Artificial Intelligence Public Health

Q&A on artificial intelligence for supporting public health

Reference tool to support the exchange of information and promote open conversations and debates



Reference tool





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Contents

4	cknowledgments	5
	Presentation	1
I.	PAHO's guiding principles for the use of artificial intelligence for public health (Al4PH) terventions	2
II	. WHO six principles to ensure AI works for the public interest in all countries	3
	What is AI?	4
	What is the role of AI in supporting public health initiatives?	4
	What is the difference between AI and machine learning?	4
	Why is machine learning important for the formulation of public health policies?	. 5
	What is deep learning?	5
	What is the difference between machine learning and deep learning?	5
	Why is deep learning important for public health?	6
	What is meant by hallucinations in the use of AI?	8
	Why is understanding the concept of hallucinations critical in using AI for public health tools?	. 8
	What is a prompt?	8
	Why is understanding what a prompt in AI is important for public health?	8
	What is generative Al?	8
	What are the differences between generative AI models and non generative AI models?	
	What are large language models?	9
	How may large language models contribute to public health systems?	9
	How does Al help in disease surveillance and early detection of outbreaks?	10
	What Al-based tools are used to analyze epidemiological data and trends?	11
	How can AI be employed to enhance infectious disease forecasting and modeling?	11
	How can AI be leveraged to improve vaccination distribution and uptake?	13
	What role does Al play in analyzing social determinants of health and addressing health disparities?	14
	Can Al help in predicting and preventing noncommunicable diseases? If so, how?	15
	How could AI assist with the tracking of substandard and falsified (fake) medicines that are circulation in a country?	
	How can Al support continuous learning among healthcare workers for professional development despite their very busy schedules?	17

	What are the ethical considerations that must be taken into account when it comes to AI in public health?	
	What are the potential biases associated with using AI in public health?	19
	What measures are needed to ensure data privacy and security when using AI in public health?	20
	How does Al assist in medical image analysis and diagnosis, and what are its benefits for healthcare providers?	20
	What are some examples of Al-driven applications in patient care and treatment planning? \dots	20
	How can AI support decision-making processes for healthcare policymakers and administrators?	21
	What challenges and limitations should be considered when implementing AI in the public health domain?	21
	How can Al-powered chatbots and virtual assistants assist in providing reliable health information to the public?	21
	What actions are needed to ensure Al algorithms are transparent and explainable for regulatory purposes in public health?	21
	How is AI being used in contact tracing efforts during disease outbreaks?	23
	How can AI be utilized to optimize healthcare resource allocation and management?	23
	What are the future trends and advancements expected in AI applications for public health?.	23
	How can governments and health agencies foster responsible AI adoption in the context of public health?	
	What are the potential cost savings and economic benefits associated with integrating AI in public health practices?	
	How does Al contribute to behavioral health research and mental health support?	25
	Key messages	26
I۷	7. Official documents and reports	28
V.	References	30

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I. Presentation

In light of the rapid proliferation of artificial intelligence-driven applications and the heightened levels of anticipation, questions, and uncertainties surrounding their implementation within the public health domain, the Pan American Health Organization (PAHO) is proud to introduce this series of publications entitled *Reference tool to support the exchange of information and promote open conversations and debates*. The primary aim is to foster a deeper comprehension of the genuine capabilities of artificial intelligence (AI) in Public Health, alongside an exploration of potential risks stemming from its inappropriate utilization.

In this document, you will encounter a symphony of insights – where technology harmoniously blends with human expertise to shape the future of public health. Each question invites you to enhance your knowledge and understanding of the potential of AI in Public Health.

The method used was as follows: A group of PAHO experts together with internationally renowned figures, convened to discuss the document's scope, question formulation, prompt definition, and scientific sources to support the Q&A processes, and ultimately to edit and curate some responses generated through an interactive "virtual" dialogue between them and generative and other AI tools. In formulating prompts, a "standard" style was adopted, instructing AI platforms to act as experts in AI and Public Health, serving as scientific writers and professional editors. After agreeing on questions, generative AI tools and scientific literature searches in peer-reviewed sources were employed for the analysis, curation, production and editing of responses. After agreeing on the initial answers and reviewing information sources through expert discussions, some questions were reformulated, repeating the cycle of building responses. This document serves as a reference tool for debates on the potential of generative AI tools.

This document does not aim to be an exhaustive guide on AI for public health. Instead, it provides complementary references for readers to further explore the topic.

II. PAHO's guiding principles for the use of artificial intelligence for public health (AI4PH) interventions

The use of AI in public health must be guided by superior technical and ethical considerations aimed to mitigate ethical risk in public health and related policy interventions, reflected in the following eight guiding principles (1) (2) (3):

- **People-centered**. Actions and solutions must be people-centered and not be used solely by itself. As one of many technologies to aid public health, AI should respect the rights of the individual.
- Ethically grounded. Discussions, developments, and implementation must be grounded in the globally recognized ethical principles of human dignity, beneficence, nonmaleficence, and justice.
- **Transparent**. Transparent approaches must always be used and communicated when developing AI algorithms.
- **Data-protected**. Privacy, confidentiality, and security of data use must be foundational to every AI development.
- **Demonstrates scientific integrity**. AI interventions should follow scientific best practice, including being reliable, reproducible, fair, honest, and accountable.
- Open and shareable. Everything must be as open and shareable as possible. Tools and underlying concepts of openness must be a feature and a critical success factor of any AI development.
- **Nondiscriminatory**. Fairness, equality, and inclusiveness in impact and design should always form the foundation of any AI for public health initiative.
- **Human-controlled technology**. Formal processes for human control and review of automated decisions are mandatory.

III. WHO six principles to ensure AI works for the public interest in all countries

To limit the risks and maximize the opportunities intrinsic to the use of AI for health, WHO provides the following principles as the basis for AI regulation and governance (4):

Protecting human autonomy. In the context of health care, this means that humans should remain in control of healthcare systems and medical decisions; privacy and confidentiality should be protected, and patients must give valid informed consent through appropriate legal frameworks for data protection.

Promoting human well-being and safety and the public interest. The designers of AI technologies should satisfy regulatory requirements for safety, accuracy, and efficacy for well-defined use cases or indications. Measures of quality control in practice and quality improvement in the use of AI must be available.

Ensuring transparency, explainability, and intelligibility. Transparency requires that sufficient information be published or documented before the design or deployment of an AI technology. Such information must be easily accessible and facilitate meaningful public consultation and debate on how the technology is designed and how it should or should not be used.

Fostering responsibility and accountability. Although AI technologies perform specific tasks, it is the responsibility of stakeholders to ensure that they are used under appropriate conditions and by appropriately trained people. Effective mechanisms should be available for questioning and for redress for individuals and groups that are adversely affected by decisions based on algorithms.

Ensuring inclusiveness and equity. Inclusiveness requires that AI for health be designed to encourage the widest possible equitable use and access, irrespective of age, sex, gender, income, race, ethnicity, sexual orientation, ability, or other characteristics protected under human rights codes.

Promoting AI that is responsive and sustainable. Designers, developers, and users should continuously and transparently assess AI applications during actual use to determine whether AI responds adequately and appropriately to expectations and requirements. AI systems should also be designed to minimize their environmental consequences and increase energy efficiency.

Governments and companies should address anticipated disruptions in the workplace, including training for healthcare workers to adapt to the use of AI systems, and potential job losses due to use of automated systems.

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What is AI?

AI is the science that develops machines able to do tasks that would require human intelligence, which includes many different areas of application. It involves the development of algorithms, processes, machines, and computer programs that can perform tasks that typically require human intelligence, such as problem-solving, learning, visual perception, speech recognition, language understanding, and decision-making. In the field of health there are successful examples of using AI in population health, research, care processes, solutions for patients, and the optimization of health operations. Moreover, AI has the potential to help overcome growing health challenges, including rising costs, demographic and epidemiological changes, unmet health needs related to the double burden of infectious and noncommunicable diseases, and a significant shortage of trained health professionals (2).

What is the role of AI in supporting public health initiatives?

AI for public health refers to the use of algorithms, processes, machines, and computer programs that can learn from data and make predictions or decisions to improve health care, self-care, well-being, and disease management and prevention. AI tools can analyze large amounts of datasets and information, such as health records, disease patterns, or social media posts, to help health workers, researchers, individuals, and policymakers make better decisions and provide more effective care to people. AI plays a vital role in supporting public health initiatives by assisting in disease surveillance, early outbreak detection, analyzing epidemiological data, optimizing resource allocation, and improving patient care, among others. It enhances decision-making processes for policymakers and administrators, contributing to more efficient and effective public health interventions. (5)(6)(7)

What is the difference between AI and machine learning?

AI is a broad concept encompassing any technology capable of performing tasks that typically require human intelligence. Within AI is a subset called machine learning, which involves statistical techniques enabling machines to learn from data, identify patterns, and make decisions without explicit programming. To illustrate further, AI functions as a discipline similar to physics, focusing on creating intelligence agents – systems capable of learning, with gradual improvement in accuracy. Essentially, AI delves into the theory and methods of building machines that emulate human thought and behavior. One specific subset of AI is machine learning, where programs train models using input data, enabling these models to make valuable predictions when presented with new, previously unseen data from the same training dataset (8).

Why is machine learning important for the formulation of public health policies?

Machine learning holds significant importance in the formulation of public health policies due to its ability to analyze vast amounts of healthcare data and derive valuable insights. By processing complex datasets, machine learning algorithms can identify patterns, trends, and potential risk factors associated with various health conditions and diseases. Machine learning also aids in predictive modeling, enabling policymakers to anticipate healthcare demands and allocate resources, accordingly, optimizing healthcare delivery. It can also support the identification of vulnerable populations and health disparities, facilitating targeted interventions to address specific healthcare challenges. The effectiveness of machine learning recommendations in public policies will depend not only on the quality of that particular technology but on the quality of the data with which it works, because AI systems are widely recognized as suffering from bias in their inputs, processing, and outputs. Social biases in AI systems can lead to unequal distribution of outcomes across patient populations and protected demographic groups. There are many questions about how algorithms are structured; we need to be vigilant because they often replicate patterns of inequity (9,10).

What is deep learning?

Deep learning is a type of machine learning approach that concentrates on instructing multilayer artificial neural networks to carry out complex tasks by automatically learning hierarchical representations of data. It involves creating deep neural networks that have many layers, allowing the system to progressively learn intricate features and patterns from raw input data. To adjust the numerous parameters within the neural network, deep learning algorithms utilize vast amounts of labeled data through a process known as training. This process enables the network to comprehend complex relationships in the data and make precise predictions or classifications. Deep learning has proven to be quite successful in various areas such as image and speech recognition, natural language processing, and autonomous systems (11)(12).

What is the difference between machine learning and deep learning?

Machine learning and deep learning are both subfields of AI that focus on developing algorithms and models that enable computers to learn and make predictions or decisions based on data. However, they differ in terms of their techniques, architectures, and applications (13)(14).

Some differences between machine learning and deep learning

Architecture and model complexity

Machine learning: Models are typically based on simpler algorithms and feature engineering.
These models include decision trees, support vector machines, random forests, linear regression, boosting algorithms, and more. They rely on handcrafted features extracted from the data.

• **Deep learning**: Involves neural networks with multiple layers (deep neural networks). These networks are capable of automatically learning hierarchical features from raw data, eliminating the need for extensive manual feature engineering.

Data requirements

- **Machine learning**: Can perform well with a relatively small amount of data, particularly when feature engineering is done effectively.
- **Deep learning**: Deep neural networks often require large amounts of labeled data to train effectively. They excel in scenarios with big data and high-dimensional data, such as image feature extraction and speech recognition.

Feature engineering

- **Machine learning**: Feature engineering is a critical step in traditional machine learning, where domain experts manually design and select relevant features from the data.
- **Deep learning**: Deep learning models can automatically learn features from raw data during training, reducing the need for extensive manual feature engineering.

Algorithms

- Machine learning: Uses a variety of algorithms for classification, regression, clustering, and more. These algorithms are generally shallow and not as complex as deep neural networks.
- **Deep learning**: Primarily relies on neural networks, specifically deep neural networks, which consist of multiple layers of interconnected nodes (neurons).

Interpretability

- **Machine learning**: Often more interpretable, as the relationships between features and outcomes are more explicit.
- **Deep learning**: Often considered "black box" models because the internal representations and decision-making processes can be complex and difficult to interpret.

Applications

- **Machine learning**: Machine learning is used in a wide range of applications, including text classification, fraud detection, recommendation systems, and more.
- **Deep learning**: Deep learning has excelled in tasks such as image recognition, natural language processing, speech recognition, and more.

Why is deep learning important for public health?

Deep learning plays a pivotal role in advancing public health by offering innovative solutions that can significantly enhance disease prevention, diagnosis, treatment, and overall healthcare management. Its unique capabilities in handling large and complex healthcare datasets, coupled with its prowess in pattern recognition and prediction, make deep learning a crucial tool for addressing critical challenges in the realm of public health (15).

