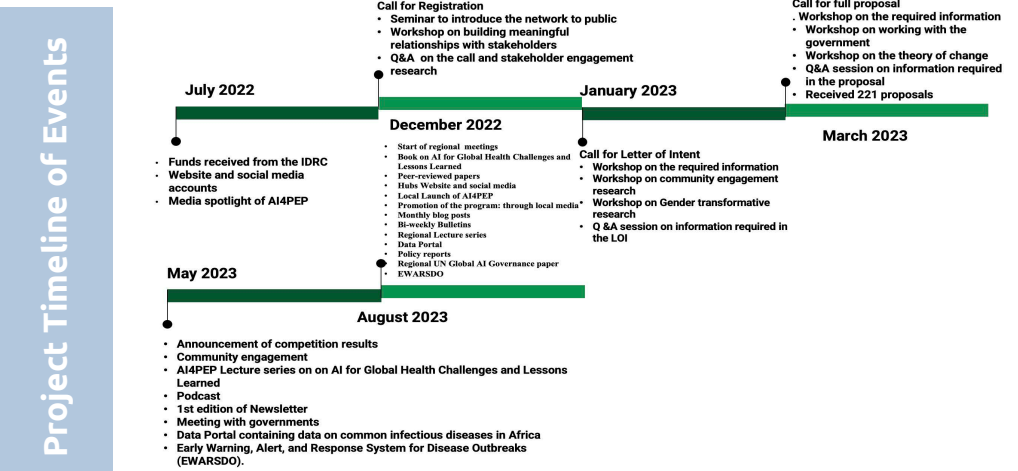
In addition to advancing the responsible development and deployment of AI-based health solutions, (as a network) we're committed to realize the following outcomes within the coming 2 years:

- Upgrading existing methods and developing new techniques and tools to advance clinical public health outcomes.
- Devising comprehensive and complementary models to inform pandemic and epidemic prevention, preparedness, and response across the Global South.
- Generating new knowledge to shape the development of new policies and

approaches to stimulate innovation and technology.

- Establish sustainable collaborations among local AI experts, governments, civil society, community leaders.
- Strengthen and enhance capacity & prepare the next generation of leaders in responsible AI in clinical health policy through unique training programs using an interdisciplinary research approach and mentorship.
- Building trust and knowledge of ERID models among key decision makers to enable rapid repose in emergencies through close engagement with government, public health agencies, and other stakeholders.

We cannot wait to collectively to collaboratively and co-create a progressive, equitable, inter-sectional, decolonial and sustainable Global South health futurity. We proudly welcome our 16 partners on board!



Meet the Principal Investigators of our Inaugural Cohort of 16 Global Health Leaders from Africa, Asia, Latin America & the Caribbean, North Africa in the Middle East

Africa



Dr. Dickson Nsagha
Co-PI

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Dr. Moise Ondua
Co-PI

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Dr. Denis Nkweteyim
Co-PI



Dr. Gelan Ayan (Ethiopia)
Host Institution: Jimma University
Project Title: *"Polio Antenna: Responsible AI for Improving Polio Pandemic Surveillance Sensitivity."*



Dr. Kingsley Badu (Ghana)
Host Institution: Kwame Nkrumah University
Project Title: *"Responsible AI for developing a robust public health system: Early detection and prediction of vector-borne viral zoonotic pathogens."*



Dr Sylvain Landry Faye (Senegal)
Host Institution: Cheikh Anta Diop University
Project Title: *“Artificial Intelligence and Hybrid modeling for Community-based early detection of zoonotic disease in the context of climate change in Senegal.”*



Dr. Bruce Mellado (South Africa)
Host Institution: University of Witwatersrand
Project Title: *“AI-Powered Early Detection System for Communicable Respiratory Diseases Based on Integrated Data Sets.”*

Asia



Dr Kayzad Nilgiriwala (India)
Host Institution: The Foundation for Medical Research
Project Title: *“Wastewater-based Surveillance for Antimicrobial Resistance (AMR) for Early Warning and Engendering Stakeholder Response Through Artificial Intelligence (AI).”*



Dr. Riris Andono Ahmad (Indonesia)
Host Institution: Universitas Gadjah
Project Title: *“Intelligent Early Warning and Response System Based on Health System Routine Data and Environment Data to Improve National Health Resilience.”*



