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Abstract Book

13th Global Webinar on Public Health & Epidemiology

May 20-21, 2026

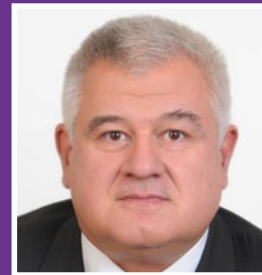
Honorary Chairman



Dr. Leighton J Reynolds

*Treatment and tools for Trauma Los Angeles,
USA*

Conference Chairman



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Prof. Rostislav Stefanov Kostadinov

Medical University of Plovdiv, Bulgaria

AI platform to Increase Healthcare Providers Acceptance of AI Decision Support Systems in Medicine

Contemporary world is recording an unprecedented Information Communication Technologies (ICT) development. The areas where implementation of ICT are improving the outcome of the processes and are decreasing the time for decision making are increasing on an hourly basis. Medicine is not making exception of the observed trend worldwide. The capabilities of ICT to support medics in diagnostic and treatment processes are limited only by healthcare professionals' level of acceptance and ambition.

In the presented study are analyzed the main concerns raised by the medics regarding the use of ICT in their daily practice – the accuracy of the machine processes implied processes and obtained results, the fairness of data management, as well as the robustness of system. An AI based platform creation for addressing these concerns has been set as Horizon Europe project THEMIS 5.0 objective.

The mid results of the project are presented and analyzed as a means for increasing the healthcare providers' acceptance of AI Decision Support Systems in their practice.

Biography:

Prof. Rostislav Stefanov Kostadinov is Organizing and leading the educational process for Medical University of Plovdiv and Medical College of Plovdiv students. Delivering lectures, leading seminars and the students examine. Monitoring, organizing, and facilitating the International relations and Project activities of the Public Health Faculty academic staff. Organizing and leading Ph.D. and resident programs on Disaster Medicine and Disaster Medical Support at the Medical University of Plovdiv Planning, organizing, and managing courses for improvement of the population skills for healthy behavior in case of disasters and catastrophes. Leading and managing courses for disaster medical support (for medical professionals) and advance medical training for search and rescue team members.

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Prof. Jalid Sehoul

*Director of the Department for Women's Medicine (CVK) at
Charité, Germany*

Women Clinical Global Health as a Quality Indicator – Cervical Cancer and Endometriosis as Signature Diseases of the Patient Journey

Women Clinical Global Health is more than a conceptual framework. It is a lens through which the performance of health systems can be directly assessed from the perspective of women's health and care pathways, reflecting how effectively knowledge, access, equity, and coordination are translated into outcomes along the entire patient journey.

In this context, health system quality is not defined by isolated excellence but by continuity and integrity of care across prevention, early detection, diagnosis, treatment, and follow-up. Each step of this continuum serves as a measurable indicator of performance, equity, and responsiveness.

In gynaecological oncology and women's health, cervical cancer and endometriosis represent signature diseases that make these dynamics particularly visible. Cervical cancer demonstrates the impact of prevention and early detection through vaccination and screening, showing how structured public health strategies reduce disease burden and improve survival. Endometriosis, in contrast, exposes persistent delays in diagnosis, normalization of symptoms, and fragmented care pathways, highlighting structural weaknesses in women's health systems.

Together, these conditions illustrate both progress and blind spots in global health systems. Prevention determines disease burden. Early detection determines time to intervention. Diagnosis defines clarity and direction. Therapy determines outcome and long-term survival. Across all stages, equity of access and quality of communication determine whether care is truly patient-centered.

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As President of the European Society of Gynaecological Oncology (ESGO), I consider women's health a central quality marker of global health systems. Women Clinical Global Health therefore represents not a subdomain, but a structural perspective on medicine, linking science, clinical care, and communication across the entire patient journey.

In this context, a Code of Conduct for clinical research and care is essential to strengthen diversity and inclusion in clinical studies. Improved representation of women across age, ethnicity, socioeconomic background, and disease stage is not only an ethical imperative, but a scientific necessity. More diverse clinical data leads to more valid evidence, safer treatments, and more equitable outcomes. Ensuring diversity in trial design, recruitment, and reporting is therefore a core quality dimension of Women Clinical Global Health.

Where women's health systems function well, health systems function well. Where they fail, gaps in access, delays in diagnosis, underrepresentation in research, and loss of trust become visible. Women Clinical Global Health provides a practical framework to evaluate and improve healthcare quality across prevention, diagnosis, therapy, and research integrity along the full patient journey.