• **Medical imaging analysis**: Deep learning excels in interpreting medical images, such as X rays, MRIs, and CT scans. Its ability to identify intricate patterns and anomalies within images aids in the early detection of diseases like cancer, cardiovascular disorders, and

- neurological conditions. Automated image analysis powered by deep learning expedites the diagnosis process, leading to quicker treatment initiation and improved patient outcomes (16).
- **Diagnosis and risk assessment**: Deep learning models can process vast amounts of patient data, including electronic health records and genetic information, to identify patterns that might indicate the onset of diseases or determine an individual's risk factors. This assists healthcare professionals in making more informed decisions about patient care and implementing personalized treatment plans.
- **Drug discovery and development**: Deep learning accelerates drug discovery by analyzing massive datasets related to molecular structures, biological interactions, and chemical properties. It aids in identifying potential drug candidates, predicting their efficacy, and simulating their interactions with the human body, ultimately streamlining the drug development process (17)(18).
- Epidemiology and disease outbreak prediction: Deep learning models can analyze diverse data sources, such as social media, online searches, and sensor data, to predict disease outbreaks and monitor their progression. This early detection and tracking of epidemics are crucial for timely public health interventions and resource allocation (19,20).
- **Health monitoring and wearable devices**: Wearable devices equipped with sensors collect real-time health data, which can be analyzed by deep learning algorithms to provide insights into an individual's physical activity, heart rate, sleep patterns, and more. This data aids in proactive disease management and promoting healthy lifestyles (21)(22).
- **Genomic analysis**: Deep learning is instrumental in deciphering complex genomic data, identifying disease-associated genetic markers, and predicting an individual's susceptibility to certain conditions. This knowledge informs precision medicine approaches, where treatments are tailored to a patient's genetic makeup (23).
- Natural language processing for healthcare records: Deep learning techniques, including natural language processing, can extract valuable information from unstructured healthcare records, clinical notes, and medical literature. This enhances decision-making by providing healthcare professionals with comprehensive and up-to-date information.
- Remote patient monitoring and telehealth: Deep learning facilitates remote patient monitoring by analyzing data collected from patients' homes. This enables healthcare providers to track patients' health conditions, intervene as needed, and offer telehealth services, enhancing access to health care, especially in remote or underserved areas (24).
- **Public health surveillance**: Deep learning assists in monitoring public health trends by analyzing data from various sources, such as social media, news reports, and government health agencies. It aids in timely identification of potential health threats and the formulation of appropriate responses (25)(26).

When deciding whether to use deep learning in health care, it is important to consider the complexity and size of the data, as well as the specific problem that it should be addressing. Deep learning is most effective when dealing with large, high-dimensional datasets and tasks that require the automatic extraction of intricate patterns.

What is meant by hallucinations in the use of AI?

Hallucinations refer to erroneous or false data generated by generative AI algorithms, leading to incorrect or misleading results. Identifying and addressing hallucinations is important to ensure the accuracy and reliability of AI-driven insights and prevent potential misinterpretations in critical applications, such as in public health. (27)

Why is understanding the concept of hallucinations critical in using AI for public health tools?

Understanding the concept of hallucinations is critical in using AI tools in public health because it helps distinguish between genuine and erroneous information generated by the AI algorithms. By recognizing hallucinations, public health professionals can ensure the accuracy and reliability of AI-driven insights, preventing potential misinterpretations that could lead to incorrect decisions or interventions. It allows for a more cautious and responsible application of AI in public health, safeguarding public trust and ensuring the best possible outcomes for healthcare interventions and policies. (27,28)

What is a prompt?

A prompt is a specific input or instruction given to a large language model or AI system to generate a response or output. It serves as the starting point for the system to understand the context and generate relevant text based on the given input. The quality and specificity of the prompt can significantly influence the nature and accuracy of the AI-generated response. For natural language processing models, prompts can be in the form of questions, sentences, or partial text, guiding the AI to produce coherent and contextually appropriate answers. In other words, when people "ask questions" to an AI tool, they are instead executing a command (29).

Why is understanding what a prompt in AI is important for public health?

Understanding what a prompt is in AI is important for public health because it enables public health professionals to effectively interact with AI systems and obtain accurate and relevant information. By crafting appropriate prompts, they can elicit specific and contextually appropriate responses from AI models, facilitating data analysis, decision-making, and problem-solving in public health initiatives. A clear understanding of prompts helps ensure that AI-generated insights align with the intended purpose, improving AI tools' overall use and effectiveness in addressing public health challenges(30) (31).

What is generative AI?

Generative artificial intelligence, or generative AI, refers to a type of artificial intelligence system capable of generating new content, such as text, images, or other media, in response to prompts or inputs. Generative AI models learn the patterns and structures within existing data and use that knowledge to create new and original content with similar characteristics. Generative AI has a wide range of applications across various industries, including art, writing, software development, health care, finance, gaming, marketing, and fashion. It has the potential to automate and enhance

creative processes, allowing for the generation of high-quality content in a matter of seconds (32). In health care, generative AI has the potential of improving the accuracy and efficiency of medical interpretations, predictions, and screenings, among others. (33)(34)

What are the differences between generative AI models and non generative AI models?

Generative AI models have the ability to create new data based on patterns learned from existing data. They are used for tasks such as creative content generation and data synthesis. However, non generative AI models are designed for specific tasks and do not have the capability to generate new data. They are more commonly used for classification, regression, and decision-making tasks.

What are large language models?

Large language models (LLMs) are advanced AI models built to understand and generate human language. These models use deep learning techniques, particularly transformers, to process and generate text. They have significantly improved natural language understanding and are employed in various applications, including language translation, sentiment analysis, and text generation. LLMs are advanced AI models built to understand and generate human language. They represent a significant leap in the field of AI designed to comprehend and produce human language with an unparalleled level of sophistication. These models use deep learning techniques and revolutionary architecture known as transformers, which have redefined the landscape of natural language processing. Transformers are a class of neural network architecture specifically engineered to address the limitations of previous models in handling sequential data, making them particularly well suited for language tasks. LLMs have significantly improved natural language understanding and are employed in various applications, including language translation, sentiment analysis, and text generation. Although LLMs are powerful, they should not replace human supervision in important medical decision-making. Human interpretation is essential to contextualize the information generated by AI and take ethical and emotional factors into account (35).

How may large language models contribute to public health systems?

LLMs can contribute to public health systems in several ways, including:

- **Disease surveillance**: LLMs have the capability to process and analyze vast amounts of data from sources like social media, news articles, and online forums. By doing so, they can identify subtle patterns and trends related to the spread of diseases. Public health officials can utilize LLMs to monitor mentions of symptoms, travel patterns, and public sentiments, enabling early detection of potential outbreaks. This timely information empowers authorities to implement rapid response measures, such as targeted interventions and resource allocation, to contain and mitigate the impact of emerging health threats (36) (37).
- Diagnosis and treatment: LLMs can assist healthcare professionals in diagnosing and treating
 diseases by analyzing patient data, medical records, and relevant research. These models can
 identify correlations and anomalies within patient data that may not be immediately apparent
 to human clinicians. By recognizing subtle patterns in symptoms, test results, and medical

histories, LLMs can contribute to more accurate and personalized diagnoses. Additionally, LLMs can aid in suggesting potential treatment options based on the latest medical literature and clinical guidelines, enhancing the quality of patient care (38)(39).

- Public health policies: LLMs are powerful tools for analyzing diverse datasets, including healthcare records, demographic information, and epidemiological data. LLMs can also support designing analytical frameworks, codes, and data-processing routines to generate insights concerning data sources. This analytical capacity enables them to uncover hidden connections between various factors and public health outcomes. By processing this information, LLMs can identify potential risk factors for diseases, forecast disease trajectories, and assess the effectiveness of different intervention strategies. Policymakers can leverage these insights to formulate evidence-based public health policies that address the unique challenges of different populations and improve overall community well-being (38).
- Patient education: LLMs can personalize patient education materials to suit individual needs and preferences. These models can generate informative and easy-to-understand content that explains medical conditions, treatment options, and preventive measures. LLMs enhance patient comprehension and engagement by tailoring educational materials to each patient's background, language proficiency, and cultural context. This personalized approach increases patients' likelihood of following treatment plans, adopting healthier behaviors, and actively participating in their healthcare management. In the event that an LLM interacts directly with a patient, it should identify itself as an artificial system (40) (38,41).

How does AI help in disease surveillance and early detection of outbreaks?

AI's multifaceted capabilities in data analysis, pattern recognition, real-time monitoring, and predictive modeling empower public health systems to identify potential disease outbreaks early and take prompt, informed actions to mitigate their impact. AI-powered systems have played a crucial role in this process by analyzing a wide range of data sources, including social media, electronic health records, and Internet search trends. By analyzing these diverse data sources, healthcare professionals can gain valuable insights into the spread and prevalence of various diseases, allowing them to take proactive measures to prevent outbreaks and minimize their impact. AI, identifying unusual patterns or signals, can detect potential disease outbreaks early, allowing public health authorities to respond quickly and implement appropriate preventive measures (42).

- Data integration and analysis: AI harnesses its data integration capabilities to seamlessly amalgamate a wide range of information sources, such as social media posts, news articles, medical records, and Internet search trends. These sources contribute diverse insights into population health, behaviors, and trends. By aggregating and processing these data streams, AI establishes a comprehensive and dynamic understanding of the health landscape, enhancing the ability to identify anomalies and potential disease indicators (43).
- Pattern recognition and anomaly detection: Through machine learning algorithms, AI discerns patterns, relationships, and anomalies within the data. This allows AI systems to establish baseline patterns of normal health behavior and recognize deviations that may

indicate the onset of a disease outbreak. These deviations could manifest as a sudden surge in social media posts mentioning certain symptoms, increased healthcare facility visits, or a spike in Internet searches related to specific illnesses (44).

- Real-time surveillance, monitoring, and early alerts: AI operates in real time, continuously monitoring and analyzing incoming data streams. This immediate processing capability enables AI systems to promptly detect any unusual or unexpected shifts in health-related data patterns. When a potential outbreak signal is identified, AI triggers early alerts, providing public health authorities with crucial information to investigate further and initiate rapid response protocols (45).
- **Predictive modeling and forecasting**: AI does not merely detect ongoing outbreaks but can also forecast potential outbreaks based on historical data, environmental factors, and social behaviors. Machine learning models trained on past outbreak data can generate predictive scenarios, enabling public health officials to proactively allocate resources, devise intervention strategies, and implement targeted public health campaigns to mitigate the impact of an impending outbreak (46).
- **Situational awareness and decision support**: AI furnishes public health authorities with comprehensive situational awareness by consolidating and presenting relevant data coherently. This empowers decision-makers to make well-informed choices swiftly. AI-driven dashboards and visualizations provide a clear overview of disease trends, enabling authorities to allocate resources effectively and implement appropriate preventive measures, such as quarantine protocols, travel restrictions, and vaccination campaigns (47).
- Global collaboration and information-sharing: AI-enabled disease surveillance systems can facilitate global collaboration and information-sharing among public health organizations, researchers, and governments. By quickly disseminating insights and outbreak alerts, AI helps coordinate international responses and minimizes the spread of diseases across borders (48).

What Al-based tools are used to analyze epidemiological data and trends?

AI-based tools used in analyzing epidemiological data include machine learning models for disease prediction, natural language processing (NLP) algorithms for text analysis of medical records, and data visualization tools for displaying trends and patterns in health data. These tools assist public health professionals in gaining insights from complex datasets (49)(50).

How can AI be employed to enhance infectious disease forecasting and modeling?

AI can enhance infectious disease forecasting and modeling by integrating various data sources, such as environmental factors, demographic information, and disease transmission patterns. AI models can analyze this data to predict the spread of infectious diseases, enabling proactive resource allocation and intervention planning (51)(52). Here is a comprehensive expansion on how AI can be employed to enhance these critical aspects:

- **Data integration and fusion**: AI excels in aggregating and analyzing diverse data streams. By assimilating information from sources like environmental sensors, satellite imagery, population density maps, healthcare records, and historical outbreak data, AI-enabled models create a comprehensive picture of the factors influencing disease transmission. This holistic perspective enables a more accurate and nuanced understanding of outbreak dynamics (53).
- Complex pattern recognition: Infectious disease outbreaks often exhibit intricate patterns influenced by various variables. AI employs advanced machine learning algorithms to recognize subtle correlations and interactions within the data. By deciphering complex relationships between climatic conditions, human mobility, socioeconomic indicators, and disease transmission rates, AI models can unveil hidden insights that traditional models might overlook (54).
- Real-time surveillance and early detection: AI-driven systems continuously monitor and analyze real-time data streams. This enables the rapid detection of anomalies or deviations that could indicate the emergence of an infectious disease outbreak. By promptly identifying unusual patterns in disease incidence, AI facilitates early warning systems, allowing public health officials to initiate swift response measures and prevent further spread (55).
- Predictive modeling and scenario planning: AI's predictive capabilities empower infectious
 disease modelers to generate forward-looking scenarios. AI models learn from historical data
 to forecast potential outbreak trajectories based on current conditions. These predictive models
 enable decision-makers to simulate different intervention strategies, resource allocations, and
 containment measures, aiding in effective preplanning and resource optimization (56) (52).
- Adaptive learning and updating: Infectious disease dynamics can change rapidly due to
 factors like evolving pathogens, human behavior shifts, and healthcare interventions. AI
 models can adapt to changing conditions by continuously learning from new data. This
 adaptability ensures that forecasting models remain relevant and accurate, even in the face of
 evolving outbreak scenarios (57).
- Geospatial analysis and visualization: AI-enhanced geospatial analysis creates dynamic visualizations of disease spread and transmission patterns. These visual representations provide intuitive insights into the geographical distribution of cases, potential hotspots, and trends over time. Such visualizations aid public health officials in making informed decisions about resource allocation and targeted interventions (58) (59).
- **Resource allocation and intervention planning**: AI-optimized forecasts inform resource allocation strategies, guiding the distribution of medical supplies, personnel, and treatment facilities to higher-risk areas. By identifying areas with the greatest need, AI-driven modeling ensures that resources are utilized effectively, ultimately reducing the impact of an outbreak (60) (61).
- Communication and public awareness: AI-generated insights can be translated into easily understandable information for public consumption. Visualizations, reports, and real-time updates can help educate the public about disease transmission risks and preventive measures. This proactive communication fosters awareness, compliance with guidelines, and community engagement (62)(63).