Prof. Angela Lee Siew Hoong (Malaysia)
Host Institution: Sunway University
Project Title: *"Blockchain-Enabled AI Architecture for Trustworthy Digital Health."*



Dr. Romulo de Castro (Philippines)
Host Institution: University of San Agustin
Project Title: *"Telehealth Data, Predictions, Pandemic Prevention, and Preparation (TDP4): Early Resources Mobilization and Long-Term Mental Health Response in Highly Vulnerable Indigenous Communities."*

Latin America & the Caribbean (LAC)



Dr. Andre de Carvalho (Brazil)
Host Institution: Universidade de Sao Paulo
Project Title: *"AutoAI-Pandemics: Democratizing Machine Learning for Analysis, Study, and Control of Epidemics and Pandemics."*



Dr. Manuel Colome (Dominican Republic)
Host Institution: Universidad Autonoma de Santo Domingo
Project Title: *"AI and Eco-Epidemiology-Based Early Warning Systems for the Improvement of Public Health Response to Aedes-Borne Viruses in the Dominican Republic."*



Dr. Cesar Ugarte-Gil (Peru)
Host Institution: Universidad Peruana
Project Title: *“Household screening for contagious and transmissible respiratory infections using artificial intelligence-based cough monitor.”*

Middle East & North Africa (MENA)



Dr. Elie Salem Sokhn (Lebanon)
Host Institution: Beirut Arab University
Project Title: *“Strengthening Lebanon’s Pandemic Surveillance System through AI-Driven Automation of Laboratory Data.”*



Dr. Yahya Tayalati (Morocco)
Host Institution: University Mohammed
Project Title: *“Applications of AI for early diagnosis of tuberculosis and prediction of drug resistant Mycobacterium tuberculosis strains.”*



Dr. Sadri Znaidi (Tunisia)
Host Institution: Pasteur Institute
Project Title: *“A Responsible Artificial Intelligence-driven Initiative for Tackling Waterborne Pathogen (re)Emergence in Tunisia.”*



Dr. Radwan Qasrawi (Wes Bank)
Host Institution: Pasteur Institute
Project Title: *“AI-powered Health system for infectious disease early detection and early warning systems (AIMED).”*

Editorial

“Why Gender Inclusivity & Decoloniality Remain the Core Pillars of Our Work – Liswa Luhlanga

The AI4PEP program is founded upon Sustainable Development Goals (SDGs) 3 (Health and Wellbeing), 5 (Gender Equality) and 13 (Climate Action) and seeks to leverage Artificial Intelligence (AI) advance quality health and well-being, gender equality and climate mitigation across the Global South. Our program appreciates that climate change has dire effects on our intertwined ecology, humans, animals, and entire ecosystem.

The One Health approach has emerged as a comprehensive approach to health that tackles health in its interconnectedness. Scientific research has projected an intensification of the impending climate crisis in 2023 and coming years, which raises the need for urgent climate mitigation strategies, and a comprehensive approach to health. World Health Program has established an undeniable interplay between climate change and health. This has manifested itself in form of natural disasters such as air pollution, heat waves, storms, floods, droughts, leading to food insecurity and malnutrition and increased instances of zoonotic diseases, water-borne diseases and vector-borne disease, and lately rising cases of mental health.

The effects and aftermath of the Covid-19 Pandemic have also taught us that health and well-being is gendered, which implores health service providers, policymakers, and different stakeholders to intervene from a position of gender consciousness, and further structure their interventions to be gender transformative. **Understanding Health as Inherently Gendered**
In recent years, ecofeminists have openly declared that “the impending climate crisis is also a health crisis.” Most importantly, they have also provided us with the epistemic tools

Why Gender Inclusivity & Decoloniality remain the Core Pillars of Our Work? – Liswa Luhlanga

to understand how the intimate connections of climate change and health are inherently gendered and intersectional. For example, it has been emphasized that women’s physiological built, the gender roles they assume in their patriarchal societies, and the socio-economic dispositions they inhabit, especially in the Global South conspire to exacerbate their vulnerability to infectious diseases and climate change. Given all these factors, women continue to disproportionately bear the brunt of health crises. It is imperative for service providers and policymakers to understand access to health, not as neutral and value-free, but as an inherently gendered phenomenon, that is influenced by an array of cultural and socio-economic factors that systemically constrict women’s right to equitable health. This necessitates an urgent need to evaluate how existing structural inequities such as gender inequality, poverty, geographical inequality, class, and sexuality intensify women’s vulnerability to diseases and climate injustices.