Biography:

Jalid Sehouli is Professor and Director of the Department of Gynecology with the Center for Oncological Surgery at Charité – Universitätsmedizin Berlin. He is internationally recognized for his work in gynecologic oncology, translational cancer research, and patient-centered medicine. Since 2025, he has served as President of the European Society of Gynaecological Oncology (ESGO). His clinical and scientific focus includes ovarian cancer, personalized surgical oncology, survivorship, quality of life, and innovation in women's health. Professor Sehouli has led numerous international clinical trials and interdisciplinary research initiatives and has published extensively in the fields of gynecologic cancer and global women's health. Beyond medicine, he is also active as an author, speaker, and advocate for intercultural dialogue, linking medicine, literature, ethics, and society. His work emphasizes communication, diversity in clinical research, and the importance of the patient journey as a quality indicator in modern healthcare systems.

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Dr. Leighton J Reynolds

*Treatment and tools for Trauma Los Angeles, California,
USA*

THE CONCEPTUALIZATION ISSUE, AN UPDATE

Ten years ago, I began working with TBI patients that included concussions, post-concussion syndrome, seizures, strokes, infections in the brain, major mental illness, dementia in many forms, and PTSD. I believe all of these medical conditions are caused by some type of trauma to the brain/mind. My patients included professional athletes, victims of car crashes, victims of falls, and other incidents in which the brain/mind was traumatized. From my work with these patients, I wrote “The Complex Architecture and Healing of Traumatic Brain Injuries” (2023), and numerous articles on the subject of “listening to the brain/recovering the brain/mind.” In the course of this work, I became interested in the question of the “conceptualization issue,” and published my first article on this subject last year (X). My presentation here is an update on what I have learned about this important issue since (2025). If we start from the traditional meaning of the “conceptualization issue” in medicine, I believe it is best summarized as “case formulation.” And this involves the following indexes: What are the presenting problems. What are the historical factors here. 2 What are the patient’s maintenance issues. The patient’s strengths and resources. The theoretical orientation of both the clinician, and the patient. A biopsychosocial model of the patient’s life. I note that this type of medical assessment involves external factors, while at the same time giving the clinician a sense of who the patient is and why they are seeking treatment. My presentation, on the other hand, explores the internal factors involved in conceptualizing a medical case, which I believe takes us to places we don’t normally go for diagnosis and assessment. My work with highly traumatized patients, both physically and psychologically, led me to begin looking deeper into the brain/mind for answers to the conceptualization question, and a better understanding of what the patient is struggling with. I began with the psychoanalytic idea of the conscious mind, the preconscious mind, and the unconscious mind. This is a well-established paradigm that has been with us for over a century. Secondly, neuroscience has recently introduced us to the idea of the default mode network (DMN), which

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addresses what is happening in the brain when there are no outside tasks/distractions (actually a lot can be happening). Thirdly, I turned back to look at William James' idea of a stream of consciousness (1890) and how this concept can help us understand how to conceptualize the issues our patients are going through. 3 Fourth, following my idea of “listening to the brain,” I began to hear a deeper level of the stream of consciousness that William James brought to our attention. This deeper level contained all the elements of the trauma the individual had experienced, physically and/or psychologically, that presented a constant negative and intruding background in their daily lives. At times this could be totally overwhelming to a person, because trauma constantly seeks expression. This is despite the wishes of many patients to keep their traumatic experiences outside of their awareness. But in my experience, this deeper level of the stream of consciousness all of us experience is where the crucial issues facing any individual are present and influential in our daily lives. Finally, my presentation will include 2 case histories that demonstrate this process in the brain/mind.

Biography:

Dr. Reynolds began toying with the idea of fictional writing back in early 2008, after having spent years writing scientific and nonfiction pieces during the process of obtaining his doctorate. Then, one Sunday morning in March, he simply sat down and started writing and writing – and the rest is history. He was (and still is) heavily inspired by Santa Clarita’s year-round fire seasons. After witnessing three simultaneous wildfires in the valley in October of 2007, the gears started to turn in his head.