How can AI be leveraged to improve vaccination distribution and uptake?

AI can improve vaccination distribution and uptake by predicting demand, identifying high-risk populations, and optimizing distribution logistics. Geospatial AI can be used to identify the target populations for health campaigns, extracting features from satellite imagery and defining priority areas for interventions. AI-powered communication tools can also provide tailored information and address vaccine hesitancy. AI offers a transformative potential to enhance every facet of vaccination distribution and uptake, from resource allocation to overcoming hesitancy. AI contributes significantly to achieving widespread vaccination coverage, thereby protecting public health and contributing to the global effort to control and eliminate infectious diseases. Here is an expanded exploration of how AI can be effectively leveraged for these purposes (64) (65):

- **Demand prediction and supply chain optimization**: AI algorithms can analyze historical vaccination data, population demographics, and epidemiological trends to predict future vaccine demand. By understanding the anticipated demand for different vaccines in various regions, health authorities can proactively adjust their supply chain management, ensuring sufficient doses are available where and when needed. This predictive capability reduces shortages and wastage while promoting efficient resource utilization (66).
- **High-risk population identification**: AI-driven analyses can pinpoint high-risk populations based on factors such as age, existing health conditions, and geographical locations with higher disease prevalence. This identification assists in prioritizing vaccine distribution to vulnerable groups at increased risk of severe illness or complications. By focusing efforts on these populations, AI optimizes the impact of vaccination campaigns (67) (68).
- Logistics and distribution optimization: AI-powered algorithms optimize the distribution logistics by considering factors like transportation networks, storage capacities, and real-time data on vaccine availability. This ensures that vaccines are efficiently transported and stored under the appropriate conditions, reducing delays and spoilage. AI-driven route optimization also expedites vaccine delivery to remote or underserved areas (69) (70).
- Real-time monitoring and allocation adjustment: AI continuously monitors vaccination progress and uptake rates, enabling real-time adjustments to distribution strategies. Should certain areas experience unexpectedly low uptake or higher demand, AI-driven systems can swiftly redirect resources and adjust distribution plans to ensure equitable access and coverage (71).
- Vaccine hesitancy mitigation: AI-powered communication tools engage with the public through personalized and culturally sensitive messaging. By analyzing social media sentiment, online discussions, and public inquiries, AI identifies concerns and misconceptions that contribute to vaccine hesitancy. Tailored information campaigns addressing specific concerns can be designed to increase public confidence and trust in vaccines (72) (73).
- Appointment scheduling and reminders: AI-driven scheduling platforms streamline the vaccination process by offering convenient appointment booking options for individuals. Automated reminders can be sent via SMS or e-mail to ensure individuals do not miss their appointments, reducing no-show rates and enhancing overall vaccine uptake (74).

Data-driven policy insights: AI's data analysis capabilities assist policymakers in refining vaccination strategies. By analyzing vaccination coverage, outcomes, and other relevant metrics, AI can inform evidence-based policy decisions guiding the allocation of resources, adjusting distribution plans, and tailoring communication campaigns to maximize uptake. (75)

What role does Al play in analyzing social determinants of health and addressing health disparities?

AI plays a critical role in analyzing social determinants of health, such as socioeconomic factors, environmental conditions, and access to health care. Understanding these factors helps design targeted interventions to address health disparities among different populations. AI's involvement in analyzing social determinants of health and combating health disparities is instrumental in advancing equity and improving overall population health, but always keeping in mind that the datasets used to train AI models that perform this task are representative and diverse in terms of gender, ethnicity, age, geographical location, and other relevant factors to avoid biased results in the datasets analysis. (76–78) Here is an expanded exploration of AI's role in this context:

- Comprehensive data integration: AI excels at aggregating and processing vast and diverse datasets encompassing various social determinants of health, including income levels, education, housing conditions, employment status, and neighborhood environments. By integrating this multidimensional data, AI paints a comprehensive picture of the complex interplay between social factors and health outcomes. (79)
- Pattern recognition and correlation analysis: AI-powered algorithms are adept at detecting intricate patterns, correlations, and interactions within the data. By scrutinizing social determinants alongside health data, AI identifies connections that might not be apparent through traditional analysis. These insights reveal how specific socioeconomic factors influence health disparities, leading to a more nuanced understanding of the root causes. (76)
- Identifying vulnerable populations: AI's analytical prowess identifies communities or demographics disproportionately affected by health disparities. By pinpointing regions with limited access to health care, subpar living conditions, or inadequate resources, AI helps prioritize interventions and resource allocation to areas with the greatest need. (80)
- Equitable access to health care: AI assists in identifying barriers to healthcare access, such as language barriers, transportation challenges, or lack of health literacy. By recognizing these barriers, AI-driven solutions can be developed to facilitate patient navigation, provide multilingual resources, and offer telehealth options, promoting equitable access to quality care. (50)
- Customized intervention strategies: AI-generated insights enable tailoring of intervention strategies to address unique challenges different populations face. For instance, if an underserved community lacks access to nutritious food, AI can guide the development of initiatives to establish community gardens or mobile food distribution programs. Such precision ensures that interventions are contextually relevant and effective. (81,82)

- **Predictive modeling for targeted interventions**: AI-driven predictive modeling forecasts the potential impact of interventions across various social determinants. These models simulate different scenarios, allowing policymakers to make informed decisions about where to allocate resources for maximum impact. By identifying the interventions most likely to reduce health disparities, AI optimizes resource utilization. (83)
- Real-time monitoring and evaluation: AI continuously monitors and evaluates the effectiveness of interventions in real time. By analyzing outcomes and adjusting strategies based on ongoing data analysis, AI ensures that intervention efforts remain aligned with changing community needs and evolving health disparities. (1,50)
- **Policy and decision support**: AI-generated insights inform evidence-based policy development and decision-making. Policymakers can utilize AI analysis to advocate for targeted interventions, allocate funding for community programs, and shape regulations that address the social determinants of health and reduce disparities. (1) (2) (3,50)

Can AI help in predicting and preventing noncommunicable diseases? If so, how?

Yes, AI can assist in predicting and preventing noncommunicable diseases (NCDs) by analyzing risk factors, genetic data, and lifestyle patterns. Early identification of individuals at risk allows for targeted preventive measures and interventions. AI's capabilities to analyze diverse datasets, recognize patterns, and generate personalized insights empower healthcare professionals and individuals to predict and prevent NCDs effectively. By identifying at-risk individuals, tailoring prevention strategies, and fostering behavior change, AI contributes to a paradigm shift toward proactive, data-driven health care that ultimately reduces the burden of noncommunicable diseases. (84,85)Here is a detailed expansion on how AI can contribute to this endeavor:

- **Risk factor analysis**: AI algorithms can analyze extensive datasets encompassing medical records, lifestyle behaviors, and environmental factors. By identifying correlations and patterns within this data, AI discerns risk factors associated with NCDs, such as heart disease, diabetes, and cancer. This enables healthcare providers to offer timely interventions and guidance to individuals predisposed to these conditions. (86)
- Genetic insights: AI-powered genetic analysis can unravel intricate genetic predispositions to NCDs. By studying an individual's genetic makeup, AI identifies genetic markers that increase susceptibility to certain diseases. With this information, healthcare professionals can offer targeted screenings, personalized prevention strategies, and early interventions to effectively manage genetic risks.(87)
- **Behavioral and lifestyle patterns**: AI mines data from wearable devices, fitness trackers, and health apps to scrutinize individual lifestyle patterns. By analyzing sleep quality, physical activity, dietary habits, and stress levels, AI generates insights into behavior-driven NCD risk factors. These insights empower individuals to make informed lifestyle changes and healthcare providers to deliver tailored recommendations. (86,88)

- Early disease detection: AI employs predictive modeling to forecast the likelihood of NCD development based on an individual's unique profile. By factoring in multiple variables, including genetics, lifestyle, and medical history, AI can identify individuals at higher risk of NCDs. Early detection allows for proactive monitoring, timely medical interventions, and the implementation of preventive strategies.(89)
- **Personalized prevention plans**: AI generates personalized prevention plans by integrating individual health data, risk factors, and genetic information. These plans include recommendations for lifestyle modifications, regular screenings, and targeted interventions. Personalization ensures that prevention strategies align with an individual's unique needs and circumstances, improving adherence and effectiveness. (90)
- Continuous monitoring and feedback: AI-powered health monitoring platforms provide ongoing feedback and support to individuals. These platforms track health metrics, offer realtime insights, and provide nudges to encourage healthy behaviors. Regular monitoring enables individuals to stay engaged in their health management and make timely adjustments to reduce NCD risk. (89,90)
- **Population health management**: On a broader scale, AI assists public health authorities in identifying trends and patterns related to NCD prevalence within populations. By analyzing large-scale data, AI helps policymakers target resources, develop public health campaigns, and allocate funding to areas with the highest NCD burden. (90)
- Research and drug development: AI accelerates research efforts by analyzing vast datasets to identify potential therapeutic targets for NCDs. It expedites drug discovery and development, aiding in the creation of innovative treatments and interventions to prevent or manage these diseases. (42,91)

How could AI assist with the tracking of substandard and falsified (fake) medicines that are in circulation in a country?

AI can play a significant role in tracking and raising awareness to the circulation of substandard and falsified medicines within a country. The below points are related only to the vigilance of falsified and substandard medicines and does not consider the circulation of counterfeit medicines, which AI most probably could also support with regard to improved vigilance. (92–94) Below are some ways in which AI can support more active vigilance of falsified and substandard medicines:

• **Data analysis**: AI algorithms can analyze large volumes of data from various sources, such as sales records, supply chains, and regulatory data, to identify patterns that might indicate the presence of counterfeit medicines. This could involve detecting unusual purchasing trends, identifying discrepancies in distribution routes, or flagging irregularities in product labeling. It is important to note however that not all countries have robust logistics management information systems for medicines to facilitate this analysis, or cross-border analysis in the case of "suitcase trading of" medicines for example. (95,96)

- Image recognition: AI-powered image recognition systems can be used to verify the authenticity of packaging and labels. By comparing images of genuine products with suspected counterfeits, the system can quickly identify visual discrepancies or inconsistencies. QR codes and other markers with layered security markers could facilitate easy verification of genuine medicines by consumers and peace of mind in countries with weak regulatory systems. (97)
- Natural language processing (NLP): AI-powered NLP can analyze social media, online marketplaces, and forums to identify discussions related to fake medicines. It can help authorities understand the scale of the problem, gather leads, and identify potential sources. For example, discussions about medicines that are unusually priced (too cheap or too expensive) can be identified via NLP platforms and spark the need for further investigation. (96,98)
- **Predictive analytics**: AI can predict potential locations and instances of fake medicine distribution based on historical data and patterns. This information can be used to allocate resources effectively and focus efforts where they are most likely to be effective. As mentioned above, this could be especially important for countries that share a border or for those that have porous borders, making it difficult for regulatory authorities to monitor. (96,99)
- Real-time monitoring: AI can monitor online marketplaces, e-commerce websites, and social media platforms in real time to identify listings or posts advertising fake medicines. This proactive approach can lead to quicker identification and removal of these listings. This is especially important in countries with limited capacity to engage in active surveillance of falsified and substandard medicines but where there is an active online sales community.(99,100)
- Collaborative networks: AI-powered systems can facilitate information-sharing among relevant stakeholders, such as regulatory bodies, law enforcement agencies, patient associations, pharmaceutical companies, and healthcare providers. This collaboration enhances the ability to track and combat the circulation of falsified and substandard medicines effectively. For any active surveillance network to be effective, a multisectoral approach is needed, which includes patients themselves and their representative associations. (101)

How can Al support continuous learning among healthcare workers for professional development despite their very busy schedules?

