


# Shaping a new era of global health for greater impact: CUGH 2024 highlights

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## INTRODUCTION

The Consortium of Universities for Global Health hosted its 15th annual conference in Los Angeles, California from 7 to 10 March 2024. Over 1400 global delegates gathered around the theme, ‘Global Health without Borders: Acting for Impact’ (<https://www.cugh2024.org>).

There were many learnings from the conference, and we describe three potentially powerful pillars that emerged from sessions which, if leveraged, can position global health for a new era of success and greater impact: the power of technology and artificial intelligence (AI), the power of Indigenous knowledge in traditional medicine in low-income and middle-income countries (LMICs) and the power of decolonising global health financing.

### Power of technology and AI

Technology, and more specifically AI, has tremendous benefits and potential pitfalls in health.<sup>1</sup> AI has dramatically enhanced innovation and holds promise in early disease detection. It can be a ‘force-multiplier’ in easing the burden on healthcare professionals by managing data overload and improving decision-making processes. Other gains in technology and AI lie in better patient engagement, seamless high-quality data sharing through electronic health records, improved health access via telemedicine and remote monitoring, and predictive analytics from AI and machine learning to identify patients at risk and those most likely to benefit from interventions—the vanguard of personalised medicine at the population level.<sup>2</sup> Technology can be used to optimise collaboration, prioritisation and allocation of shared resources to prevent shortage of supplies and ensure well-equipped and integrated health systems.<sup>3</sup> The conference highlighted successful

## SUMMARY BOX

- ⇒ Global health continues to grapple with tremendous inequities. There are growing concerns around inequities associated with technology and artificial intelligence (AI) to improve global health, epistemic injustice that leads to invalidation of Indigenous knowledge systems, and distribution of global health financing.
- ⇒ We provide synthesis of some key themes from the 2024 Consortium of Universities for Global Health conference and also provide examples that highlight AI’s detrimental and beneficial impacts, the integration of Indigenous knowledge into healthcare systems and the decolonisation of global health financing.
- ⇒ This will inform future research, practice and policy, by highlighting more equitable and inclusive approaches to deploy AI, integrate Indigenous knowledge in healthcare and sustain global health financing.

regional collaborations, such as Rwanda’s cofinancing mechanisms and scaling innovation funds in Uganda, Zimbabwe and Ghana, demonstrating technology’s role in enhancing health research capacity and service delivery.<sup>4</sup>

The conference featured a captivating debate on the resolution, ‘AI is a threat to global health’. While the lack of input from LMICs limited the scope of the dialogue, there was an engaging discussion on the benefits and risks of AI in global health. In his opening argument, Professor Abraham Flaxman of the University of Washington—Seattle remarked, ‘A threat that might be the biggest with the use of AI in global health is AI Bias. Machine learning identifies patterns in existing data and that means it recapitulates any biases that are present in the data used to train the system’. He further supported the resolution, by adding that AI’s advancement may lead to unintended consequences such as job displacement, breaches of privacy and



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biases in algorithms.<sup>5</sup> As advanced AI tools become more expensive and less accessible, this lack of access creates an uneven playing field, where those with more resources stand to reap the benefits of AI, while others are left behind.<sup>5</sup> In opposition to the resolution, Dr. Stefano Bertozzi of the University of California—Berkeley stated, ‘Today’s discussion is not about whether AI is going to be good for democracy or authors, it is about whether it is going to be good for global health. I choose to define that as its ability to reduce inequality in health globally’. He elucidated AI’s potential to reduce global health inequalities by providing health services where there is a shortage of trained professionals and overcoming linguistic barriers in sharing and disseminating research.<sup>6</sup>

Issues such as data privacy, the need for reliable real-time data and the ethical use of AI remain critical challenges. While the rise of AI could herald a new wave of inequities, it has tremendous potential for good. This necessitates responsible stewardship of its advancement to shape global health for the better—with the understanding that AI itself is not inherently bad, its impact hinges on robust regulation and the motives and actions of those who wield it.<sup>7</sup>