Engendering AI & Health Data

The growing reliance on Artificial Intelligence (AI) powered health solutions has arguably improved the quality-of-service delivery, and broadly, access to health across the globe. As modern, and efficient as that may be, AI is not a technology without its own gender and colonial contradictions. For examples, critiques of digital health have not minced words about the gender and racial bias that is systemically imbedded in AI technologies. To tackle the gendered health needs, risks, and vulnerabilities experienced by women and other vulnerable groups, it is crucial for the field to overcome its structural challenges of gender bias and colorblind ideologies. This presents data, policy, and cultural change as pivotal piers and impelling forces towards the enjoyment of gender equality and health and well-being.

Taking data as a starting point; that is quality gender disaggregated data, both qualitative and quantitative data diverts from the mainstream notion of “universal health” – or one size fits all approaches to health. To liberate digital health from its colonial and patriarchal lodgings, mobilizing a decolonial and intersec-

tional bring afore the health differences, risks factors, vulnerabilities, and the patterns of infectious diseases according to gender/ sex differences, class, and geolocation. Etc. The interpretation of the gender and sex disaggregated data through a strong gender lens helps inform a strong gender analysis. In a post Covid-19 world, a strong gender analysis is both urgent and ineluctable, and it particularly crucial for research, health programming, health service delivery, health public policy and budgeting. Most importantly, it unveils the gender health gaps that contribute to unequal gender health outcomes such as proneness to infectious diseases according to gender difference, strategic gender needs necessary for access to health, and the different resources required by both women and men to access health.

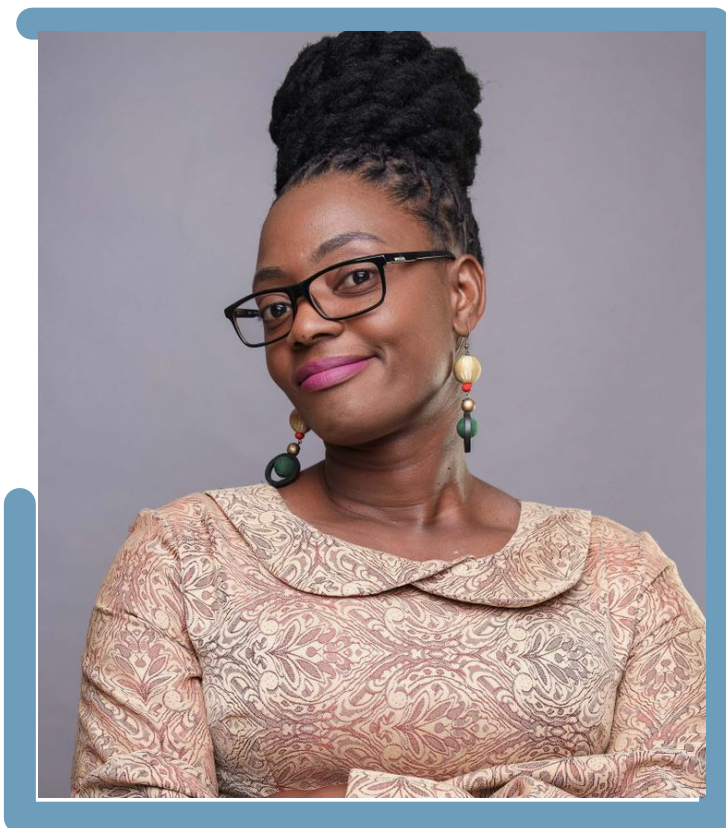
At AI4PEP, we firmly hold that the deployment of AI tools for diseases surveillance, monitoring and early detection should not assume a posture of gender neutrality and banality but take deliberate gender consciousness and sensitivity towards the needs, behaviors and risks of women and men. Beyond the inclusion of women in the male dominated world of Artificial Intelligence and health, we strive to advance a cultural change with sustainable frameworks, and the political will to be gender reflexive and transformative throughout the project

life. While acknowledging that the body of knowledge we continue to generate with our research teams is mobilized by public policy officials to shape AI governance and health policies, we also see value in using our Gender Action Learning, a peer learning framework we adopt to impart cultural change in our research community.