AI can provide substantial support for adult learning among healthcare workers by offering personalized, flexible, and interactive learning experiences. This was particularly pronounced during the COVID-19 pandemic when health providers were required to learn new skills and refresh their knowledge on the basics for responding to what was first an outbreak of a highly infectious disease. (38,41,102,103)Some ways in which AI can help to meet the learning needs of busy healthcare workers include the following:

Personalized learning paths: AI can analyze the learning history, knowledge gaps, and
individual preferences of healthcare workers to create personalized learning paths. This
ensures that each learner receives content that is relevant to their current skill level and needs.
Of course, this would require that the health worker has his/her own computer or device for
online learning to facilitate the tracking of his/her learning history. This is not always the case

and many health workers share devices for learning or use their phones for connecting to online platforms while off duty. (102,103)

- Adaptive learning: AI-powered platforms can adapt the difficulty and pace of learning modules based on the learner's progress. This keeps learners engaged by challenging them appropriately and preventing boredom or frustration. AI can also recommend short or minicourses that will adapt well to their busy schedules and optimize the time they have for learning. This is especially important for not only the learners but also the developers of these learning programs, so that they recognize the different levels of learners and not consider adult learners a homogeneous group.(102–104)
- Interactive simulations: AI can simulate real-world healthcare scenarios, allowing learners to practice decision-making, critical thinking, and problem-solving in a safe environment. This approach enhances practical skills without putting patients at risk. These simulations need also to be supervised by faculty who are adept at the technology being used. This requires investments in training of medical and nursing faculty in the use of AI along with their students. (105)
- Virtual patient cases: AI can generate virtual patient cases with various medical conditions, enabling healthcare workers to diagnose and treat patients in a virtual setting. This practical experience enhances clinical reasoning skills. While such examples may be helpful for testing medical skills, it would be important for the virtual patients to also reflect the heterogeneity of the people served by these health workers to improve patient—provider communications, dispel racial stereotypes, and promote greater inclusiveness. (102)
- Learning analytics: AI-driven analytics can provide insights into learning trends, completion rates, and areas of difficulty. Institutions can use this data to refine their training programs since AI would be able to facilitate deeper analysis on content retention, levels of distraction during learning, and possibly, the reasons for noncompletion of courses. (102)

What are the ethical considerations that must be taken into account when it comes to AI in public health?

Ethical considerations in using AI in public health involve data privacy, transparency, and the responsible use of AI-driven insights. Potential biases in AI algorithms must be addressed to ensure fair and equitable healthcare decision-making for all populations. (106) Here is an in-depth exploration of these issues:

- **Data privacy and informed consent**: The utilization of AI in public health often involves processing sensitive personal health data. Safeguarding individuals' privacy and ensuring proper informed consent become paramount. It is essential that individuals understand how their data will be used and their consent is obtained in a transparent and understandable manner. (106,107)
- Transparency, explainability, and intelligibility: AI must be intelligible or understandable;
 AI technologies must be explainable to the extent possible and according to the capabilities of
 those to whom the explanation is directed. To ensure the transparency of this technology,
 information about the design and implementation of the AI technology should be published or

documented. Transparency will improve the quality of the system and protect patient safety and public health. (67)

- Responsibility and accountability: AI systems should clearly specify the tasks they can perform and the conditions under which they can achieve the desired level of performance, to ensure that AI can be used responsibly. Accountability ensures that individuals and entities are held accountable for any adverse effects of their actions and is necessary to maintain trust and protect human rights. (41,108,109)
- Responsible use of insights: While AI can provide valuable insights, human judgment remains indispensable. Overreliance on AI-generated recommendations could undermine clinical expertise and shared decision-making between healthcare professionals and patients. The responsible integration of AI-generated insights involves using them as tools to enhance, rather than replace, human decision-making. (106)
- Equity and access: The deployment of AI in public health must prioritize equitable access to its benefits. Ensuring that underserved populations, marginalized communities, and vulnerable individuals receive equal access to healthcare services and AI-driven insights is crucial to prevent exacerbating existing healthcare disparities. (110)
- Surveillance and profiling: This topic raises ethical concerns in relation to privacy and autonomy. So, to avoid unwanted situations, it will be essential that AI systems are trained to collect only the information necessary for the specific purpose that is being worked on. If we do not pay due attention to this issue, we could give significant power to those who have access and control over these systems. (106,111)

What are the potential biases associated with using AI in public health?

Integrating AI into public health introduces a host of potential biases that demand careful attention and mitigation strategies (67). Here is an in-depth exploration of these issues:

- Data bias and representational inequity: AI algorithms learn from historical data, which may carry inherent biases present in the data. If the data used to train AI models are not diverse or representative, the algorithms can perpetuate and amplify these biases, leading to unequal treatment and suboptimal care for certain groups. (112)
- Algorithmic bias and fairness: Bias can emerge in AI algorithms due to biased training data, flawed design, or unintended correlations. These biases can result in differential treatment recommendations, misdiagnoses, or unequal allocation of resources across different demographic groups.(112)
- **Health disparities and amplification**: If AI algorithms are trained on data that reflect existing health disparities, they may inadvertently perpetuate these disparities by reinforcing existing patterns of care. Such algorithms could inadvertently allocate resources, interventions, and attention disproportionately, exacerbating inequalities. (110)
- Cultural and socioeconomic sensitivity: AI algorithms might not fully understand the cultural, socioeconomic, and contextual nuances that influence health decisions. Ignoring these

factors could lead to misunderstandings, ineffective interventions, or inadequate patient engagement. (110)

• Interpretability and clinical autonomy: Complex AI models can be challenging to interpret, making it difficult for healthcare professionals to trust and validate their outputs. This lack of interpretability can erode clinical autonomy and hinder effective collaboration between AI systems and human practitioners. (109)

What measures are needed to ensure data privacy and security when using AI in public health?

Strict data privacy and security measures, such as encryption, access controls, and compliance with data protection regulations, are essential to safeguard sensitive health information when using AI in public health. Ethical data sharing practices are also emphasized. (43,107,113)

Other aspects to be considered are: the anonymization and de-identification of personally identifiable information to protect individual privacy; obtaining informed and explicit consent from individuals whose data will be used for AI research or applications; establishing a robust data governance framework that includes policies, procedures, and responsibilities for data management and security; using secure and well-maintained data storage systems with encryption, access controls, and regular security audits; conducting regular security assessments and audits to identify vulnerabilities and address them promptly; training employees and contractors on data privacy and security best practices to minimize the risk of accidental data breaches. Collaboration with cybersecurity experts and legal professionals can also be invaluable in ensuring compliance with regulations and best practices. This collaboration may take the form of a policy observatory to identify and analyze relevant policies and laws and also, to issue model legislation, which, as a reference for governments developing their own laws, can ensure adequate protection, regulations, rules, and safeguards, building trust with the general public, providers, and patients in the use of AI.(22,54,107,113,114)

How does Al assist in medical image analysis and diagnosis, and what are its benefits for healthcare providers?

AI assists healthcare providers in medical image analysis by automating the detection of abnormalities and assisting in diagnosis. It reduces the time and effort required for image interpretation, leading to quicker and more accurate diagnoses, and ultimately improving patient care. (113,115)

What are some examples of Al-driven applications in patient care and treatment planning?

AI-driven applications have the potential to significantly enhance patient care and treatment planning in health care, such as personalized treatment plans based on patient data and medical history, medication dosage optimization, and real-time patient monitoring. These applications improve treatment outcomes and patient experiences.

These AI-driven applications aim to improve the quality of care, reduce costs, and enhance patient outcomes. However, it is important to integrate AI technologies thoughtfully into healthcare systems, ensuring that they complement and support the expertise of healthcare providers while maintaining patient privacy and data security. (6,113,115)

How can AI support decision-making processes for healthcare policymakers and administrators?

AI can support decision-making processes for healthcare policymakers and administrators by analyzing vast amounts of healthcare data, identifying trends, and predicting demand patterns. It provides valuable insights to guide policy development and resource allocation.

As already mentioned, one of the potentialities of AI to collaborate in macro-management is in the monitoring and prediction of infectious disease outbreaks, as well as in the reduction and control of noncommunicable diseases in the population. Also, healthcare systems can use AI tools to achieve greater efficiency in administrative tasks, such as using maintenance data to predict machine or equipment failures and request estimates, or to use NLP to extract data from reports or automatically fill out registration reports, which could reduce labor costs. (42,43,45,60,116)

What challenges and limitations should be considered when implementing AI in the public health domain?

Challenges in implementing AI in public health include data quality issues, limited access to comprehensive datasets, algorithmic biases, and the need for skilled personnel. Overcoming these challenges is crucial for successful AI integration. The main barriers to the development of AI in health in the Latin America and Caribbean region are, in general terms, the absence of a steering role in AI and the lack of implementation of: regulations that integrate all stakeholders, electronic health data, programs that promote technological development, a budget designated for AI, trained personnel, and research on the application of AI in health. (16,40,41,60,68,91,106,107,117)

How can Al-powered chatbots and virtual assistants assist in providing reliable health information to the public?

AI-powered chatbots and virtual assistants provide the public with accessible and reliable health information. They can answer common health-related queries, offer self-assessment tools, and direct individuals to appropriate healthcare resources. We want to emphasize that it is important when a chatbot interacts directly with patients that it should identify itself as an artificial system.(22,40,107,118)

What actions are needed to ensure Al algorithms are transparent and explainable for regulatory purposes in public health?

Achieving transparency and explainability of AI algorithms for regulatory purposes in public health involves a combination of technical measures, documentation, testing, and stakeholder engagement. AI developers and public health authorities must create trustworthy and accountable

AI systems that contribute positively to public health outcomes (119,120). Here is an explanation of the actions needed to achieve this:

- **Algorithm documentation**: Detailed documentation of AI algorithms, including their design, architecture, and decision-making processes, should be provided. This documentation should be easily accessible to regulators, policymakers, and relevant stakeholders, allowing them to understand how the algorithm functions. (121)
- Clear model descriptions: Algorithms should be described in a clear and understandable manner, avoiding complex technical jargon. Clear explanations of how input data are transformed into output predictions or recommendations should be provided, enabling regulators to comprehend the algorithm's logic. (122,123)
- Feature importance and contribution: AI algorithms should disclose the significance of different features or variables in influencing the algorithm's outcomes. This helps regulators understand which factors drive the algorithm's decisions and assess potential biases or confounding factors. (124)
- **Bias and fairness assessment**: AI algorithms should undergo thorough bias and fairness assessments to identify and mitigate any potential discriminatory effects. Transparent reporting of these assessments allows regulators to evaluate the algorithm's impact on different demographic groups and ensure equitable outcomes. (125,126)
- Model validation and testing: Rigorous testing and validation of AI algorithms against diverse datasets should be conducted. Regulators need access to these validation results to verify that the algorithm performs reliably across various scenarios and populations. (127,128)
- Explainability techniques: Implement explainability techniques, such as feature visualization, saliency maps, or local interpretations, to provide insight into how the algorithm arrives at specific predictions or decisions. These techniques enhance transparency by making the algorithm's reasoning more interpretable. (127,129)
- **Interpretable model selection**: Choose AI models that inherently offer greater explainability, such as decision trees, rule-based systems, or linear models. While more complex models, such as deep neural networks, can provide high accuracy, they can be challenging to interpret, especially for regulatory purposes. (79,128)
- External audit and review: Independent external audits or third-party reviews of AI algorithms can provide an unbiased evaluation of their transparency and explainability. Regulators can rely on these assessments to ensure that algorithms meet the necessary standards. (130)
- Regular updates and monitoring: AI algorithms should be subject to continuous monitoring and updates. Regulators need to be informed about any changes or improvements made to the algorithm's design and their potential implications for public health decisions. (131)

• **Stakeholder engagement**: Engage with public health experts, ethicists, regulators, and the community to gather diverse perspectives and insights. Involving stakeholders in discussions about AI transparency and explainability fosters a collaborative approach to ensuring regulatory compliance. (132,133)

How is AI being used in contact tracing efforts during disease outbreaks?

AI is employed in contact tracing efforts by analyzing data from various sources, such as smartphone applications and GPS data, to identify and notify potential contacts of infected individuals. For instance, AI-powered mobile applications use Bluetooth and location data to monitor and record interactions between individuals. If a user tests positive for the disease, the app can alert individuals who may have been in close proximity to the infected person, allowing them to self-isolate or get tested. This helps contain the spread of disease. (37,134,135)

How can AI be utilized to optimize healthcare resource allocation and management?

AI can optimize healthcare resource allocation and management by analyzing patient data, disease prevalence, and healthcare utilization patterns. This enables healthcare providers to allocate resources more efficiently and improve overall healthcare delivery. For example, AI can analyze historical data, such as patient admission rates and disease prevalence, to predict future healthcare demands. This helps hospitals and clinics allocate resources, including staff and beds, more effectively to meet patient needs. Besides, AI can monitor inventory levels in real time and predict when medical supplies and pharmaceuticals need to be replenished. This prevents shortages and reduces waste. (82,108,136,137)

What are the future trends and advancements expected in AI applications for public health?

Future trends in AI applications for public health may include more advanced AI algorithms, increased use of Internet of Things (IoT) devices for data collection, and improved predictive analytics for better disease forecasting and intervention planning. In the evolving landscape of AI applications for public health, the integration of IoT devices is set to play a pivotal role, ushering in a new era of data-driven precision and proactive healthcare management. IoT, a network of interconnected physical devices embedded with sensors, promises to revolutionize public health practices by providing real-time, granular data that empower individuals and healthcare systems. The synergy between AI and IoT has the potential to amplify the effectiveness of disease prevention, early detection, and intervention strategies. As IoT devices become increasingly ubiquitous, they will create an intricate web of health-related data points, ranging from wearable fitness trackers and smart thermometers to implantable medical devices and environmental sensors. This wealth of data will form a comprehensive health ecosystem, enabling AI algorithms to extract meaningful insights and patterns that were previously inaccessible. (50,102,138)

How can governments and health agencies foster responsible Al adoption in the context of public health?