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Prof. Edmund Liang Chai Ong

Newcastle University Medicine Malaysia & FMS, UK

From Febrile Illness to Critical Care: Piecing Hidden Dangers of Dengue

Dengue fever is endemic in more than 100 countries, mainly in the tropical countries and is the most common communicable disease in Malaysia, with an incidence rate of 397.71 per 100,000 individuals. Globally, it is estimated that there are 100-400 million dengue infections annually, with 500,000 cases require hospitalisation each year [WHO, 2024]. The case fatality rate (CFR) of dengue varies significantly across countries, influenced by factors such as healthcare infrastructure and accessibility, timely diagnosis and case management, and vector control measures. Dengue is a systemic and dynamic disease with symptoms ranging from undifferentiated fever to dengue shock syndrome.

A recent published retrospective study (Trop.Med.Infect.Dis. 2025 ,10,30.<https://doi.org/10.3390/tropicalmed10020030>) led by our research team will be highlighted which evaluated clinical features and laboratory biomarkers of patients associated with severe dengue at Hospital Sultanah Aminah Johor Bahru, Malaysia admitted from 1st January 2022 to 31st March 2023. Records of 99 patients, categorised into ICU (51) and non-ICU (48) groups, were identified and analysed using SPSS version 28.0. Sociodemographic details, clinical features and laboratory biomarkers were collected. Patients aged 50 and older, with obesity, and pre-existing comorbidities were significantly more likely to be admitted to ICU. The four commonest warning signs in both cohorts were lethargy/ restlessness/confusion, abdominal pain, persistent vomiting and diarrhoea. Fever, or history of fever and thrombocytopenia were the two commonest severe dengue criteria present in both cohorts. ICU patients exhibited more signs of plasma leakage and abnormal laboratory findings, including normal white cell count, hypoalbuminemia, hyperbilirubinemia, and elevated creatine kinase. In contrast, leukopenia and normal albumin, bilirubin, and creatine kinase levels were more common in non-ICU patients. Hyponatremia and raised lactate dehydrogenase were seen in both groups. This study

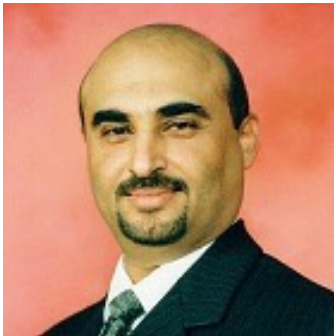
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highlighted key differences and similarities in clinical features and laboratory biomarkers between ICU and non-ICU patients, emphasizing the need for further research to develop a comprehensive risk assessment tool for predicting severe dengue that resulted in ICU admission. Key principles of management on severe dengue will be focused and reviewed along with previous published studies.

Biography:

Dr Edmund L C Ong MBBS MSC FRCP FRCPI DTMH graduated from University of Newcastle Medical School, UK and trained in UK in Infectious Diseases, Tropical Medicine and General Internal Medicine. His research interests are in the field of opportunistic infections, evaluation of anti-infective agents, clinical epidemiology and innovations in healthcare quality improvement and clinical audit. He is a principal investigator and collaborates in numerous research projects including HIV, Tuberculosis, Dengue fever in Nigeria, South Africa and Myanmar. Dr Ong has contributed to numerous text books of infection and has co-authored more than 160 papers in peer reviewed journals. He is an examiner for both undergraduate and postgraduate examinations including MRCP, Dip in HIV Medicine and MMed qualifications. He is an International Global Advisor (Malaysia) for the Royal College of Physicians, London. He is a member and a former Chairperson of the British HIV Association Audit and Standard of Care Committee. He is a trustee of the Charity Health and Hope (UK).

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Prof. Ata Mohamed Kaisy

University of Salerno, Italy

Sustainable Preventive Nutrition and Non-Pharmacological Interventions for Maternal and Child Health in Conflict-Affected Regions

