UNITED RESEARCH FORUM
(CONNECT WITH RESEARCH WORLD)

9th World Congress on Public Health and Global Wellness

August 21–22, 2026

Singapore



CPD POINTS AVAILABLE

PUBLIC HEALTH - 2026
August 21-22, 2026 I Singapore

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SCIENTIFIC PROGRAM

International Conference

DAY-1 (AUGUST 21, 2026)

09:00-09:30 **Registrations & Opening Remarks**

Technical Session - I

09:30-09:55



Title: CRISPR Cas9 Gene Editing for Sickle Cell Disease
Dr. Jennifer Domm, Sarah Cannon Pediatric Hematology, United States



09:55-10:20

Title: SYN023 mAb Cocktail for Rabies Prophylaxis
Dr. Eric I Tsao, Synermore Biologics, China

10:20-10:45



Title: A Coupled Infection–ROS–Quantum Emission Model for Ultraweak Photon Emission in Infectious Disease Dynamics
Dr. Horace Crogman, California State University Dominguez Hills, United States

10:45-11:15 Networking Break + Group Photo



11:15-11:40

Title: Hha toxin regulates diverse phenotypes of uropathogenic Proteus mirabilis
Dr.Shwu-Jen Liaw, National Taiwan University, Taiwan

SCIENTIFIC PROGRAM

International Conference

Day 01
August 21, 2026

11:40-12:05



Title: Combination Treatment with Synthetic gRNA/Cas12a and gRNA/Cas9 Ribonucleoproteins Disrupts HIV Replication and Expression
Prof. Zhi Q. Yao, East Tennessee State University College of Medicine, United States



12:05-12:30

Title: Robust immunogenicity and protection efficacy of a microneedle patch-based Flu-RSV combination vaccine fabricated using partition-loading strategy
Dr.Bin Wang, Advaccine Biotechnology Co., Ltd., China

12:30-12:55



Title: COVID-19 Vaccine Acceptance, Knowledge, Attitudes and Socio-Demographic Factors of General Population: A Mixed-Methods Study
Prof. M. J. Kumari, Jawaharlal Institute of Postgraduate Medical Education & Research (JIPMER), India



12:55-13:00

Title: Near-Infrared Regulated Engineered EcN System for Gut-Brain Axis Modulation and Anxiety Therapy
Dr. Xuejun Wang, Jinan Microecological Biomedicine Shandong Laboratory, China

Lunch (13:00-14:00)

SCIENTIFIC PROGRAM

International Conference

Day 01
August 21, 2026

Technical Session - II

14:00-14:25

Title: Hepatitis E Virus Infection: Circulation, Molecular Epidemiology, and Impact on Global Health
Dr. James Wai Kuo Shih, Xiamen Innovax Biotech CO. Ltd, China

14:25-14:50

Title: Waka Ama as a Maori Public Health Intervention for Wahine Hauora
Mrs. Kay Berryman, Waikato University, New Zealand

14:50-15:15



Title: Expanded Glycan Recognition Shapes Tissue Tropism and Zoonotic Risk of Clade 2.3.4.4b H5Ny Avian Influenza Viruses
Prof. Hao Song, Beijing Ditan Hospital Capital Medical University, China

15:15-15:40



Title: Molecular Characterization of Wolbachia Endosymbionts and their association with Canine Dirofilariasis in Colombo District, Sri Lanka
Dr. Koshila Ranasinghe, Faculty of Science, University of Kelaniya, Sri Lanka

Refreshment Break (15:40-16:00)

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International Conference

Day 01
August 21, 2026

16:00-16:25



Title: Detection Limits of PaRTI-SeqTM in Host-Depleted Blood: A Biological Perspective Using Mycobacterium Smegmatis
Ms. Shivadarshini Ramachandran, Northumbria University, Singapore