Decolonizing Health

Our decolonial approach to health also propels us to confront the compounded inequities that formerly colonized people of the Global South have had to endure because of their colonial history, and existing geopolitics of power. Our framework of engagement offers a voice to the communities we serve. In the past couple of months our partners have connected with vulnerable communities across in Africa, Asia, and Latin, America including community women, religious leaders, and Indigenous People's communities. These partnerships accentuate the colonizing practices that have driven sentiments of hesitancy among vulnerable communities to access health services from colonial health regimes that were historically designed to annihilate and obliterate black, brown, and Indigenous bodies. Cultivating politics of care and solidarity helps cultivate a culture of resilience, empowerment, and agency, and inspire vulnerable groups to access health care, and the support they deserve. Since decolonization is neither an event, nor a metaphor, our ongoing commitment to engage with public policy makers makes our quest for decolonization an ongoing mission.

We cannot emphasize the need for a comprehensive approach that entails gender inclusivity, equity and decolonial lens in our quest to achieve Sustainable Goals 3, 5, and 13 in respect of Health and Wellbeing, Gender Equality and Climate Action. Through our work with partners across the Global South, we have come to appreciate the value of bringing the voices of the communities at the center of our work, which has brought a great deal of ownership, cooperation, and reciprocity. Conclusively, our commitment to gender equality has taught us that gender inclusivity is does not begin and end with gender salt approaches that seek to add women into male dominated communities without confronting the gendered power dynamics and patriarchal norms and practices that enable and sustain their oppression.



Senegal

Principal Investigator (PI) Dr. Sylvain Faye

Project: "Artificial Intelligence and Hybrid modeling for Community-based early detection of zoonotic disease in the context of climate change in Senegal."

Objective(s): The general objective of this project is To enhance the epidemiological surveillance system in Senegal by developing and testing community-based, gender-sensitive early detection and warning systems for zoonotic diseases using AI, data science, and a One Health approach.

How did this project come about?

We received funding from the IDRC for the implementation of the research project "Uses of artificial intelligence (AI) in the fight against COVID-19: Local adaptability and social acceptability for ethical and responsible AI (Senegal, Mali). Following the promising results obtained, we explored possibilities to continue the reflection and, above all, to develop AI tools to support the epidemiological surveillance of human, animal, and environmental health events.

How does your project leverage Artificial Intelligence (AI) to advance equitable health?

This new project will study how AI, and hybrid modeling in particular, can improve the early detection of zoonotic disease in Senegal. Inspired by One Health approaches, our project will collect socio-anthropological data about health practices, perceived risk factors, and vulnerabilities, as well as relations between



context of climate change and ecological upheaval. This data will help design AI-based models aimed at the detection of disease-related risk. The project will also develop tools adapted for and accessible to local communities to facilitate the communication of alerts to frontline health services for a more effective response to epidemic threats.

How are you decolonizing research and giving your community a voice?

While AI has become very important in managing epidemics on a global scale, it does not reflect the specificities of countries in the South, as well as the situation of women, children, and vulnerable groups. Models and algorithmic rules are not neutral, and we must question the choice of methods used and their assumptions to avoid importing solutions that would not be adapted to Southern countries. Moreover, risks associated with AI are amplified when technologies are developed in the "North" and then exported to the "South." Our research-action project is built with a participatory approach to engage communities, stakeholders, and policymakers and co-construct with them a solid, sustainable, and equitable community-based One Health surveillance platform, assisted by AI tools and technology. Using an ethical approach and being

gender-sensitive, involving communities from the beginning, listening, and analyzing beliefs and social norms, and listening to communities' understandings of specifics of context is essential to go beyond responding to researcher plans or agendas. We propose different activities to create spaces for interaction, reach out to communities to gain trust empowerment, and achieve sustainable and inclusive participation.

AI4PEP is also famous for its gender-transformative approach to health; what efforts has the project taken to realize this goal?

Gender transformative research is about generating, and analyzing evidence about what works to address the root causes of gender inequality in order to effect sustainable social change in households, communities, and institutions. This will require bold actions that strengthen health systems and social protections, safeguard economic opportunities, stimulate multi-stakeholder collaboration, and foster social cohesion. In order to improve early detection and warning systems for zoonotic diseases in Senegal, a gender equality strategy will guide the entire action research process, fostering gender-transformative changes that will lead to a more equitable future.

What is the novelty of your project?