Armed conflicts dramatically intensify undernutrition, micronutrient deficiencies, and diet-related morbidity among pregnant and lactating women, newborns, and young children, while dismantling fragile health and food systems. In the Gaza Strip, protracted blockade and recurrent attacks have driven acute food insecurity, rising wasting and micronutrient deficits, and severe disruption of maternal and neonatal care, highlighting the limits of short-term, ration-based responses. Building on over three decades of leadership in preventive nutrition, maternal and child health, and MHPSS in Gaza and similar settings, this presentation advances an integrated model of sustainable preventive nutrition and nonpharmacological interventions for conflict-affected regions. The objectives are to: (1) synthesize current evidence on preventive nutrition interventions for mothers and children in conflict settings; (2) delineate a practical package of nutrition-specific and nutrition-sensitive non-pharmacological measures—including breastfeeding protection, context-appropriate complementary feeding, targeted micronutrient supplementation, nutrition-sensitive cash and voucher assistance, caregiver mental health and psychosocial support, and behaviour change communication; and (3) propose an operational framework for embedding these components within existing maternal, newborn, and child health (MNCH) and community platforms in protracted crises. The presentation triangulates findings from recent reviews, global guidance, and field experience in Gaza with examples from other conflict-affected low- and middle-income countries to identify common delivery pathways, context modifiers, and implementation bottlenecks. Expected outcomes are: (a) a prioritized, context-adaptable intervention package for different phases of conflict; (b) a pragmatic decision-support framework linking burden, feasibility, and security conditions to delivery strategies; and (c) policy and programmatic recommendations to align preventive nutrition and MHPSS with emergency, early recovery, and health system resilience agendas, in order to reduce

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preventable maternal and child deaths and strengthen nutritional and psychosocial resilience in Gaza and comparable conflict-affected settings..

Biography:

Professor Ata Kaisy is a Senior Public Health and Nutrition Expert with more than thirty-five years of experience in maternal, newborn, and child health, preventive nutrition, and mental health and psychosocial support (MHPSS) in resource-limited and conflict-affected settings. He previously served as Head of the Medical Sciences Department at the University College of Science & Technology in Gaza, leading programmes in nutrition, food technology, clinical nutrition training, and public health strategy development. Professor Kaisy has designed and managed health and nutrition initiatives for universities, UN agencies, and international and local NGOs, with a strong focus on sustainable, non-pharmacological and community-based interventions. He is currently a visiting professor in Italy and continues to mentor practitioners and researchers in global public health, with particular emphasis on resource-limited and conflict-affected settings.

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Ranjani K. Murthy

Indira Gandhi National Open University, India

Attention to gender and intersectionality in evaluations of health sector in south asia

This presentation reviews health policies of select BRICS countries (Brazil, Russia, India, China, and South Africa) from a gender transformative, intersectional, and rights lens. It argues that health policies of none of the five countries are gender transformative, with South Africa coming closest in terms of being gender responsive. The thrust of health policies of four countries appears to be on formal equality, with the South African health policy veering towards substantive equality. The focus of health policies is on serving the health needs of vulnerable groups and reducing vulnerability, and not on addressing intersectionality. The presentation points to the need for strengthening health governance from a gender transformative lens (representation and leadership in boards, capacity of staff, and legal provision of non-discrimination and right to health), health services across the life cycle of women, men, and transgender persons and for sexual minorities, and controversial/rights-oriented health services. Promoting intersectional organizing of marginalized groups is crucial for strengthening accountability to gender transformative health services.

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Biography:

RANJANI K MURTHY I bring to the table around 25 years of experience in evaluation, e-teaching, training/toolkit development, mainstreaming and research on gender and development. With respect to evaluations, I have experience with project/programme evaluation, country programme evaluation, strategic evaluation, thematic evaluations and meta evaluations, and am one of the resource persons on an online South Asian course on gender transformative evaluation (going to scale globally this year). My sectoral focus has been on issues of economic empowerment, food security, health/SRHR, disaster-risk-reduction, adolescent girls' empowerment, masculinities and international commitments like SDGs, CEDAW and Beijing Platform for Action. My primary clients include UN organisations, Asian Development Bank, national governments, INGOs and NGOs. For the last five years I have been focusing on intersectionality, social transformation and looking at gender beyond binary. I was a Guest Tutor for the short course 'Men, Women and Development' as the Institute of Development Studies, Sussex for a year, and am on the editorial board of the international Journal Gender and Development. I am on board of three NGOs in India, and on Advisory committee of a South Asian study on backlash against women and expert committee of Indira Gandhi National Open University. I combine global and regional reviews with field research, evaluations and training in India and Sri Lanka, Bangladesh, Afghanistan, Nepal, Moldova, Sudan, Mozambique, Cambodia, Indonesia and Vietnam. Before consulting, I was managing programs and leading an organisation on gender and development.

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Prof. Vivette Glover

Imperial College London, UK

Prenatal stress and accelerated ageing of the child

There is now considerable evidence that if the mother is stressed, anxious or depressed during pregnancy this can alter the development of the fetus and have long term effects on the child. It can increase the possibility of increased affective symptoms or psychosis, a range of neurodiverse outcomes, such as ADHD, as well as lower IQ scores. These effects are in addition to, but may interact with, genetic vulnerabilities and postnatal care.