16:25-16:50



Title: General Anesthesia in Patient with Hutchinson-Gilford Progeria Syndrome: Two Case Reports of Dental Treatment in the One Patient
Dr. Maksym Synytsyn, Clinical Hospital Feofania, Ukraine

16:50-17:15



Title: A Multifunctional Anti-Influenza Peptide Targeting Viral Fusion and Nucleoprotein
Prof. Hanjun Zhao, Fudan University, China

17:15-17:40



Title: Gut metagenomes of Asian octogenarians reveal microbial species promoting healthy aging
Dr. Aarthi Ravikrishnan, A*STAR Skin Research Labs, Singapore

Day-01 Concludes

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International Conference

DAY-2 (AUGUST 22, 2026)

Technical Session - I

09:00-09:25

Title: Defining the Targets and Protective Functions of Malaria Immunity to Design Next Generation Vaccines

Dr. James-Beeson, Burnet Institue, Australia



09:25-09:35 (E-POSTER)

Title: Association between Obstructive Sleep Apnea and Cardiovascular Event Risk: A 5-Year Prospective Cohort Study Based on a Single-Center Health Examination Population

Dr. Hang Yang, Chinese People's Liberation Army Ground Force, China

09:35-09:45 (E-POSTER)

Title: High-Intensity Interval Training Improves Functional Exercise Capacity and Ventilatory Efficiency in Moderate-to-Severe COPD

Dr. ShuMin Jiang, Chinese People's Liberation Army Ground Force, China

09:45-10:10



Title: Functional Versus Structural Renal Outcomes of SGLT2 Inhibitors in Autosomal Dominant Polycystic Kidney Disease: A Systematic Review of Preclinical and Clinical Evidence

Mrs. Faiza Naeem, Universiti Sains Malaysia, Malaysia

10:10-10:35

Title: Immunological response of using emulsifying elongation factor 1 alpha of Plasmodium falciparum-based vaccines in complete Freund's adjuvant

Prof. Seon-Ju Yeo, Seoul National University, South-Korea

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International Conference

10:35-11:00

Title: Innate and adaptive immune responses in Hepatitis C virus infections
Dr. Yutaka Kishida, Osaka Kaisei Hospital, Japan

11:00-11:25

Title:Recent advances in engineering in vitro-assembled beak and feather disease virus-like particles encapsulated with biomolecules and its application
Prof. Chi-Young Wang, National Chung Hsing University, China

11:25-11:50



Title: Vibrio cholerae Non-O1, Non-O139 Identified in Bacteremic Skin Infection Patient with Multiple Skin Necrosis
Dr. Ibrahim Alhabib, Imam Abdulrahman Bin Faisal University, Saudi Arabia

11:50-12:15

Title: Assessing the Impact of COVID-19 Vaccines on Sickle Cell Anaemia Patients
Dr. Jehad A. Aldali, Imam Mohammad Ibn Saud Islamic University (IMSIU), Saudi Arabia

12:15-12:40



Title: Principles and Standards for Managing Integration and Comprehensive Interoperability in Intelligent and Ethical Transformed Health Ecosystems
Dr. Bernd Blobel, University of Regensburg, Germany

SCIENTIFIC PROGRAM

International Conference

Day 02
August 22, 2026

12:40-13:05

Title: Preventing the spread of germs when emptying urine drainage bags in home care

Dr. Uwe Ernsberger, Max Planck Institute for Brain Research, Germany

13:05-13:30

Title: The use of angiotensin-converting enzyme inhibitors in hospitalised patients with COVID-19 is associated with a lower risk of mortality

Dr. Mykola Khalangot, Infectious Diseases Hospital, Kostiantynivka, Ukraine

13:30-13:55

Title: Monosaccharide Profiling of Lipopolysaccharide A Novel Approach for Identification of Antigenically Similar Leptospira and Its One Health Implications