This project proposes to develop community-based, data-driven technologies that will help automate and accelerate the detection and response to zoonotic diseases in Senegal. It involves mobilizing AI and data science to design and implement gender sensitive and One Health early detection and warning systems for zoonotic diseases to forecast their

transmission and prevent their spread. Our hybrid modeling will use qualitative and quantitative data to improve the epidemic preparedness in Senegal. Such data produces parameters more sensitive to local realities, leading to more precise and responsible AI solutions.

Which among AI4PEP's themes can we locate your work, and what is particularly exciting about doing this work at this specific moment in time?

Our project's main objective, which is to understand how the use of hybrid modeling using information collected from communities can improve early detection, is well aligned with current national priorities. It complements existing data and health infrastructure in Senegal, specifically within communities, as it seeks to strengthen, expand, and improve existing systems.

“Gender transformative research is about generating, and analyzing evidence about what works to address the root causes of gender inequality in order to effect sustainable social change in households, communities, and institutions.”

Philippines:

Principal Investigator (PI). Dr. Romulo de Castro

“Telehealth Data, Predictions, Pandemic Prevention, and Preparation (TDP4): Early Resources Mobilization and Long-Term Mental Health Response in Highly Vulnerable Indigenous Communities”

Objective(s):

- i) Our long-term objective is the development and implementation of a sustained sentinel epidemic-surveillance and resource-planning system for the underserved and marginalized Indigenous communities of Western Visayas (Region 6, Philippines) using telehealth and community-inspired health innovations. Within this proposal, the chronic lack of access to healthcare among ethnic minorities is also addressed as a prelude to universal health care in the country.
- ii) The goal of this system is to manage and greatly reduce the impacts of public health emergencies, and their long-term mental health repercussions which are greatly compounded by the lack of access to healthcare in these communities. Improved performance goals include anticipation of crises to enable roll-out of the appropriate co-created health, social and economic programs for highly vulnerable Indigenous populations.

How did this project come about?

We were looking at the data of our telehealth program (Atipan: <https://www.usacfi.net/atipan-project.html>) and we saw that it was picking up infectious diseases, including zoonoses. That’s when we realized that telehealth data had the potential to be used for



a surveillance system for pandemic/epidemic preparedness (PEP). There are not many examples of telehealth being used for this purpose because telehealth was only adopted during the pandemic. Thus, this project is arguably ground-breaking. Furthermore, the pandemic exposed the mental health repercussions of public health emergencies, which presented an opportunity for us to close those gaps.

How does your project leverage Artificial Intelligence (AI) to advance equitable health?

AI will be used to tease out features in the telehealth data, complemented with community data, that are predictive of epidemics in the Indigenous communities where our telehealth program has been rolled out (which is almost the entire region of Western Visayas (Region 6) of the Philippines, a very large geographic area). We hope to develop machine learning algorithms that give early warning signals for developing epidemics, then model the course of a developing epidemic to be able to estimate the resources to be mobilized to curb the epidemic as well as address its long-term mental health effects.

How are you decolonizing research, and giving your community a voice?

Our approach to research is non-extractive, that is, we don’t take the data promising research

will benefit the communities in the future. Instead, we try to make those benefits happen immediately. First, by providing access to healthcare which has promoted health-seeking behaviours where previously there was none. Second, with the data a picture of the health of these communities emerges. It's a form of advocacy to be able improve healthcare access not just in our telehealth communities, but in all underserved communities in the country. We're lobbying our government to use the model of telehealth we've implemented, and eventually the health surveillance we'll develop with our project (TDP4).

AI4PEP is also famous for its gender transformative approach to health, what efforts has the project taken to realize this goal?

Our project team of 10 is 50% women. In our telehealth program the patient navigator's role is paramount because they catalyze the adoption of health technologies in underserved communities. Guess what? More than 60% of our telehealth patients are women and girls.

What is the novelty of your project?

Focusing on underserved communities, specifically Indigenous people, is not only novel for epidemic/pandemic preparedness research, but also important and potentially transformative in terms of prioritization. Addressing the long-term mental health aspects of epidemics/pandemics is also not ordinary for AI work, but it was deliberate on our part because of what we've seen in our other mental health work related to the pandemic.

Which among AI4PEP's themes can we locate your work, and what is particularly exciting about doing this work at this specific moment in time?