There is another important group of findings about the effects of prenatal stress on the fetus, that of accelerated ageing in the child. There is emerging evidence that various forms of prenatal stress can cause acceleration in the time of tooth eruption, indicating accelerated bone ageing, reduced telomere length, possibly indicating a shorter life span, and an accelerated epigenetic profile. There is also new evidence that some of this can be prevented by effective postnatal care

These findings of effects on the child give more impetus for the importance of intervention during the perinatal period, not just for the mother but also for her future child. They also show the need to reduce a range of types of stress, not only diagnosed disorders.

Biography:

Vivette Glover is Visiting Professor of Perinatal Psychobiology at Imperial College London. Her research has shown how the emotional state of the mother during pregnancy can have adverse effects on the developing fetus and longer term on the child, especially on neurodevelopment. Her group has also shown some of the underlying biological mechanisms. She has published over 320 papers in peer reviewed journals. This work has contributed to changes in UK government policy, including more funding for perinatal mental health. She is currently also carrying out collaborative research in Africa and India about how music can help reduce perinatal stress.

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Dr. Ekhlas Hailat

One Health International Independent Expert, Jordan

One Health: An Integrated Approach to Preventing Zoonotic Diseases — The case of Brucellosis

The increasing emergence and re-emergence of zoonotic diseases highlights the urgent need for integrated and interdisciplinary approaches to global health. The One Health concept recognizes the close interconnection between human, animal, and environmental health and promotes collaborative efforts across multiple sectors to prevent and control health threats. Rapid population growth, climate change, biodiversity loss, environmental degradation, globalization, and intensified human–animal interactions have significantly increased the risk of infectious disease transmission worldwide. Nearly 75% of emerging infectious diseases in humans originate from animals, emphasizing the importance of coordinated surveillance and prevention strategies.

This paper discusses the fundamental principles of One Health, including cross-sector collaboration, integrated surveillance systems, prevention-oriented policies, and sustainable public health interventions. Particular attention is given to zoonotic diseases and antimicrobial resistance (AMR) as major global health challenges influenced by environmental and agricultural practices. Environmental drivers such as deforestation, pollution, habitat destruction, and climate change contribute substantially to disease spillover and the spread of vector-borne and foodborne infections.

Brucellosis is examined as a representative case study of a neglected zoonotic disease requiring a One Health approach and response. The disease continues to affect both humans and animals, particularly in endemic regions, through occupational exposure and consumption of contaminated animal products. Effective control depends on coordinated veterinary and public health measures, including vaccination programs, food safety practices, biosecurity, environmental management, public awareness, and rapid diagnostic systems.

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Strengthening One Health implementation at the global, regional, and national levels through policy integration, interdisciplinary research, data sharing, and collaborative partnerships is essential for improving preparedness, reducing zoonotic disease risks, and promoting resilient and sustainable health systems worldwide.

Biography:

Ekhlas Hailat is a One Health and veterinary public health specialist- freelance expert with more than 20 years of experience in detecting, preventing, and responding to emerging and re-emerging diseases, specifically animal health and zoonotic diseases. She has expertise in implementing projects that pertain to infectious diseases, biosafety, and biosecurity, as well as monitoring and surveillance of these projects, in different regions. She has worked with GHD|EMPHNET (January 2015- July 2023) as a senior public health specialist, Previously, head of animal health and epidemiology department at Ministry of Agriculture in Jordan (2003-Dec 2014). Ekhlas has also worked as an international consultant with FAO in delivering the One Health course, and consultant for Jhon's Hopkins University projects in EMR. Overall, Ekhlas is an expert in the Performance of Veterinary Services (PVS) mission with WOA, (OHHLEP) with Quadripartite, GDG for the Malaria vector control, in the Joint External Evaluation (JEE) Roster of Experts, GDG for Traditional food market, and SAG for Origins for Novel Pathogens (SAGO) with WHO.