Dr. Aleksandra Lewicka, University of Agriculture in Krakow, Poland

13:55-14:20

Title: Peptidylarginine deiminase: a virulence factor of P. ingivalis and a candidate target to antimicrobial therapy of periodontitis

Dr. Katarzyna Gawron, Medical University of Silesia in Katowice, Poland



14:20-14:45

Title: The Role of Digital Health Tools in Bridging Health Inequality Gaps Among Vulnerable Women in Africa: A Scoping Review

Dr. Grace Hicks, Liverpool John Moores University|UNICAF, UK

SCIENTIFIC PROGRAM

International Conference

Day 02
August 22, 2026



14:45-15:10

Title: Overcoming the intractable HIV latency for virus elimination through sustained autologous immune responses

Prof. Prasad.S. Koka, Biomedical Research Institute of Southern California, United States

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15:10-15:35

Title: A universal vaccine for cancer and infectious diseases

Prof. Eli Gilboa, University of Miami School of Medicine, United States

Day-02 Concludes

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Hang Yang

Department of Respiratory and Critical Care Medicine, The 958th Hospital of the Chinese People's Liberation Army Ground Force, 400020, Chongqing, China

Association between Obstructive Sleep Apnea and Cardiovascular Event Risk: A 5-Year Prospective Cohort Study Based on a Single-Center Health Examination Population

Background

Obstructive sleep apnea (OSA) is a potential risk factor for cardiovascular disease, but prospective evidence from the Chinese population remains limited. This study aimed to investigate the association between OSA-related indicators and the 5-year risk of cardiovascular events using a single-center health examination cohort.

Methods

This single-center, prospective cohort study enrolled 312 middle-aged and elderly residents (aged 55–75 years) who underwent health examinations at the Health Examination Center of XX Hospital between January 2018 and December 2023. None had a history of cardiovascular disease at baseline. All participants underwent portable sleep monitoring. Based on the apnea-hypopnea index (AHI), participants were divided into two groups: no/mild OSA (AHI <15) and moderate-to-severe OSA (AHI ⩾15). The primary endpoint was the occurrence of composite cardiovascular events (including myocardial infarction, stroke, cardiovascular death, hospitalization for cardiovascular events, and coronary revascularization) during 5-year follow-up. Multivariable Cox proportional hazards regression models were used to analyze the associations of moderate-to-severe OSA and nocturnal lowest oxygen saturation ($LSpO_2$) with the endpoint events.

Results

After a median follow-up of 4.8 years, 68 composite cardiovascular events were documented (incidence rate 21.8%). After multivariable adjustment, compared with the no/mild OSA group, the moderate-to-severe OSA group had a hazard ratio (HR) for cardiovascular events of 2.38 (95% CI: 1.42–3.99). Additionally, nocturnal $LSpO_2$ <85% was an independent predictor of events independent of AHI (HR 1.88, 95% CI: 1.12–3.15). Subgroup analysis showed that the cardiovascular risk associated with OSA was higher in patients with hypertension (HR 2.76, 95% CI: 1.58–4.82).

Conclusions

In a single-center health examination population, moderate-to-severe OSA was significantly associated with a 5-year risk of cardiovascular events, with an HR of 2.38. This study had a moderate sample size (312 participants) and a feasible 5-year follow-up period, providing evidence-based support for OSA screening in health examination settings.

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ShuMin Jiang

Department of Respiratory and Critical Care Medicine , 958th Hospital of the Chinese People's Liberation Army, 400020, Chongqing, China

High-Intensity Interval Training Improves Functional Exercise Capacity and Ventilatory Efficiency in Moderate-to-Severe COPD

Background

Interval exercise training is increasingly used in COPD rehabilitation, but the optimal intensity and subgroup-specific effects remain unclear.