### The power of indigenous knowledge in traditional medicine

Indigenous knowledge and traditional health practices hold immense potential to address biocultural and health challenges, globally.<sup>8</sup> However, the history of epistemic injustice—the unfair dismissal of certain knowledge systems—has led to the undervaluing of these practices and thus hindered equitable progress addressing global health challenges in epistemically oppressed regions.<sup>9</sup> The global health community is recognising the critical role of traditional medicine and is seeking acceptable and sustainable ways of engaging them to build culturally acceptable healthcare.<sup>10 11</sup> One speaker emphasised that, ‘... decolonizing is how LMICs can be empowered and how we can construct a system with less inequity’, pointing out that traditional practices, when combined with modern medical approaches, can lead to more effective and culturally acceptable healthcare solutions. In the panel session on Blending Indigenous Science and Knowledge, panellists explored the integration of Indigenous Science in global health research and practice to enhance health equity and sustainability. Nceba Gqaleni’s significant research on the management of chronic illnesses using traditional medicine in South Africa contributes to knowledge and research in public health related to Africa’s traditional medicine and health practitioners.<sup>12</sup> This work aims to bridge the gap and serve as a national health strategy.

Elevating Indigenous knowledge through the integration of traditional medicine into healthcare training is an innovative yet underexplored area

to strengthen efforts towards universal healthcare. Indeed, the WHO Traditional Medicine Strategy 2014–2023 advocates for the recognition and integration of traditional medicine practices to improve health outcomes globally.<sup>11</sup> Part of shaping a new era of global health will involve decolonising scientific knowledge and ensuring contextually appropriate knowledge systems are leveraged to address localised health challenges.<sup>13</sup>

### The power of decolonising global health financing

The adage ‘he who has the gold makes the rules’ rings true in global health. Rooted, to some extent, in epistemic injustice is the inequity in global health funding. Redistributing and decolonising health financing methods are crucial to empower nations and reduce inequities. Decolonising health financing refers to dismantling power imbalances in how global health is funded.<sup>14</sup> This would empower institutions within LMICs by increasing decision-making authority over research and healthcare agendas. The National Institutes of Health now provides direct funding to LMICs, necessary for building local capacity for local research which promotes ownership of science and translation to practice.<sup>15</sup> Moving beyond donor reliance, LMICs should tap into regional resources and support homegrown innovation to mobilise domestic funds. Expanding decentralised care models and integration of health services for primary healthcare are approaches that can potentially free up resources for other health priorities.<sup>4</sup> Embracing opportunities for resource generation or investment through crowd-sourcing initiatives, social innovations and paying-it-forward schemes, can also be powerful tools for redressing funding and power asymmetries in global health.<sup>16</sup>

### CONCLUSION

As a diverse group of authors from LMICs and high-income countries (HICs), we value the conference’s focus on issues in LMICs; however, a broader discussion on challenges in HICs would have fostered a more comprehensive understanding of global health issues, like gun violence, vaccine hesitancy, opioid misuse, racism and health disparities in HICs. The field is still a long way from fully having a balanced focus on health challenges across all regions. Transatlantic learning should not be unidirectional, and more work is needed to investigate how indigenous knowledge from LMICs could inform progress in HICs, that is, reciprocal innovation. Further, the continued localisation of conferences focused on LMICs in HICs exemplifies how the global health community has yet to fully embrace a new paradigm for global partnerships and solidarity. Most importantly, as the global health community seeks answers to long-standing power asymmetries and inequities, we can harness the three pillars—technology and AI,

indigenous knowledge in traditional medicine and the decolonisation of global health financing—to guide strategy and innovation as we seek to address intractable, ‘wicked’ problems in global health. As Eric Goosby, the keynote speaker, aptly put it in his closing statement, we still have a long way to go before we can rest, and we must keep our promises as global health professionals.

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