Governments and health agencies can foster responsible AI adoption by establishing clear regulations, ethical guidelines, and data governance frameworks. Collaboration between public health experts and AI developers is essential to align AI applications with public health priorities. (106,139,140)

What are the potential cost savings and economic benefits associated with integrating AI into public health practices?

Integrating AI into public health practices offers a range of potential cost savings and economic benefits that extend far beyond the immediate implementation. The cost savings optimize resource allocation, improving disease surveillance, and streamlining healthcare processes; the economic benefits encompass better health outcomes, reduced healthcare burden, increased productivity, and enhanced innovation. Here is an expanded exploration of these advantages (141,142):

- **Optimized resource allocation**: AI-driven predictive models help public health officials anticipate disease outbreaks, enabling more efficient allocation of resources, such as medical supplies, personnel, and facilities. This proactive approach reduces wastage, ensures adequate availability, and lowers the costs associated with emergency response efforts. (82)
- Enhanced disease surveillance: AI's ability to analyze vast amounts of data from various sources, such as social media and healthcare records, enhances disease surveillance accuracy. Rapid identification of outbreaks leads to early containment and reduced expenditure on containment measures and healthcare resources during widespread outbreaks. (50,142)
- **Streamlined healthcare processes**: AI automates routine tasks like appointment scheduling, billing, and administrative duties, freeing healthcare professionals to focus on more complex and value-added activities. Streamlined processes lead to improved operational efficiency, reduced administrative costs, and increased patient throughput. (91)
- **Preventive interventions and early detection**: AI aids in identifying high-risk individuals and predicting disease risks, allowing for timely preventive interventions. By addressing health issues at an early stage, public health systems reduce the need for expensive treatments and hospitalizations, resulting in substantial cost savings. (142)(141,143)
- **Healthcare system optimization**: AI-driven insights enable healthcare providers to optimize patient care pathways, reducing unnecessary hospital admissions and readmissions. This lowers overall healthcare costs, ensures better patient outcomes, and enhances patient satisfaction. (107)
- **Reduced healthcare burden**: AI-powered telehealth and remote monitoring solutions enable proactive management of chronic conditions and early detection of health issues. This leads to reduced hospitalizations, emergency room visits, and associated healthcare costs. (144)

- Improved decision-making and resource management: AI-generated data insights inform evidence-based decision-making, leading to more informed allocation of funds, personnel, and interventions. This strategic resource management contributes to cost savings and effective utilization of available resources. (82,144)
- Research and drug development acceleration: AI expedites drug discovery and clinical trials by analyzing vast datasets and identifying potential drug candidates. Faster development and approval of innovative treatments lead to improved health outcomes and reduced long-term healthcare costs. (145)
- **Socioeconomic benefits**: Better health outcomes resulting from AI-driven interventions lead to a healthier population with enhanced productivity. Reduced absenteeism and increased workforce participation contribute positively to economic growth. (146)
- **Technological advancement and innovation**: Integrating AI in public health practices fosters technological innovation, attracting investment and fostering collaborations with the private sector. This innovation-driven environment can lead to economic growth and job creation in the technology and healthcare sectors.(147)

How does Al contribute to behavioral health research and mental health support?

AI contributes to behavioral health research by analyzing large datasets to understand mental health trends and risk factors. AI-powered mental health support platforms offer personalized interventions and remote counseling services to individuals in need. AI plays a transformative role in advancing behavioral health research and providing comprehensive mental health support. Here is a detailed expansion of how AI contributes to these critical aspects (148) (149–152):

- Mental health trend analysis: AI processes vast amounts of behavioral and psychological data, such as social media posts, online forums, and electronic health records to identify patterns and trends in mental health. By analyzing language, sentiment, and contextual cues, AI helps researchers gain insights into evolving mental health concerns, enabling the identification of emerging issues and informing public health policies.(153)
- **Risk factor identification**: AI algorithms analyze various factors genetic, environmental, social, and lifestyle to identify individuals at risk of mental health disorders. These algorithms detect subtle correlations and interactions contributing to mental health conditions, guiding targeted interventions and preventive strategies.(154)
- Early detection and intervention: AI-powered tools monitor changes in an individual's digital behavior, such as social mediaactivity and communication patterns, to identify potential signs of distress or decline in mental health. Early detection enables timely intervention, connecting individuals with appropriate support before their conditions worsen. (149)
- **Personalized treatment planning**: AI analyzes individual data such as medical history, behavior, and treatment responses to tailor treatment plans for mental health conditions. By

considering a person's unique characteristics, AI ensures interventions are aligned with their specific needs, enhancing treatment effectiveness. (149)

- Therapeutic chatbots and virtual assistants: AI-driven chatbots offer immediate and accessible support for individuals experiencing mental health challenges. These virtual assistants engage in conversations, provide coping strategies, and offer emotional support, complementing traditional therapeutic approaches and reducing barriers to seeking help. (150)
- Remote counseling and teletherapy: AI-enabled teletherapy platforms connect individuals with licensed mental health professionals through remote sessions. AI assists therapists by analyzing speech patterns and emotional cues, facilitating a better understanding of clients' emotional states, and tailoring interventions accordingly. (150)
- Sentiment analysis and emotional well-being monitoring: AI analyzes text, voice, and facial expressions to assess emotional well-being and detect changes in mood or distress levels. Continuous monitoring provides valuable insights to individuals and clinicians, facilitating timely interventions and personalized support. (151)
- **Data-driven research insights**: AI synthesizes data from various sources to generate research insights, informing the development of evidence-based mental health interventions. These insights contribute to a deeper understanding of mental health challenges, treatment efficacy, and the impact of social determinants. (155)
- Stigma reduction and accessibility: AI-powered mental health tools provide confidential and nonjudgmental support, reducing the stigma associated with seeking help. Moreover, AI-driven platforms increase accessibility by providing support anytime and anywhere, addressing geographical barriers and enhancing mental health care equity. (152)
- Continuous monitoring and long-term support: AI-enabled systems offer continuous monitoring and long-term support, helping individuals manage their mental health over time. By providing ongoing guidance, resources, and coping strategies, AI contributes to sustained mental well-being. (152)

Key messages

- AI can assist in disease surveillance, early outbreak detection, analyzing epidemiological data, optimizing resource allocation, and improving patient care, enhancing decision-making processes for policymakers and administrators, contributing to more efficient and effective public health interventions.
- Machine learning, as well as deep learning, hold significant importance in the formulation of
 public health policies due to its ability to analyze vast amounts of healthcare data and derive
 valuable insights, identifying patterns, trends, and potential risk factors associated with various
 health conditions and diseases, and supporting the identification of vulnerable populations and
 health disparities, facilitating targeted interventions to address specific healthcare challenges.

- Understanding the concept of hallucinations is critical in the use of AI tools in public health because it helps distinguish between genuine signals and erroneous data generated by the AI algorithms, ensuring the accuracy and reliability of AI-driven insights, and preventing potential misinterpretations that could lead to incorrect decisions or interventions.
- A prompt is a specific input or instruction given to a language model or artificial intelligence system to generate a response or output, guiding the AI to produce coherent and contextually appropriate answers, facilitating data analysis, decision-making, and problem-solving in public health initiatives.
- Generative AI, or generative artificial intelligence, refers to a type of artificial intelligence system that is capable of generating new content, such as text, images, or other media, in response to prompts or inputs, creating innovative applications in public health, such as generating personalized patient education materials.
- AI-driven applications in vaccination coverage include predictive modeling, vaccine
 distribution optimization, vaccine hesitancy analysis, vaccine reminder systems, real-time
 monitoring and surveillance, and vaccine adverse event monitoring, enhancing public health
 efforts by improving immunization rates, optimizing resource allocation, addressing vaccine
 hesitancy, and ensuring timely and effective vaccination strategies.
- The successful implementation of generative AI in public health is essential to transform medical care and disease diagnosis, but there are several technology infrastructure challenges that must be taken into account for its implementation, such as data management, computational resources, network bandwidth, data security and privacy, interoperability, and scalability.
- It will be extremely important to have a workforce trained to manage AI infrastructure, as well as develop and retain talent capable of designing, operating, and troubleshooting AI infrastructure.
- Ethical considerations include addressing potential biases, ensuring data privacy and security, promoting transparency and explainability of AI algorithms for regulatory purposes, safeguarding public trust, and ensuring the best possible outcomes for healthcare interventions and policies.
- Future trends include advancements in medical image analysis, optimization of healthcare resource allocation, and the integration of AI in behavioral health research and mental health support, fostering a deeper understanding of AI's potential in shaping the future of health care.
- Governments and health agencies can foster responsible AI adoption by establishing guidelines, regulations, and frameworks that promote transparency, accountability, and ethical use of AI in public health.
- While AI tools have great potential in several aspects of public health, it should be used as a support for healthcare providers, not a replacement. It is crucial to integrate AI solutions

thoughtfully within the health systems and in collaboration with healthcare professionals to ensure that they align with clinical workflows and patient needs.

IV. Official documents and reports

- Pan American Health Organization. Artificial Intelligence in public health Digital Transformation Toolkit Knowledge Tools [Internet]. Washington, DC, PAHO 2021. [cited 2023 Nov 29]. Available from: https://iris.paho.org/handle/10665.2/53732
- Pan American Health Organization. Artificial Intelligence Digital Transformation Toolkit Policy Overview. [Internet]. Washington, DC: PAHO; 2023. [accessed 2023 Sep 28]. Available from: https://iris.paho.org/handle/10665.2/57947
- Pan American Health Organization. 30 Critical Concepts for Fighting COVID-19 in the Age of Digital Interdependence Digital Transformation Toolkit, Knowledge Tools. [Internet]. Washington, DC: PAHO; 2020. [accessed 2023 Sep 28]. Available from: https://iris.paho.org/handle/10665.2/52670 [accessed 2023 Sep 28].
- Pan American Health Organization. Eight Guiding Principles of Digital Transformation of the Health Sector: A Call to Action in the Americas. [Internet] Washington, DC: PAHO; 2021. [accessed 2023 Sep 28]. Available from: https://iris.paho.org/handle/10665.2/54256
- World Health Organization. Ethics and Governance of Artificial Intelligence for Health: WHO Guidance. [Internet] Geneva: WHO; 2021. [accessed 2023 Sep 28] Available from: https://www.who.int/publications/i/item/9789240029200
- World Health Organization. Ethics and governance of artificial intelligence for health: Guidance on large multi-modal models [Internet] 2024 [cited 2024 Feb 12]. Available from: https://www.who.int/publications/i/item/9789240084759
- United Nations. Roadmap for Digital Cooperation | Office of the secretary-general's Envoy on Technology [Internet]. United Nations; [cited 2023 Nov 29]. Available from: https://www.un.org/techenvoy/content/roadmap-digital-cooperation
- United Nations Chief Executives Board for Coordination. A United Nations system-wide strategic approach and road map for supporting capacity development on artificial intelligence [Internet] Geneva, May 2019 [accessed 2023 Sep 28] Available from: https://unsceb.org/united-nations-system-wide-strategic-approach-and-road-map-supporting-capacity-development
- International Telecommunication Union. United Nations Activities on Artificial Intelligence (AI) [Internet] Geneva, 2023 [accessed 2023 Sep 28] Available from: https://www.itu.int/pub/S-GEN-UNACT-2022
- International Telecommunication Union World Health Organization. Focus Group on Artificial Intelligence for Health. [Internet] Slovenia 2018 [accessed 2023 Sep 28] Available from: https://www.itu.int/en/ITU-T/focusgroups/ai4h/Pages/default.aspx
- **Inter-Amercian Development Bank**. Responsible and widespread adoption of artificial intelligence in Latin America and the Caribbean [Internet] [accessed 2023 Sep 28] Available

- from: https://publications.iadb.org/publications/english/viewer/fAIr-LAC-Responsible-and-Widespread-Adoption-of-Artificial-Intelligence-in-Latin-America-and-the-Caribbean.pdf
- UNESCO. A Handbook for Journalism Educators Reporting on Artificial Intelligence [Internet] France 2023 [accessed 2023 Sept 28] Available from: https://unesdoc.unesco.org/ark:/48223/pf0000384551
- UNESCO. Recommendation on the Ethics of Artificial Intelligence [Internet] France 2022 [accessed 2023 Sep 28] Available from: https://unesdoc.unesco.org/ark:/48223/pf0000381137
- World Economic Forum. Scaling Smart Solutions with AI in Health: Unlocking Impact on High-Potential Use Cases [Internet] Geneva 2023 [accessed 2023 Sep 28] Available from: https://www.weforum.org/publications/scaling-smart-solutions-with-ai-in-health-unlocking-impact-on-high-potential-use-cases/
- **European Parliament**. REPORT on artificial intelligence in a digital age [Internet] Bruselas 2022 [accessed 2023 Sep 28] Available from: https://www.europarl.europa.eu/doceo/document/A-9-2022-0088_EN.html
- Stanford University Human-Centered Artificial Intelligence. Artificial Intelligence index reports 2023 [Internet] Stanford, CA, 2023 [accessed 2023 Sep 28] Available from: https://aiindex.stanford.edu/report/