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Dr. Anas Malik Radif Alubaidi

Public health medicine practice advocate, USA

Healthy Kids, Healthy Communities: Addressing Childhood Obesity Together

Childhood obesity continues to rise globally and within local communities, posing significant physical, emotional, and social challenges for affected children. As highlighted in my presentation, “rates continue to rise both globally and within local communities,” underscoring the urgency of early, community-centered prevention efforts. This work explores childhood obesity as a multifactorial condition shaped by nutrition, physical activity, sleep, family routines, environmental influences, and broader social determinants. The presentation emphasizes that “no single cause is to blame,” and that effective interventions must address the real-life contexts in which families live. Key risk factors including high intake of sugary drinks and ultra-processed foods, limited physical activity, excessive screen time, and irregular sleep are examined alongside structural contributors such as neighborhood safety, food access, school policies, and caregiver work patterns. Strategies for promoting healthy eating and increasing physical activity are presented through practical, culturally sensitive, and low-cost approaches that empower families to make sustainable changes. The role of community partnerships, motivational interviewing, and supportive environments is highlighted as essential for long-term success. My presentation concludes that childhood obesity is both preventable and reversible when communities prioritize healthy habits, equitable environments, and family-centered support. As stated in the final slide, “healthy kids grow best in healthy, supportive communities,” reinforcing the need for coordinated public health action.

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Biography:

A general practitioner licensed in Iraq and registered at the Iraqi medical association. Graduated within MBChB from Baghdad University and obtained more higher medical degrees from British Universities. Pain management board certified from the American academy of Procedural Medicine. A Fellow of the Royal Society for Public Health. Have a variable medical experience and expanded medical knowledge. Worked in different medical fields including patient care setting, healthcare management, and medical research. Passionate and interested in preventive healthcare, in primary healthcare, in public health medicine practice, in healthcare quality improvements, and in medical data management.

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Dr. Boluwatife Ogunjumelo

GLOHRA, Germany

Strengthening Primary Health Care for Women and Children in Underserved and LowResource Settings

Primary health care (PHC) remains the most effective and equitable pathway to improving maternal and child health outcomes globally. However, in many low- and middle-income countries and underserved settings, persistent health system constraints continue to limit access to timely, high-quality, and continuous care for women and children. These disparities contribute significantly to preventable maternal, neonatal, and under-five mortality, particularly among rural and socioeconomically marginalized populations. This presentation critically examines the current challenges affecting PHC delivery for women and children in underserved and low-resource settings. Key barriers include inadequate health workforce distribution, weak referral systems, limited infrastructure, financial constraints, and sociocultural factors that delay care-seeking and reduce service utilization. Across the continuum of care, gaps persist in antenatal attendance, skilled birth delivery, immunization coverage, and postnatal follow-up, undermining progress toward universal health coverage and Sustainable Development Goals targets. Despite these challenges, several promising interventions are emerging. Task-shifting strategies and the expansion of community health worker programs have improved service reach in hard-to-access areas. Financing mechanisms such as primary care strengthening funds and community-based insurance schemes are reducing out-of-pocket expenditures for essential services. In addition, digital health innovations—including mobile health platforms, teleconsultation services, and electronic health information systems—are enhancing continuity of care and data-driven decisionmaking in selected contexts. The presentation further highlights the importance of community engagement and multisectoral collaboration in improving trust, uptake, and sustainability of PHC services. Integrated outreach models and locally adapted health promotion strategies are particularly effective in addressing demand-side barriers. Strengthening PHC in low-resource settings requires sustained investment in health systems, workforce capacity, and culturally

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responsive care models. Lessons from these approaches are critical for advancing equity and improving health outcomes for women and children globally.

Biography:

Boluwatife Ogunjumelo is a medical professional passionate about improving health outcomes in underdeveloped communities, with a particular focus on women and children. Her interests center on primary healthcare, health equity, and developing sustainable solutions to address gaps in access and quality of care. She is committed to advocacy, education, and using her voice to inspire change and empower vulnerable populations. She is also open to collaborating with individuals and organizations dedicated to advancing healthcare in underserved communities.