Methods

In this 1:1:1 randomized trial, 150 patients with moderate-to-severe COPD received 12 weeks of low- (40% peak, LII), moderate- (60%, MII), or high-intensity (80%, HII) interval training. Primary outcome was change in 6-minute walking distance (Δ6MWD). Secondary outcomes included peak VO_2, anaerobic threshold, oxygen pulse, VE/VCO_2 slope, dyspnea, and lactate. ANCOVA adjusted for baseline covariates, with prespecified subgroup analyses by GOLD stage and baseline 6MWD.

Results

Of 138 completers (46 per group), HII improved Δ6MWD most (LS mean 54.8 m, 95%CI 47.0–62.6), significantly greater than MII (37.9 m, 30.1–45.7; difference +16.9 m, 9.3–24.5; *p*<0.001) and LII (22.6 m, 14.4–30.8; difference +32.2 m, 24.5–39.9; *p*<0.001). Cardiopulmonary outcomes improved dose-dependently (all *p*<0.001). VE/VCO_2 slope reduction was significant only in HII vs. LII (–4.0 vs. –1.1, *p* = 0.002). Subgroup interactions were significant: HII–LII difference was larger in GOLD 3 (43.2 m) than GOLD 2 (25.8 m, P_{int} = 0.009), and in baseline 6MWD < 350 m (40.2 m) vs. ⩾350 m (29.3 m, P_{int} = 0.018). No serious adverse events occurred.

Conclusion

High-intensity interval training (80% peak) provides superior and clinically meaningful benefits in exercise capacity and ventilatory efficiency, especially in patients with severe disease or poor baseline function, supporting an intensity-escalation strategy in COPD rehabilitation.

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Anna Maria Anim-Sampong1* Genevieve Cecilia Aryeetey2

1 = Institute of Global Health, University College London, United Kingdom
2= Department of Health Policy, Planning and Management, School of Public Health, University of Ghana, Ghana

Quality Of Life and Lifestyle Choices of Breast Cancer Patients Presenting at a Cancer Treatment Centre in Ghana

Background

Breast cancer and its treatment can affect patients' quality of life (QoL) and lifestyle choices. Although several studies have examined these impacts globally, limited data exist on the QoL and lifestyle choices of breast cancer patients in Ghana.

Objective

This study assessed the QoL and lifestyle choices of breast cancer patients at the Sweden Ghana Medical Centre (SGMC).

Methods

A cross-sectional study was conducted involving 80 breast cancer patients receiving treatment at SGMC. The Functional Assessment Cancer Therapy-Breast (FACT-B) version 4 and a researcher-developed questionnaire were used to evaluate QoL and lifestyle choices over a one month period. Data was analyzed with STATA version 16. Associations between QoL domains, treatment options and lifestyle variables were assessed.

Results

The overall QoL score of 43% suggested moderate to low QoL across functional domains. Statistically significant relationships were established between QoL domains and treatment options (p=0.000). Patients who received curative radiotherapy and surgery recorded the highest emotional wellbeing (EWB) (62.4±5.4%, p=0.000) and functional wellbeing (FWB) (62.5±5.7%, p=0.006) scores. FWB was significantly higher among patients who underwent lumpectomy, partial mastectomy and complete mastectomy (p=0.027). Median scores for healthy lifestyles were generally high (⩾60.0%) across most variables, except among patients who underwent partial mastectomy (52.5%). No significant relationships were found between healthy lifestyles choices and the independent variables (p=± 0.05). However, diet-related lifestyle scores differed significantly across age groups (p=0.001). Personal appearance and social lifestyle scores were generally low, except among patients who received curative radiotherapy and surgery(p <0.001). Mastectomy adversely impacted their marital relationships (p=0.136).

Conclusion

Functional well-being was the most enjoyed QoL across the independent variables. Significant relationships were established between the QoL domains and treatment options (p=0.000), highlighting the need for comprehensive supportive care for breast cancer patients in Ghana.