V. References

- 1. Pan American Health Organization. Artificial Intelligence in Public Health. Digital Transformation Toolkit [Internet]. 2021 Apr 21 [cited 2023 Sep 28]; Available from: https://iris.paho.org/handle/10665.2/53732
- 2. Pan American Health Organization. Digital Transformation Toolkit. Artificial Intelligence. Policy overview. Digital Transformation Toolkit [Internet]. 2023 [cited 2024 Feb 12]; Available from: https://iris.paho.org/handle/10665.2/57947
- 3. Pan American Health Organization. Eight Guiding Principles of Digital Transformation of the Health Sector. A Call to Pan American Action. Digital Transformation Toolkit; Knowledge Tools [Internet]. 2021 Jun 10 [cited 2023 Sep 28]; Available from: https://iris.paho.org/handle/10665.2/54256
- 4. Ethics and governance of artificial intelligence for health [Internet]. World Health Organization; 2021 [cited 2023 Sep 28]. Available from: https://www.who.int/publications/i/item/9789240029200
- 5. Bohr A, Memarzadeh K. The rise of artificial intelligence in healthcare applications. Artificial Intelligence in Healthcare. 2020;25.
- 6. Al Kuwaiti A, Nazer K, Al-Reedy A, Al-Shehri S, Al-Muhanna A, Subbarayalu AV, et al. A Review of the Role of Artificial Intelligence in Healthcare. Journal of Personalized Medicine [Internet]. 2023 Jun [cited 2024 Feb 12];13(6). Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10301994/
- 7. OECD Legal Instruments [Internet]. [cited 2024 Feb 12]. Available from: https://legalinstruments.oecd.org/en/instruments/OECD-LEGAL-0449#mainText
- 8. Cheema, S. S., Chand, L., & Singh, B. (2023). Artificial Intelligence in Machine Learning. 161–194. https://doi.org/https://doi.org/10.1002/9781119865216.ch8
- 9. Gianfrancesco MA, Tamang S, Yazdany J, Schmajuk G. Potential Biases in Machine Learning Algorithms Using Electronic Health Record Data. JAMA Intern Med. 2018 Nov 1;178(11):1544–7.
- 10. Rieke N, Hancox J, Li W, Milletarì F, Roth HR, Albarqouni S, et al. The future of digital health with federated learning. npj Digital Medicine. 2020 Sep 14;3(1):1–7.
- 11. Ching T, Himmelstein DS, Beaulieu-Jones BK, Kalinin AA, Do BT, Way GP, et al.. Opportunities and obstacles for deep learning in biology and medicine. 2018Apr4;. Available from: https://royalsocietypublishing.org/doi/10.1098/rsif.2017.0387
- 12. Mazurowski MA, Buda M, Saha A, Bashir MR. Deep learning in radiology: An overview of the concepts and a survey of the state of the art with focus on MRI. J Magn Reson Imaging. 2019 Apr 1;49(4):939–54.

- 13. Dargan S, Kumar M, Ayyagari MR, Kumar G. A Survey of Deep Learning and Its Applications: A New Paradigm to Machine Learning. Arch Comput Methods Eng. 2019 Jun 1;27(4):1071–92.
- 14. Mater AC, Coote ML. Deep Learning in Chemistry. J Chem Inf Model [Internet]. 2019 Jun 13 [cited 2024 Feb 12]; Available from: https://pubs.acs.org/doi/abs/10.1021/acs.jcim.9b00266
- 15. Litjens G, Kooi T, Bejnordi BE, Setio AAA, Ciompi F, Ghafoorian M, et al.. A survey on deep learning in medical image analysis. 2017Dec1;42..
- 16. Miotto R, Wang F, Wang S, Jiang X, Dudley JT. Deep learning for healthcare: review, opportunities and challenges. Brief Bioinform. 2017 May 6;19(6):1236–46.
- 17. Xiong Z, Wang D, Liu X, Zhong F, Wan X, Li X, et al. Pushing the Boundaries of Molecular Representation for Drug Discovery with the Graph Attention Mechanism. J Med Chem [Internet]. 2019 Aug 13 [cited 2024 Feb 12]; Available from: https://pubs.acs.org/doi/abs/10.1021/acs.jmedchem.9b00959
- 18. Zhang Y, Ye T, Li J. Deep Learning Driven Drug Discovery: Tackling Severe Acute Respiratory Syndrome Coronavirus 2. Front Microbiol. 2021 Oct 28;12:739684.
- 19. Bhouri MA, Costabal FS, Wang H, Linka K, Peirlinck M, Kuhl E, et al. COVID-19 dynamics across the US: A deep learning study of human mobility and social behavior [Internet]. medRxiv. 2020 [cited 2024 Feb 12]. p. 2020.09.20.20198432. Available from: https://www.medrxiv.org/content/10.1101/2020.09.20.20198432v1.abstract
- 20. Rodríguez-González A, Zanin M, Menasalvas-Ruiz E. Public Health and Epidemiology Informatics: Can Artificial Intelligence Help Future Global Challenges? An Overview of Antimicrobial Resistance and Impact of Climate Change in Disease Epidemiology. Yearb Med Inform. 2019 Aug;28(01):224–31.
- 21. Zheng Y, Tang N, Omar R, Hu Z, Duong T, Wang J, et al. Smart Materials Enabled with Artificial Intelligence for Healthcare Wearables. Adv Funct Mater. 2021 Dec 1;31(51):2105482.
- 22. Gamble A. Artificial intelligence and mobile apps for mental healthcare: a social informatics perspective. Aslib Journal of Information Management. 2020 Jun 5;72(4):509–23.
- 23. Majumder MA, Guerrini CJ, Bollinger J, Cook-Deegan R, McGuire AL. Sharing data under the 21st Century Cures Act.. 2017May25;19(12).
- 24. Malche T, Tharewal S, Tiwari PK, Jabarulla MY, Alnuaim AA, Hatamleh WA, et al. [Retracted] Artificial Intelligence of Things- (AIoT-) Based Patient Activity Tracking System for Remote Patient Monitoring. J Healthc Eng [Internet]. 2022 Mar 1 [cited 2024 Feb 12];2022. Available from: https://doi.org/10.1155/2022/8732213

- 25. Zhao R, Yan R, Chen Z, Mao K, Wang P, Gao RX. Deep learning and its applications to machine health monitoring. 2019Jan15;115.
- 26. Jdey I, Hcini G, Ltifi H. Deep learning and machine learning for Malaria detection: overview, challenges and future directions [Internet]. 2022 [cited 2024 Feb 12]. Available from: http://arxiv.org/abs/2209.13292
- 27. Goddard J. Hallucinations in ChatGPT: A Cautionary Tale for Biomedical Researchers. Am J Med. 2023 Nov 1;136(11):1059–60.
- 28. Athaluri SA, Manthena SV, Krishna Manoj Kesapragada VS, Yarlagadda V, Dave T, Duddumpudi RTS. Exploring the Boundaries of Reality: Investigating the Phenomenon of Artificial Intelligence Hallucination in Scientific Writing Through ChatGPT References. Cureus [Internet]. 2023 Apr 11 [cited 2024 Feb 12];15(4). Available from: https://www.cureus.com/articles/148687-exploring-the-boundaries-of-reality-investigating-the-phenomenon-of-artificial-intelligence-hallucination-in-scientific-writing-through-chatgpt-references
- 29. Pengfei Liu, Weizhe Yuan, Jinlan Fu, Zhengbao Jiang, Hiroaki Hayashi, Graham Neubig. Pre-train, Prompt, and Predict: A Systematic Survey of Prompting Methods in Natural Language Processing. ACM Computing Surveys [Internet]. 2023 Jan 13 [cited 2024 Feb 12]; Available from: https://dl.acm.org/doi/10.1145/3560815
- 30. Qin G, Eisner J. Learning How to Ask: Querying LMs with Mixtures of Soft Prompts. In: Proceedings of the 2021 Conference of the North American Chapter of the Association for Computational Linguistics: Human Language Technologies. 2021. p. 5203–12.
- 31. Lim S, Schmälzle R. Artificial intelligence for health message generation: an empirical study using a large language model (LLM) and prompt engineering. Front Commun. 2023 May 26;8:1129082.
- 32. García-Peñalvo F, Vázquez-Ingelmo A. What Do We Mean by GenAI? A Systematic Mapping of The Evolution, Trends, and Techniques Involved in Generative AI. 2023 Dec [cited 2024 Feb 16]; Available from: https://reunir.unir.net/handle/123456789/15134
- 33. Huang J, Neill L, Wittbrodt M, Melnick D, Klug M, Thompson M, et al. Generative Artificial Intelligence for Chest Radiograph Interpretation in the Emergency Department. JAMA network open [Internet]. 2023 Oct 2 [cited 2024 Feb 16];6(10). Available from: https://pubmed.ncbi.nlm.nih.gov/37796505/
- 34. Scheetz J, Koca D, McGuinness M, Holloway E, Tan Z, Zhu Z, et al. Real-world artificial intelligence-based opportunistic screening for diabetic retinopathy in endocrinology and indigenous healthcare settings in Australia. Sci Rep [Internet]. 2021 Aug 4 [cited 2024 Feb 16];11(1). Available from: https://pubmed.ncbi.nlm.nih.gov/34349130/
- 35. Ethics and governance of artificial intelligence for health: Guidance on large multi-modal models [Internet]. World Health Organization; 2024 [cited 2024 Feb 12]. Available from: https://www.who.int/publications/i/item/9789240084759

- 36. Bollig N, Clarke L, Elsmo E, Craven M. Machine learning for syndromic surveillance using veterinary necropsy reports. PLoS One. 2020 Feb 5;15(2):e0228105.
- 37. Budd J, Miller BS, Manning EM, Lampos V, Zhuang M, Edelstein M, et al. Digital technologies in the public-health response to COVID-19. Nat Med. 2020 Aug 7;26(8):1183–92.
- 38. Kung TH, Cheatham M, Medenilla A, Sillos C, De Leon L, Elepaño C, et al. Performance of ChatGPT on USMLE: Potential for AI-assisted medical education using large language models. PLOS Digital Health. 2023 Feb 9;2(2):e0000198.
- 39. Oh BD, Lee YK, Kim JD, Park CY, Kim YS. Deep Learning-Based End-to-End Language Development Screening for Children Using Linguistic Knowledge. NATO Adv Sci Inst Ser E Appl Sci. 2022 May 6;12(9):4651.
- 40. Thirunavukarasu AJ, Ting DSJ, Elangovan K, Gutierrez L, Tan TF, Ting DSW. Large language models in medicine. Nat Med. 2023 Jul 17;29(8):1930–40.
- 41. Clusmann J, Kolbinger FR, Muti HS, Carrero ZI, Eckardt JN, Laleh NG, et al. The future landscape of large language models in medicine. Communications Medicine. 2023 Oct 10;3(1):1–8.
- 42. Syrowatka A, Kuznetsova M, Alsubai A, Beckman AL, Bain PA, Craig KJT, et al. Leveraging artificial intelligence for pandemic preparedness and response: a scoping review to identify key use cases. npj Digital Medicine. 2021 Jun 10;4(1):1–14.
- 43. Dórea FC, Revie CW. Data-Driven Surveillance: Effective Collection, Integration, and Interpretation of Data to Support Decision Making. Front Vet Sci. 2021 Mar 12;8:633977.
- 44. Chen M, Hao Y, Hwang K, Wang L, Wang L. Disease Prediction by Machine Learning Over Big Data From Healthcare Communities [Internet]. [cited 2024 Feb 13]. Available from: https://doi.org/10.1109/ACCESS.2017.2694446
- 45. Santosh KC. AI-Driven Tools for Coronavirus Outbreak: Need of Active Learning and Cross-Population Train/Test Models on Multitudinal/Multimodal Data. J Med Syst. 2020 Mar 18;44(5):1–5.
- 46. Rustam F, Reshi AA, Mehmood A, Ullah S, On BW, Aslam W, et al. COVID-19 Future Forecasting Using Supervised Machine Learning Models [Internet]. [cited 2024 Feb 13]. Available from: https://doi.org/10.1109/ACCESS.2020.2997311
- 47. Shinde S, Yadav S, Somvanshi A. Epidemic Outbreak Prediction Using Machine Learning Model [Internet]. [cited 2024 Feb 13]. Available from: https://ieeexplore.ieee.org/document/10039594
- 48. Wong ZSY, Zhou J, Zhang Q. Artificial Intelligence for infectious disease Big Data Analytics. Infection, Disease & Health. 2019 Feb 1;24(1):44–8.