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Dr. Tolulope Awolusi

Epidemiology Surveillance and Research Coordinator, USA

Sleep Characteristics and Patterns in Children with Autism

Sleep problems have been estimated at 40% and 80% in children with autism (ASD), thereby leading to inadequate sleep duration in this population. The National Sleep Foundation (NSF), in collaboration with Best Practice Project Management, Inc., identified children with ASD as one of the highest priority populations for sleep research. Unfortunately, few studies have evaluated the effect of sleep disorders exclusively in children with ASD. The recommendations for daily sleep time from the American Academy of Sleep Medicine and the American Academy of Pediatrics are consistent with those of the National Sleep Foundation (NSF). These recommendations were proposed to achieve optimal health, daytime functioning, and development for children. Hence, this study examined the association between modifiable and non-modifiable characteristics and adequate sleep duration in children with ASD. Data were obtained from the combined 2021 and 2022 versions of the National Survey of Children's Health (NSCH), which included 71,811 eligible children aged 2-17. The final analysis included 51,156 children aged 6-7 years, after excluding those aged 2-5 years. Logistic regression models were used to estimate odds ratios (OR), 95% confidence intervals (CI), and trends. In children with ASD, increased age was associated with improved sleep problems. However, Black children and those with lower SES were less likely to have adequate sleep. This study found that engaging in physical activity and maintaining a consistent bedtime on weeknights significantly increased the odds of adequate sleep in children with ASD. This study gives credence to the famous phrase that "exercise is medicine," particularly in children with ASD. Physical activity should be promoted in children with ASD, and parents, physical education teachers, and pediatricians can be of significant influence. Parents should enforce a consistent bedtime and ensure that children spend less time with screens (watching TV or playing video games).

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Biography:

Dr. Tolulope Awolusi is a highly analytical and detail-oriented epidemiologist, she has over twelve years of cumulative experience working in academia, environmental sciences, and research & development benefitting the public health sector. During this period, She become proficient in conducting surveillance and statistical analysis incorporating national, healthcare, and community data. Additionally, she has honed her skills in data collection, study design. methodology, community research, and communicating effectively with cross-functional teams.

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Dr. Mahmoud Megdadi
UN Migration (IOM), Jordan

Enhancing Border Health in the Middle East: Population Mobility, Mass Gatherings, and Health Surveillance in Jordan

The Middle East experiences extensive population mobility driven by protracted displacement, economic migration, and large-scale mass gatherings, making robust health surveillance at points of entry (PoE) essential for regional health security. Situated at the heart of the Levant, the Jordan acts as a strategic transit hub and a long-term sanctuary for millions of displaced persons. To mitigate the cross-border transmission of communicable diseases during routine mobility and mass congregations, Jordan's border health management is deeply anchored in the International Health Regulations (IHR 2005). Translating these regulations into action, the country recently launched its first response plan for public health emergencies at key border crossings, including Al Mudawara, the King Hussein Bridge, and the Aqaba Port passenger terminal, in collaboration with the International Organization for Migration (IOM). Despite these critical advancements in PoE infrastructure and mobility management, standardized evaluations like Jordan's 2026 State Party Self-Assessment Annual Report (SPAR) identify persisting gaps in health security at PoEs and deficits in real-time surveillance capabilities. Addressing these vulnerabilities requires sustained domestic investment to reduce reliance on fluctuating external aid, alongside a critical transition to fully electronic, real-time reporting systems capable of early detection and rapid pathogen containment. By bridging regional mobility dynamics with enhanced PoE surveillance and cross-border emergency planning, Jordan serves as a vital model for managing the complex intersection of migration, mass gatherings, and global health security in the Middle East.

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Biography:

Dr. Mahmoud Megdadi is a Medical Doctor and epidemiologist currently serving as the Head of Public Health Unit at the International Organization for Migration (IOM). With a distinguished academic background, including an MSc in Public Health from the Jordan University of Science and Technology, he specializes in migration health, climate change adaptation, and infectious disease surveillance. Previously, Dr. Megdadi advanced regional health security as a Global Health Technical Specialist with CRDF Global and coordinated national service delivery at the King Hussein Cancer Foundation. A published researcher and dedicated leader, he has a proven track record of bridging clinical expertise with high-level multi-sectoral coordination. Dr. Megdadi is passionate about fostering health equity and strengthening inclusive health systems.

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Dr. Sharifah Saffinas

Kedah State Health Department, Malaysia

Ecobiosocial Factors and Colorectal Cancer Cluster Risk: Two- and Three-way Interactions

Introduction: Ecobiosocial component contributed to progression towards Colorectal cancer (CRC) cluster geographically. Therefore, the associations between ecological (access to fast food outlets and green space), biological (ethnicity), and social (dietary inflammatory index, physical activity, waist circumference and knowledge on CRC) were examined independently and in combinations against the CRC cluster risk.