Our project seems to span the spectrum of AI4PEP's themes in early detection, early warning systems,

Congratulations are in order! Team Philippines stole the limelight at the recent Philippine Datathon Conference & scooped the 3rd spot out of 10 participating countries. The Conference was themed: "AI & Universal Healthcare."



Up close with our Partners

Peru

Principal Investigator (PI)
Dr. Cesar Ugarte-Gil

Project Title: “Household screening for contagious and transmissible respiratory infections using artificial intelligence-based cough monitor.”

Objective(s): “To evaluate the use of an AI-based cough tool for respiratory infectious disease screening and monitoring to improve prevention and preparedness for outbreaks in the Peruvian health system.”

How did this project come about?

With our collaborators at McGill University (Prof. Madhukar Pai and Alexandra Zimmer) and Université de Montréal (Simon Grandjean Lapierre) we run studies to use cough AI monitoring for diagnosis and screening of tuberculosis and COVID-19, and we saw an opportunity to explore if this AI tool can be useful to screen and identify faster some cases of respiratory infections in household contacts.

How does your project leverage Artificial Intelligence (AI) to advance equitable health?

Unfortunately, the majority of patients who got affected by respiratory infections are vulnerable populations, so simple tools such as cough monitoring can help to identify faster, and in consequence provide a better health care and reducing the transmission in the community.

How are you decolonizing research, and giving your community a voice?

All our projects, and of course this one, has a close collaboration with the local community, because we need to adapt our solutions to the community necessities, so we need to hear them and receive their feedback often to improve this AI solution.



AI4PEP is also famous for its gender transformative approach to health, what efforts has the project taken to realize this goal?

Is impossible to do this project (household contacts) without a gender transformative approach to health because most of household contacts are female. In addition, most of the health worker force in primary health care are female health workers and our team has at least 50% of the members female. Their role is very important to reducing the gap not only in healthcare but also in research participation

I will need you to answer the following two questions. What is the novelty of your project?

Is the first project in our knowledge that is looking household contacts of respiratory infection index cases, with the aim to reduce the time to detection and reduce the risk of community transmission, an important issue in outbreaks of respiratory infections.

Which among AI4PEP's themes can we locate your work, and what is particularly exciting about doing this work at this specific moment in time?

We consider Early detection fits very well with the aim of our project, however Early warning systems can be also covered with this project with the info provided from the household contacts, so can be another helpful surveillance tool.

Lebanon

Principal Investigator (PI): Dr. Elie Salem Sokhn

Project: “strengthening pandemic surveillance through artificial intelligence automation of laboratory data for LEBANON” (EMERGENT- Lebanon)

Objective(s): to improve the performance of the current pandemic surveillance system in Lebanon on multiple levels:

- Systematize the detection of infectious pathogens (and pathologies) subject to national or regional surveillance, through extracting data directly from the healthcare institutions information systems and laboratory information systems.
- Optimize the identification of significant trends in data that prompt expert attention through automated rules and alerts validated by experts.
- Improve the consolidation of information in one central real-time dashboard for visualization of important epidemiological surveillance data and trends, for better decision-aid.

How did this project come about?

The COVID19 pandemic, its quick spread and fatal effects on human livelihoods necessitated an efficient digital tools that would efficiently process high volumes of data within a short period. Artificial Health modelling and epidemiological surveillance emerged as a timely solution. These digital tools ensure real-time surveillance and detect the next emergence of pathogens early enough to prevent a pandemic.

How does your project leverage Artificial Intelligence (AI) to advance equitable health?

The current epidemic surveillance system in Lebanon relies on reporting of data by healthcare institutions to the Ministry of Public Health (MoPH), which poses certain limitations relative to the proactiveness and reliability of such surveillance data. Our research project seeks to strengthen Lebanon’s capacity in pandemic preparedness through leveraging AI-driven tools with real-time analysis of large quantities of laboratory data. Such systems help detect significant data trends that are near impossible to detect using conventional approaches.

How are you decolonizing research, and giving your community a voice?



The project team is based in Lebanon, using Lebanese resources and data, for the advancement of the Lebanese system. Our team will share ideas and learned practices with the MENA region teams, and beyond, using the platforms and meetings organized by AI4PEP, to leverage knowledge transfer among other LMIC and improve the learning dynamics between the teams.

AI4PEP is also famous for its gender transformative approach to health, what efforts has the project taken to realize this goal?