Keywords: Breast cancer, quality of life, lifestyle choices, chemotherapy, mastectomy

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Biography

Anna Maria Anim-Sampong is a Global Health PhD student at University College London with several years of clinical experience as a radiotherapist and public health researcher. Her PhD research focuses on developing an integrated psychosocial support framework for breast cancer patients in low-and middle-income countries. Anna Maria has a BSc in Therapy Radiography and a Master of Public Health (MPH) degree both from the University of Ghana. Her research interests focus on the psychosocial aspects of cancer care with a broader commitment to strengthening health systems and translating research into clinical and professional practice.

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Faiza Naeem PharmD, Mphil[1], Assoc. Prof. Dr. Siew Chin Ong, PhD[1*], Dr. Muhammad Daoud Butt PhD[1], Dr. Amer Hayat Khan PhD[2], Prof. Dr. Azreen Syazril Adnan MD FASN[3], Dr. Shahzad Shaukat FCPS[4,5]

[1]*School of Pharmaceutical Sciences, Universiti Sains Malaysia, Penang, 11800 Malaysia*
[2] *Department of Pharmacy Practice, Faculty of Pharmacy, University of Tabuk, Tabuk, Saudi Arabia*
[3]*UniMEL (Universiti Islam Melaka), Faculty Nursing and Allied Health Science Batu 28, 78200 Kuala Sungai Baru, Malacca, Malaysia*
[4]*Khawaja Muhammad Safdar Medical College, Sialkot, Pakistan*
[5]*Department of Nephrology, Allama Iqbal Memorial Teaching Hospital, Sialkot, Pakistan*

Functional Versus Structural Renal Outcomes of SGLT2 Inhibitors in Autosomal Dominant Polycystic Kidney Disease: A Systematic Review of Preclinical and Clinical Evidence

Sodium-glucose cotransporter 2 inhibitors (SGLT2i) provide significant renoprotection in chronic kidney disease, but their efficacy in autosomal dominant polycystic kidney disease (ADPKD) remains unclear. This systematic review evaluated preclinical and clinical data regarding the effectiveness, safety, and mechanisms of SGLT2i in ADPKD. A comprehensive search of PubMed, Embase, and Scopus from inception to May 2026 yielded eleven eligible studies: four preclinical rodent models, one ongoing randomized controlled trial, and six observational or case-based clinical investigations. Data were extracted following PRISMA 2020 standards, with bias assessed via SYRCLE and clinical appraisal tools. Preclinical models consistently demonstrated reduced cyst load, decreased inflammation, suppressed fibrosis, and enhanced renal hemodynamics. Clinical evidence revealed tangible benefits in blood pressure control, proteinuria reduction, and metabolic parameters, though effects on total kidney volume were minimal or variable. Diverse study designs precluded quantitative meta-analysis. These findings highlight that while SGLT2i offers multi-pathway functional nephroprotection through natriuretic, anti-inflammatory, and antifibrotic mechanisms, structural attenuation of cyst expansion requires further validation. Clinically, SGLT2i demonstrates short-term safety and serves as a promising adjunct therapy for managing cardiovascular and metabolic markers in ADPKD, regardless of structural kidney alterations. Ultimately, robust randomized controlled trials are essential to establish long-term clinical efficacy and safety.

Keywords: SGLT2 inhibitors; ADPKD; renoprotection; polycystic kidney.

Biography

Faiza Naeem is a researcher and PhD scholar at Universiti Sains Malaysia. Her research focuses on novel therapeutic interventions and metabolic pathways in polycystic kidney disease and chronic renal conditions. She has conducted systematic review on SGLT2 inhibitors and renal outcomes, aiming to bridge preclinical evidence with clinical practice. Faiza Naeem is dedicated to improving patient care and long-term renal health outcomes through evidence-based research.