- 49. Abdulkareem M, Petersen SE. The Promise of AI in Detection, Diagnosis, and Epidemiology for Combating COVID-19: Beyond the Hype. Front Artif Intell. 2021 May 14;4:652669.
- 50. Anjaria P, Asediya V, Bhavsar P, Pathak A, Desai D, Patil V. Artificial Intelligence in Public Health: Revolutionizing Epidemiological Surveillance for Pandemic Preparedness and Equitable Vaccine Access. Vaccines [Internet]. 2023 Jul [cited 2024 Feb 13];11 (7). Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10383160/
- 51. Olawade DB, Wada OJ, David-Olawade AC, Kunonga E, Abaire O, Ling J. Using artificial intelligence to improve public health: a narrative review. Frontiers in Public Health [Internet]. 2023 [cited 2024 Feb 13];11. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10637620/
- 52. Shi H, Wang J, Cheng J, Qi X, Ji H, Struchiner CJ, et al. Big data technology in infectious diseases modeling, simulation, and prediction after the COVID-19 outbreak. Intelligent Medicine. 2023 May;3(2):85.
- 53. Malik YS, Sircar S, Bhat S, Ansari MI, Pande T, Kumar P, et al. How artificial intelligence may help the Covid-19 pandemic: Pitfalls and lessons for the future. Rev Med Virol [Internet]. 2021 Sep [cited 2024 Feb 13];31(5). Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7883226/
- 54. MacIntyre CR, Lim S, Quigley AL. Preventing the next pandemic: Use of artificial intelligence for epidemic monitoring and alerts. 2022Dec1;3(12)
- 55. Santangelo OE, Gentile V, Pizzo S, Giordano D, Cedrone F. Machine Learning and Prediction of Infectious Diseases: A Systematic Review. Machine Learning and Knowledge Extraction. 2023 Feb 1;5(1):175–98.
- 56. Scholz TM. Big Data in Organizations and the Role of Human Resource Management: A Complex Systems Theory-Based Conceptualization. Peter Lang Gmbh, Internationaler Verlag Der Wissenschaften; 2017. 237 p.
- 57. Gaglione D, Braca P, Millefiori LM, Soldi G, Forti N, Marano S, et al. Adaptive Bayesian Learning and Forecasting of Epidemic Evolution—Data Analysis of the COVID-19 Outbreak [Internet]. [cited 2024 Feb 13]. Available from: https://ieeexplore.ieee.org/document/9209964
- 58. Hertelendy AJ, Goniewicz K, Khorram-Manesh A. The COVID-19 pandemic: How predictive analysis, artificial intelligence and GIS can be integrated into a clinical command system to improve disaster response and preparedness. Am J Emerg Med. 2021 Jul;45:671.
- 59. Rinaldi G, Capello F. An Innovative System to Understand the Development of Epidemics Using GIS Spatial Analysis and Based on AI and Big Data. COVID-19 in Clinical Practice. 2021;229–61.
- 60. Rana MS, Shuford J. AI in Healthcare: Transforming Patient Care through Predictive

- Analytics and Decision Support Systems. JAIGS [Internet]. 2024 Jan 22 [cited 2024 Feb 13];1(1). Available from: https://ojs.boulibrary.com/index.php/JAIGS/article/view/30
- 61. Chalutz Ben-Gal H. Artificial intelligence (AI) acceptance in primary care during the coronavirus pandemic: What is the role of patients' gender, age and health awareness? A two-phase pilot study. Front Public Health. 2023 Jan 9;10:931225.
- 62. Bragazzi NL, Dai H, Damiani G, Behzadifar M, Martini M, Wu J. How Big Data and Artificial Intelligence Can Help Better Manage the COVID-19 Pandemic. Int J Environ Res Public Health. 2020 May 2;17(9):3176.
- 63. Venkatraman K, Manoharan A. Public Engagement as the Fifth Dimension of Outbreak Communication: Public's Perceptions of Public Health Communication during COVID-19 in India. Health Commun [Internet]. 2023 Jan 28 [cited 2024 Feb 13]; Available from: https://www.tandfonline.com/doi/abs/10.1080/10410236.2021.1950294
- 64. Sharma A, Virmani T, Pathak V, Sharma A, Pathak K, Kumar G, et al. Artificial Intelligence-Based Data-Driven Strategy to Accelerate Research, Development, and Clinical Trials of COVID Vaccine. Biomed Res Int [Internet]. 2022 [cited 2024 Feb 13];2022. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9279074/
- 65. Garett R, Young SD. The role of social media in monitoring COVID-19 vaccine uptake. J Eval Clin Pract. 2022 Aug;28(4):650.
- 66. Azadi M, Yousefi S, Farzipoor Saen R, Shabanpour H, Jabeen F. Forecasting sustainability of healthcare supply chains using deep learning and network data envelopment analysis. 2023Jan1;154.
- 67. Fisher S, Rosella LC. Priorities for successful use of artificial intelligence by public health organizations: a literature review. BMC Public Health. 2022 Nov 22;22(1):1–14.
- 68. Mhasawade V, Zhao Y, Chunara R. Machine learning and algorithmic fairness in public and population health. Nature Machine Intelligence. 2021 Jul 29;3(8):659–66.
- 69. Kumar A, Mani V, Jain V, Gupta H, Venkatesh VG. Managing healthcare supply chain through artificial intelligence (AI): A study of critical success factors. Comput Ind Eng. 2023 Jan;175:108815.
- 70. Long P, Lu L, Chen Q, Chen Y, Li C, Luo X. Intelligent selection of healthcare supply chain mode an applied research based on artificial intelligence. Frontiers in Public Health [Internet]. 2023 [cited 2024 Feb 13];11. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10758214/
- 71. Hu H, Xu J, Liu M, Lim MK. Vaccine supply chain management: An intelligent system utilizing blockchain, IoT and machine learning. J Bus Res. 2023 Feb;156:113480.
- 72. Gupta H, Verma OP. Vaccine hesitancy in the post-vaccination COVID-19 era: a machine learning and statistical analysis driven study. Evol Intell. 2022 Mar 9;16(3):739–57.

- 73. Covid-19 vaccine hesitancy: Text mining, sentiment analysis and machine learning on COVID-19 vaccination Twitter dataset. Expert Syst Appl. 2023 Feb 1;212:118715.
- 74. Qabajeh MM, Mousa S, Saleh HA, Hasan JA. Designing an Android Application for Electronic Booking in Health Clinics and Building Health Record System. 2023Jun25;14(3). Available from: https://www.jait.us/show-229-1357-1.html
- 75. Vaishya R, Javaid M, Khan IH, Haleem A. Artificial Intelligence (AI) applications for COVID-19 pandemic. 2020Apr20;14(4):337–9. Available from: https://www.sciencedirect.com/science/article/pii/S1871402120300771
- 76. Zimmerman RM, Hernandez EJ, Scott Watkins W, Blue N, Tristani-Firouzi M, Yandell M, et al. An explainable AI approach for discovering social determinants of health and risk interactions for stroke in patients with atrial fibrillation [Internet]. medRxiv. 2023 [cited 2024 Feb 16]. p. 2023.02.27.23286470. Available from: https://www.medrxiv.org/content/10.1101/2023.02.27.23286470v1.abstract
- 77. Carroll NW, Art J, Burkard T, Lulias C, Kylie Severson MS, Tori Posa BA. AJMC. 2022 [cited 2024 Feb 16]. Improving Risk Stratification Using AI and Social Determinants of Health. Available from: https://www.ajmc.com/view/improving-risk-stratification-using-ai-and-social-determinants-of-health
- 78. Davis MA, Lim N, Jordan J, Yee J, Gichoya JW, Lee R. Imaging Artificial Intelligence: A Framework for Radiologists to Address Health Equity, From the AJR Special Series on DEI. American Journal of Roentgenology [Internet]. 2023 Feb 22 [cited 2024 Feb 16]; Available from: https://ajronline.org/doi/10.2214/AJR.22.28802
- 79. Brakefield WS, Ammar N, Shaban-Nejad A. An Urban Population Health Observatory for Disease Causal Pathway Analysis and Decision Support: Underlying Explainable Artificial Intelligence Model. JMIR Formative Research. 2022 Jul 20;6(7):e36055.
- 80. Kellenberger B, Vargas-Muñoz JE, Tuia D, Daudt RC, Schindler K, Whelan TTT, et al. Mapping Vulnerable Populations with AI [Internet]. arXiv.org. 2021 [cited 2024 Feb 16]. Available from: https://arxiv.org/pdf/2107.14123.pdf
- 81. Talati KN, Parikh SM. Big Data and Public Health: Avenue for Multidisciplinary Collaborative Research. In IGI Global: 1AD.
- 82. Wilder B. AI for Equitable, Data-Driven Decisions in Public Health. AAAI. 2023 Sep 6;37(13):15459–15459.
- 83. Allen B, Neill DB, Schell RC, Ahern J, Hallowell BD, Krieger M, et al. Translating Predictive Analytics for Public Health Practice: A Case Study of Overdose Prevention in Rhode Island. Am J Epidemiol. 2023 May 17;192(10):1659–68.
- 84. Prevention strategy of main non-communicable diseases using artificial neural networks [Internet]. DYNA New Technologies. 2024 [cited 2024Feb20]. Available from: https://www.dyna-newtech.com/search-content-NT/prevention-strategy-of-main-non-

- communicable-diseases-using-artificial-neural-networks
- 85. Castañeda WAC, Filho PB. Towards an Artificial Intelligence Based Chronic Disease Management. 2023 Apr 18 [cited 2024 Feb 16]; Available from: https://www.preprints.org/manuscript/202304.0491/v1
- 86. Mei J, Khiang CY, Hickson R, Xia E, Zhao S. Predicting non-communicable disease with infectious risk factors using artificial intelligence [Internet]. US Patent. 11380443, 2022 [cited 2024 Feb 16]. Available from: https://patentimages.storage.googleapis.com/26/30/57/01fd2ba7ed7264/US11380443.pdf
- 87. Long E, Wan P, Chen Q, Lu Z, Choi J. From function to translation: Decoding genetic susceptibility to human diseases via artificial intelligence. Cell Genomics. 2023 Jun 14;3(6):100320.
- 88. Somodevilla MJ, de Celis MCP, Pineda IH, Colmenares LE, Mena I. System Development Ontology to Discover Lifestyle Patterns Associated with NCD. Int Conf Bioinform Biomed Eng. 2015;47–56.
- 89. Mohanaprakash TA, Abirami P, Navaneethakrİshan M, Savija J, Ramya M, Anbarasa PA. Artificial Intelligence Powered Early Detection of Heart Disease [Internet]. [cited 2024 Feb 16]. Available from: https://ieeexplore.ieee.org/document/10127928
- 90. Joshi S, Bagayoko CO, Babington-Ashaye A, Geissbuhler A. Digital technologies for NCD prevention and control. In: Noncommunicable Diseases. 1st Edition. Routledge; 2023. p. 362–8.
- 91. Kocakoç İD. The Role of Artificial Intelligence in Health Care. The Impact of Artificial Intelligence on Governance, Economics and Finance, Volume 2. 2022;189–206.
- 92. Burt TA, Passas N, Kakadiaris IA. AI-SNIPS: A Platform for Network Intelligence-Based Pharmaceutical Security. AAAI. 2023 Sep 6;37(13):16407–9.
- 93. Chandrashekhar AM, Naveen J, Chethana S, Charith S. Tackling Counterfeit Medicine Through an Automated System Integrated with QR Code. Intelligent Data Communication Technologies and Internet of Things. 2021;15–27.
- 94. Roy R, Patil S. Fake Product Monitoring System using Artificial Intelligence. 2021 May 7 [cited 2024 Feb 16]; Available from: https://papers.ssrn.com/abstract=3867602
- 95. Ferdosi BJ, Sakib MA, Islam MS, Dhar J. Identifying Counterfeit Medicine in Bangladesh Using Deep Learning. Human Centred Intelligent Systems. 2021;46–55.
- 96. Liang Y, Zhao Y, Que D, Zhang X, Xu C. Online Fake Drug Detection System in Heterogeneous Platforms Using Big Data Analysis [Internet]. [cited 2024 Feb 16]. Available from: https://ieeexplore.ieee.org/document/7979925
- 97. Chen CW, Tsai AC, Chang WY, Huang HF, Wang JF. Arbitrary Axis-aligned and Multi-

- scale Drug Recognition System [Internet]. [cited 2024 Feb 16]. Available from: https://ieeexplore.ieee.org/document/9468730
- 98. Andi HK. AI-Powered Drug Detection System Utilizing Bioactivity Prediction and Drug Release Tracking. Journal of Artificial Intelligence and Capsule Networks. 2022 Nov 9;4(4):263–73.
- 99. Bhardwaj A, Kumar S, Naidu A. Predictive analysis and supervised detection for fraudulent cases in healthcare [Internet]. [cited 2024 Feb 16]. Available from: https://ieeexplore.ieee.org/document/9734195
- 100. Flarence AR, Bethu S, Sowmya V, Anusha K, Sankara Babu B. Importance of supervised learning in prediction analysis. Periodicals of Engineering and Natural Sciences. 2018 Jun 5;6(1):201–14.
- 101. Elvas LB, Helgheim B, Ferreira JCA. Information Sharing through Digital Service Agreement [Internet]. medRxiv. 2023 [cited 2024 Feb 16]. p. 2023.01.18.23284718. Available from: https://www.medrxiv.org/content/10.1101/2023.01.18.23284718v1.abstract
- 102. Wang X, Liu X. Application of artificial intelligence to the public health education. Front Public Health. 2023 Jan 10;10:1087174.
- 103. Shankar PR. Artificial Intelligence in Health Professions Education. Archives of Medicine and Health Sciences. 2022;10(2):256.
- 104. Periáñez Á, Trister A, Nekkar M, del Río AF, Alonso PL. Adaptive Interventions for Global Health: A Case Study of Malaria [Internet]. 2023 [cited 2024 Feb 16]. Available from: http://arxiv.org/abs/2303.02075
- 105. Giansanti D. Artificial Intelligence in Public Health: Current Trends and Future Possibilities. Int J Environ Res Public Health. 2022 Sep 21;19(19):11907.
- 106. Al-Hwsali A, Alsaadi B, Abdi N, Khatab S, Alzubaidi M, Solaiman B, et al. Scoping Review: Legal and Ethical Principles of Artificial Intelligence in Public Health. In: Healthcare Transformation with Informatics and Artificial Intelligence. IOS Press; 2023. p. 640–3.
- 107. Naveed MA. Transforming Healthcare through Artificial Intelligence and Machine Learning. PJHS. 2023 May 31;01–01.
- 108. Rueda J, Rodríguez JD, Jounou IP, Hortal-Carmona J, Ausín T, Rodríguez-Arias D. "Just" accuracy? Procedural fairness demands explainability in AI-based medical resource allocations. AI Soc. 2022 Dec 21:1–12.
- 109. Shaban-Nejad A, Michalowski M, Brownstein JS, Buckeridge DL. Guest Editorial Explainable AI: Towards Fairness, Accountability, Transparency and Trust in Healthcare [Internet]. [cited 2024 Feb 16]. Available from: https://ieeexplore.ieee.org/document/9497066