We plan to incorporate sex/gender-based lens in all phases of the project. To begin with, we will develop the tools by using a codesign approach where our researchers, clinicians, public members, and decision-makers will work closely and collectively to ensure sex/gender-based perspectives are incorporated in all phases of the tool adaptations and implementation. Further, the training of all research staff will include a sex/gender-based focus. This will allow us to conduct a comparative analysis of any outcome measures and mitigate AI gender bias.

What is the novelty of your project?

The project seeks to compliment the current reporting system with an automated surveillance system directly connected to an array of laboratory databases across the country. This will improve the detection rate of the targeted pathogens (sensitivity), the timeliness of detection (identifying trends early on) and permit a centralized alert system that will apply systematically and consistently, providing expert advice to policymakers.

Which among AI4PEP's themes can we locate your work?

Our work focuses on two main AI4PEP themes: Early detection of emerging and re-emerging infectious diseases, and development of Early warning systems for emerging and re-emerging infectious diseases.

Project Launches

Ethiopia



The Polio Antenna Project launched on a high note on the 25th of September 2023 at the Jimma Institute of Technology. The launch brought together representatives from the Ethiopian Ministry of Health, Ethiopian Public Health Institute, Ministry of Innovation & Technology- Ethiopia, Ethiopian Artificial Intelligence Institute, CORE Group partners, Jimma Zone Health Office, Community Elders, Jimma University higher officials, and other invited guests.

Senegal



The AI4DECLIC-Senegal launched its project on the 28th August, 2023 at the in Dakar. The launch mobilized officials from the Ministry of Health in Senegal, the Ministry of Environmental & Sustainable Development, Ministry of Livestock & Animal Production, UNESCO, the University of Thies, Universite Ahmadou Makhtar Mbow, and representatives of several media houses.

Congratulatory Notes

Congratulations & Bravo to:



Dr. Kingsley Badu (Ghana PI)

Dr. Kingsley Badu who recently earned himself a 4 year term of service as an Executive Member of American Committee of Medical Entomology (ACME). We wish him a successful term & believe in our hearts of hearts that he will use his thought leadership to advance the field, while also positively impacting the community.



Dr. Bruce Mellado (South African PI)

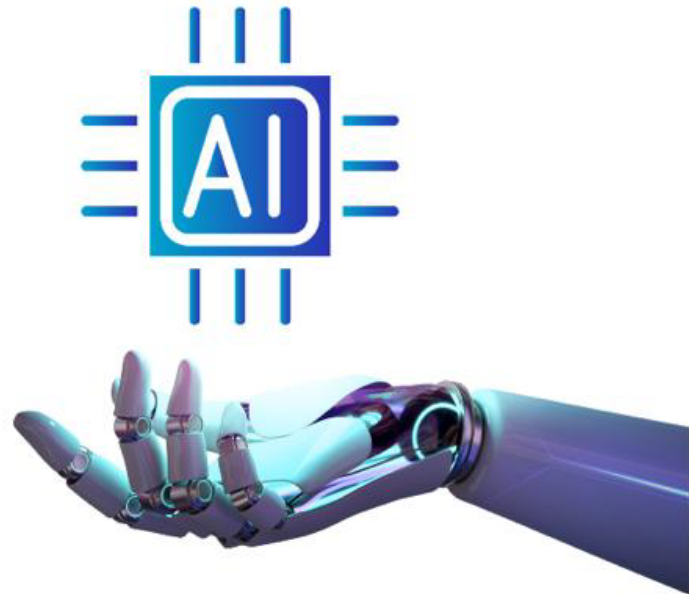
We also wish to extend our warmest congratulations to Dr. Bruce Mellado on being elected into the Academy of Science of South Africa (ASSAF) on the 9th of November 2023. We are really honoured to be part of your journey & wish you plenty of success in this incredible adventure.



Manuel Colome (Dominican Republic PI)

A hearty congratulations to Dr. Manuel Colome who was also sworn in as the President of the Dominican Association of Pediatric Research (ADP) for the period (2023 to 2026). We are excited to watch and support him champion quality health research in the field. All the best, *Dr. Colome.*

“Advancing AI-powered health solutions in the Global South.”



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Network_Official**



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**@AI4PEP
Network_Official**

Address

4700 Keele St, Toronto, ON M3J 1P3

email: info@ai4pep.org

www.ai4pep.org

Phone: (416) 736-2100 ext. 66093



Canada