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Salman Alsaqri

Hail universdity, Saudi-Arabia

Effectiveness of a nurse-led health belief model-based educational intervention for reducing smartphone addiction in adolescents: A randomized controlled trial

Background

Smartphone addiction is an emerging behavioral concern among adolescents affecting their well-being. Nurse-led interventions grounded in behavioral theories like the Health Belief Model (HBM) offer promising strategies for prevention and reduction smartphone addcition. This investigation aimed to evaluate the effects of a nurse-led educational intervention, based on the HBM, on reducing smartphone addiction among adolescents.

Design

Randomized controlled trial was conducted with 200 adolescents aged 13–16 in Egypt. Participants were randomly assigned to either study group (n = 100), which received five structured nurse-led educational sessions based on HBM constructs, or a control group (n = 100), which received no additional education beyond the standard curriculum. Data were collected pre- and post-intervention using validated tools (Smartphone Addiction Inventory, knowledge assessments, and HBM-based scales). Statistical analyses included paired t-tests and linear regression.

Results

The intervention group demonstrated a significant decrease in smartphone addiction levels, from 85% at baseline to 32% post-intervention ($p < 0.001$). All HBM subscale scores (perceived susceptibility, severity, benefits, barriers, cues to action, and self-efficacy) significantly improved in the intervention group ($p < 0.05$). Regression analysis identified age, sex, parental education, economic status, and daily smartphone use as significant predictors of addiction risk ($p < 0.001$).

Conclusion

A nurse-led, HBM-based educational intervention was effective in reducing smartphone addiction, improving adolescents' knowledge and health beliefs. These findings underscore the value of theory-driven, school-based programs in addressing adolescents' digital overuse.

Practice implications

Pediatric nurses are well-positioned to lead preventive educational interventions on smartphone addiction into routine school health services during critical adolescent stage.

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Grace Hicks

Liverpool John Moores University|UNICAF, UK

THE ROLE OF DIGITAL HEALTH TOOLS IN BRIDGING HEALTH INEQUALITY GAPS AMONG VULNERABLE WOMEN IN AFRICA: A SCOPING REVIEW

Background

Sub-Saharan Africa accounts for approximately 70% of global maternal deaths, with a maternal mortality ratio of 531 per 100,000 live births, over 50 times that of high-income countries. Despite rapid growth in digital health initiatives, vulnerable women remain consistently underserved. Studies say women are 36% less likely than men to use mobile internet. The relationship between digital health tools and health inequalities for vulnerable women in Africa is complex, bidirectional, and insufficiently mapped. This scoping review aimed to map the existing evidence and identify key barriers, facilitators, and knowledge gaps

Methodology

The scoping review followed the established methodological frameworks and PRISMA for Scoping Reviews. A Population, Concept, Context search was performed across five databases. A total of 2,104 records were identified; following deduplication and two-stage screening, 15 studies met the inclusion criteria. Data were extracted using a standardised charting form and analysed using six-phase thematic analysis.

Results

Fifteen studies across nine African countries (2015–2025) were analysed which generated 87 codes that were synthesised into five overarching themes: (1) the digital divide as a health inequality; (2) gendered power and cultural barriers; (3) network connectivity, infrastructure, and poverty; (4) community-centred design and human infrastructure; and (5) intersecting vulnerabilities and the limits of mobile health. Across the included studies, phone exclusion was associated with significantly lower odds of antenatal care attendance, skilled birth attendance, and modern contraceptive use. Poor network connectivity was the most frequently reported barrier, cited in nine of 15 studies. Bidirectional, community-embedded programmes demonstrated higher effectiveness than unidirectional technology-only approaches. Women with disabilities and displaced women were systematically absent from programme designs across the included literature.

Conclusions

Digital health tools can reduce health inequalities for vulnerable women in Africa when structural conditions such as equitable phone access, community infrastructure, gender-responsive design, and reliable connectivity are in place. Without meeting these conditions, digital health risks deepening existing inequalities. No included study measured the impact on maternal mortality, a critical evidence gap. Future research should prioritise outcomes, include women with disabilities, and expand geographic coverage. Policymakers should consider pairing digital health investment with infrastructure development, female digital literacy, and gender-transformative community engagement.