- 110. Satish S, Pal Z. "A Bias Recognized is A Bias Sterilized": A Literature Review on How Biased Datasets Have Led to the Long-standing Misdiagnosing of People of Color (POC) and Female Patients. URNCST Journal. 2023 Jun 19;7:1–9.
- 111. Pasricha S. AI Ethics in Smart Healthcare [Internet]. [cited 2024 Feb 16]. Available from: https://ieeexplore.ieee.org/document/9940606
- 112. Raza S. Connecting Fairness in Machine Learning with Public Health Equity [Internet]. 2023 [cited 2024 Feb 16]. Available from: http://arxiv.org/abs/2304.04761
- 113. Mehta V. Artificial Intelligence in Medicine: Revolutionizing Healthcare for Improved Patient Outcomes. Journal of Medical Research and Innovation. 2023 Jun 3;7(2):e000292–e000292.
- 114. National Research Council, Division on Engineering and Physical Sciences, Board on Mathematical Sciences and Their Applications, Committee on Applied and Theoretical Statistics, Committee on the Analysis of Massive Data. Frontiers in Massive Data Analysis. National Academies Press; 2013. 190 p.
- 115. Rathore FA, Rathore MA. The Emerging Role of Artificial Intelligence in Healthcare. J Pak Med Assoc. 2023 Jun 15;73(7):1368–9.
- 116. Ramezani M, Takian A, Bakhtiari A, Rabiee HR, Ghazanfari S, Mostafavi H. The Application of Artificial Intelligence in Health Policy: A Scoping Review. 2023 Apr 19 [cited 2024 Feb 15]; Available from: https://www.researchsquare.com/article/rs-2782075/latest.pdf
- 117. Hebbar S, Vandana B. Artificial Intelligence in Future Telepsychiatry and Psychotherapy for E-Mental Health Revolution. In: Computational Intelligence in Medical Decision Making and Diagnosis. 1st Edition. CRC Press; 2023. p. 39–60.
- 118. Nandini PKS, Sudhanva S, Tarun TN, Yuvraaj Y, Vishal DA. Conversational Chatbot Builder Smarter Virtual Assistance with Domain Specific AI [Internet]. [cited 2024 Feb 15]. Available from: https://ieeexplore.ieee.org/document/10170114
- 119. Onitiu D. The limits of explainability & human oversight in the EU Commission's proposal for the Regulation on AI- a critical approach focusing on medical diagnostic systems. Information & Communications Technology Law [Internet]. 2023 May 4 [cited 2024 Feb 15]; Available from: https://www.tandfonline.com/doi/abs/10.1080/13600834.2022.2116354
- 120. de Campos Aranovich T, Matulionyte R. Ensuring AI explainability in healthcare: problems and possible policy solutions. Information & Communications Technology Law [Internet]. 2023 May 4 [cited 2024 Feb 15]; Available from: https://www.tandfonline.com/doi/abs/10.1080/13600834.2022.2146395
- 121. Mehta S, Rogers A, Gilbert TK. Dynamic Documentation for AI Systems [Internet]. 2023 [cited 2024 Feb 15]. Available from: http://arxiv.org/abs/2303.10854

- 122. Hulsen T. Explainable Artificial Intelligence (XAI) in Healthcare. 2023 Mar 7 [cited 2024 Feb 15]; Available from: https://www.preprints.org/manuscript/202303.0116/v1
- 123. Praveen S, Joshi K. Explainable Artificial Intelligence in Health Care: How XAI Improves User Trust in High-Risk Decisions. Explainable Edge AI: A Futuristic Computing Perspective. 2023;89–99.
- 124. Sadeghi Z, Alizadehsani R, Cifci MA, Kausar S, Rehman R, Mahanta P, et al. A Brief Review of Explainable Artificial Intelligence in Healthcare [Internet]. 2023 [cited 2024 Feb 15]. Available from: http://arxiv.org/abs/2304.01543
- 125. Ferrara E. Fairness And Bias in Artificial Intelligence: A Brief Survey of Sources, Impacts, And Mitigation Strategies. 2023 Apr 16 [cited 2024 Feb 15]; Available from: http://dx.doi.org/10.3390/sci6010003
- 126. Vorisek CN, Stellmach C, Mayer PJ, Klopfenstein SAI, Bures DM, Diehl A, et al. Artificial Intelligence Bias in Health Care: Web-Based Survey. J Med Internet Res. 2023 Jun 22;25(1):e41089.
- 127. Gastounioti A, Eriksson M, Cohen E, Mankowski W, Pantalone L, McCarthy AM, et al. External validation of an AI-driven breast cancer risk prediction model in a racially diverse cohort of women undergoing mammographic screening. In: 16th International Workshop on Breast Imaging (IWBI2022). SPIE; 2022. p. 285–8.
- 128. Zeng EZ, Gunraj H, Fernandez S, Wong A. Explaining Explainability: Towards Deeper Actionable Insights into Deep Learning through Second-order Explainability [Internet]. 2023 [cited 2024 Feb 15]. Available from: http://arxiv.org/abs/2306.08780
- 129. Hödl S, Robinson W, Bachrach Y, Huck W, Kachman T. Explainability Techniques for Chemical Language Models [Internet]. 2023 [cited 2024 Feb 15]. Available from: http://arxiv.org/abs/2305.16192
- 130. Inioluwa Deborah Raji, Peggy Xu, Colleen Honigsberg, Daniel Ho. Outsider Oversight: Designing a Third Party Audit Ecosystem for AI Governance [Internet]. [cited 2024 Feb 15]. Available from: https://dl.acm.org/doi/10.1145/3514094.3534181
- 131. Abroshan M, Burkhart M, Giles O, Greenbury S, Kourtzi Z, Roberts J, et al. Safe AI for health and beyond -- Monitoring to transform a health service [Internet]. 2023 [cited 2024 Feb 15]. Available from: http://arxiv.org/abs/2303.01513
- 132. JMIR Preprints [Internet]. [cited 2024 Feb 15]. Centering Public Perceptions on Translating AI Into Clinical Practice: Patient and Public Involvement and Engagement Consultation Focus Group Study. Available from: https://preprints.jmir.org/ojs/index.php/preprints/preprint/49303
- 133. Bærøe K, Gundersen T. Trustworthy Bioethicists within Lifecycles of Artificial Intelligence in Health. In: AI and Society. 1st Edition. Chapman and Hall/CRC; 2023. p. 249–64.

- 134. Gendy MEG, Yuce MR. Emerging Technologies Used in Health Management and Efficiency Improvement During Different Contact Tracing Phases Against COVID-19 Pandemic [Internet]. [cited 2024 Feb 15]. Available from: https://ieeexplore.ieee.org/document/9939090
- 135. Parums DV. Editorial: Infectious Disease Surveillance Using Artificial Intelligence (AI) and its Role in Epidemic and Pandemic Preparedness. Med Sci Monit. 2023 Jun 1;29:0–0.
- 136. Wu H, Lu X, Wang H. The Application of Artificial Intelligence in Health Care Resource Allocation Before and During the COVID-19 Pandemic: Scoping Review. JMIR AI. 2023 Jan 30;2(1):e38397.
- 137. Talaat FM. Effective deep Q-networks (EDQN) strategy for resource allocation based on optimized reinforcement learning algorithm. Multimed Tools Appl. 2022 May 5;81(28):39945–61.
- 138. Thomson Reuters Research ID. International Journal of Advanced Research. 2014 [cited 2024 Feb 14]. Article Detail. Available from: https://www.journalijar.com/article/
- 139. Kim JY, Boag W, Gulamali F, Hasan A, Hogg HDJ, Lifson M, et al. Organizational Governance of Emerging Technologies: AI Adoption in Healthcare [Internet]. 2023 [cited 2024 Feb 14]. Available from: http://arxiv.org/abs/2304.13081
- 140. Reddy S. JMIR Preprints. [cited 2024 Feb 14]. Navigating the AI Revolution: The Case for Precise Regulation in Health Care. Available from: https://preprints.jmir.org/preprint/49989
- 141. MacIntyre CR, Chen X, Kunasekaran M, Quigley A, Lim S, Stone H, et al. Artificial intelligence in public health: the potential of epidemic early warning systems. J Int Med Res [Internet]. 2023 Mar 26 [cited 2024 Feb 13]; Available from: https://journals.sagepub.com/doi/10.1177/03000605231159335
- 142. Chaudhary I, Anwar H, Latif U, Latif A. Role of Artificial Intelligence in different aspects of Public Health. 2022Dec17;2(2). Available from: https://www.researchgate.net/publication/369458377_Role_of_Artificial_Intelligence_in_different_aspects_of_Public_Health
- 143. Hutchinson D, Kunasekaran M, Quigley AL, Moa A, MacIntyre CR. Could it be monkeypox? Use of an AI-based epidemic early warning system to monitor rash and fever illness. 2023Jun14;220.
- 144. Naqvi SG, Nasir T, Azam H, Zafar L. Artificial Intelligence in Healthcare. Pak J Humanit Soc Sci. 2023 Jun 14;11(2):1361–7.
- 145. Jungwirth D, Haluza D. Feasibility Study on Utilization of the Artificial Intelligence GPT-3 in Public Health. 2023 Jan 28 [cited 2024 Feb 14]; Available from: https://www.preprints.org/manuscript/202301.0521/v1
- 146. Monselise M, Yang CC. AI for Social Good in Healthcare: Moving Towards a Clear

- Framework and Evaluating Applications [Internet]. [cited 2024 Feb 14]. Available from: https://ieeexplore.ieee.org/document/9874634
- 147. Jungwirth D, Haluza D. Artificial Intelligence and Public Health: An Exploratory Study. Int J Environ Res Public Health. 2023 Mar 3;20(5):4541.
- 148. Graham S, Depp C, Lee EE, Nebeker C, Tu X, Kim HC, et al. Artificial Intelligence for Mental Health and Mental Illnesses: An Overview. Curr Psychiatry Rep. 2019 Nov 11;21(11):116.
- 149. Higgins O, Short BL, Chalup SK, Wilson RL. Artificial intelligence (AI) and machine learning (ML) based decision support systems in mental health: An integrative review. Int J Ment Health Nurs. 2023 Aug 1;32(4):966–78.
- 150. Xishuang Feng, Maorong Hu, Wanhui Guo. Application of artificial intelligence in mental health and mental illnesses [Internet]. [cited 2024 Feb 13]. Available from: https://dl.acm.org/doi/10.1145/3570773.3570834
- 151. Kumar S, Prabha R, Samuel S. Sentiment Analysis and Emotion Detection with Healthcare Perspective. Augmented Intelligence in Healthcare: A Pragmatic and Integrated Analysis. 2022;189–204.
- 152. Nilsen P, Svedberg P, Nygren J, Frideros M, Johansson J, Schueller S. Accelerating the impact of artificial intelligence in mental healthcare through implementation science. Motiv Interviewing [Internet]. 2022 Jul 11 [cited 2024 Feb 13]; Available from: https://journals.sagepub.com/doi/10.1177/26334895221112033
- 153. Martins CL, Martinho D, Marreiros G, Conceição L, Faria L, Simões de Almeida R. Artificial Intelligence in Digital Mental Health. In IGI Global; 1AD.
- 154. [No title] [Internet]. [cited 2024 Feb 13]. Available from: https://www.intellectualarchive.com/Journal Files/IAJ 2022 09 3.pdf
- 155. Bezerra Lins SL, de Araujo BO. Big Data, Artificial Intelligence, and the Future of Mental Health Research. Annals of Indian Psychiatry. 2022;6(3):294.

In this thoughtfully curated knowledge capsule, you will encounter a symphony of insights – where technology harmoniously blends with human expertise to shape the future of public health. Each question invites you to immerse yourself in the dialogue between Al and human minds, creating a synergy that promises to transform health care as we know it. This document is not intended to be a scientific article. It was developed as a reference tool to support the exchange of information and promote open conversations and debates among experts. In this sense, this document is not intended to be a comprehensive guide or handbook on Al for supporting public health.



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