Keywords: digital health; mHealth; health inequalities; vulnerable women; Africa; gender digital divide; maternal health; scoping review; mobile phone access

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James Otaru

Independent Public Health and Health IT Consultant, Richmond, Texas, USA

Bridging the Digital Divide in Public Health: Practical Models for Inclusive Health IT and AI Access

This presentation examines how public health systems can prevent digital health and artificial intelligence (AI) innovation from widening existing access inequities. The central research question is: how can inclusive Health IT models reach populations excluded by broadband dependent, app only, and AI enabled public health systems? Digital health is now central to surveillance, prevention messaging, service navigation, health education, emergency response, and access to care; however, technology penetration has not translated into equitable participation. In 2025, approximately 6 billion people, or nearly 3/4 of the global population, were online, while 2.2 billion remained offline. Internet use reached about 94% in high income countries compared with 23% in low income countries. Microsoft's 2026 AI diffusion data estimated global generative AI use at 17.8%, with adoption at 27.5% in the Global North compared with 15.4% in the Global South. This gap also exists in developed countries, where rural communities often face slower broadband speeds, fewer provider options, weaker mobile coverage, and higher connectivity costs. Using comparative public health informatics and implementation analysis, this study assesses global connectivity data, rural broadband disparities, and AI adoption patterns to identify design requirements for inclusive digital health. The proposed Inclusive Digital Public Health Access Model includes four layers: USSD/SMS access; low bandwidth mobile applications for prevention, referrals, reminders, and reporting; community health worker-assisted digital access; and interoperable dashboards with AI supported analytics for public health decision making. The presentation concludes that digital health equity in the AI era should be measured not by app downloads or AI adoption alone, but by whether all populations can access timely, trusted, affordable, multilingual, and actionable health information regardless of geography, income, device type, bandwidth, language, age, disability, or digital literacy.

Keywords: Digital health equity; Health IT; AI access; USSD/SMS; Inclusive Tech; Public health informatics

Biography

James Otaru a Public Health, / HealthcareIT specialist with more than 13 years of experience in data management, monitoring and evaluation, digital health systems, and health information workflows. His work bridges public health programming, EHR/EMR implementation, data quality improvement, dashboards, surveillance reporting, and technology enabled service delivery. He has supported USAID/CDC funded health initiatives, digital health implementation, and healthcare IT environments, with practical experience translating frontline service workflows into usable data systems for decision making, accountability, and population health improvement.

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Kay Berryman

Waikato University, New Zealand

Waka Ama as a Māori Public Health Intervention for Wāhine Hauora

This paper presents a Kaupapa Māori public health intervention that centres mana wāhine and the lived experiences of Tainui wāhine engaged in waka ama. Guided by Kaupapa Māori methodology, the study utilises semi-structured interviews and photovoice to privilege wāhine voices and visual narratives, enabling participants to articulate their understandings of hauora within culturally grounded contexts. Positioned in response to the enduring impacts of colonisation, including Raupatu, this research highlights the importance of reclaiming Indigenous knowledge systems and practices as pathways to wellbeing.

Waka ama is conceptualised as a holistic, strengths-based public health intervention that extends beyond physical activity to encompass spiritual, emotional, and collective dimensions of health. Through engagement with tikanga, whakapapa, and relationships with atua such as Tangaroa and Hinemoana, wāhine experience enhanced cultural identity, resilience, and connection to te taiao. The use of photovoice further amplifies these insights, capturing the intergenerational and relational aspects of waka ama as a site of cultural continuity and healing.

This research contributes to public health discourse by demonstrating the value of Indigenous-led, culturally embedded interventions. It argues that integrating Kaupapa Māori approaches and mana wāhine frameworks into public health strategies is essential for advancing equitable hauora outcomes for Māori and supporting tino rangatiratanga in health.

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