Methods: The study was conducted using ecological study design in Mukim Kota Setar, Kedah spanning 1st April to 30th November 2023. Localities with CRC cluster and non-cluster were identified and compared. Malaysian aged 18 years and above residing in the localities (cluster and non-cluster) for at least two years who understand Malay and English language were included. Those with terminal illness and ADL-dependent were excluded due to limitation to complete the questionnaire. Information on public healthcare facilities, land use and fast food outlets were extracted from several databases representing the ecological factors. Self-administered questionnaire was used to collate data on the socio-demographics, physical activity, food frequency questionnaire, awareness, knowledge and attitude on CRC. Multivariate logistic regression models computed adjusted odds ratio to estimate the relationship between ecobiosocial factors and CRC cluster risk.

Results: Assessing ecobiosocial factors simultaneously-showed higher risk of CRC cluster with increased access to fast food outlets ($p=0.034$), reduced access to green space ($p=0.018$), Chinese ($p< 0.001$), pro-inflammatory diet ($p< 0.001$), low level of physical activity ($p< 0.001$), increasing waist circumference ($p< 0.001$), and increasing knowledge on CRC ($p< 0.001$). An interaction ($p=0.013$) was observed between pro

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inflammatory diet and low level of physical activity, with 4 times higher odds for CRC cluster, whereas another significant interaction ($p=0.010$) was indicated between low level of physical activity and high access to fast food outlets, which contributed to 5 times higher risk for CRC cluster. A three-way interaction suggested a significant effect ($p < 0.05$) on relationship between pro-inflammatory diet, low level physical activity, high access to fast food outlets, and CRC cluster risk.

Conclusions: Given the robust evidence of interaction, CRC cluster prevention should be designed to include the ecological and social interventions likely contributed to the impact at individual level (biological).

Biography:

Dr. Sharifah Saffinas Syed Soffian is a public health physician with extensive experience in epidemiology, prevention and programme management. She currently serves as the Senior Principal Assistant Director of the HIV/STI/Hepatitis C Unit at the Kedah State Health Department, Malaysia, where she oversees strategic planning, epidemiological surveillance, and implementation of public health interventions related to communicable diseases. Academically, Dr. Sharifah Saffinas has actively contributed to research, scientific writing, and technical presentations in the fields of HIV/AIDS, sexually transmitted infections, maternal and child health, and disease prevention. Her scholarly interests include epidemiological analysis, health systems strengthening, community-based screening programmes, and preventive medicine. She has been involved in the development of research proposals, situational analyses, and scientific abstracts presented at national and international academic platforms, reflecting her commitment to evidence-based public health practice and continuous professional advancement.

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Dr. Ayesha Sara

KIMS hospitals , Hyderabad, India

Pharmacoepidemiology and Public Health Surveillance: Advancing Medication Safety and Adverse Drug Event Prevention

Pharmacoepidemiology plays a crucial role in public health by evaluating the safety, utilization, and effectiveness of medicines in large populations. With the rising burden of adverse drug events (ADEs), medication errors, and antimicrobial resistance, effective public health surveillance systems are essential for improving medication safety and patient outcomes.

This highlights the role of pharmacoepidemiology in early detection and prevention of adverse drug events through pharmacovigilance, drug utilization monitoring, real-world evidence, and data-driven surveillance systems. It also emphasizes the contribution of clinical pharmacists and interdisciplinary healthcare teams in promoting rational drug use, antimicrobial stewardship, and medication safety initiatives.

By integrating pharmacoepidemiological practices with public health surveillance, healthcare systems can strengthen patient safety, support evidence-based decision-making, and reduce drug-related morbidity and mortality.

Biography:

Dr Ayesha Sara is a clinical pharmacologist from KIMS Hospital, Hyderabad, India. She holds a Doctor of Pharmacy (PharmD) degree and has substantial experience in clinical pharmacy practice, with active involvement in critical care settings, where she collaborates with multidisciplinary teams to optimize pharmacotherapy and improve patient outcomes. Her core areas of expertise include antimicrobial stewardship, critical care, pharmacovigilance, and patient safety, with a strong emphasis on evidence-based practice and rational medication use. Dr Ayesha Sara has authored multiple publications and book chapters at both national and international levels, contributing to advancements in clinical pharmacy and healthcare research. She is an active member of Federation of Clinical Pharmacists of India and Indian Pharmaceutical Association, and remains committed to advancing the role of clinical pharmacists in improving healthcare systems globally.

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Dr. Esraa M.A. Elnaiem

*Epidemiological Laboratory for Research & Development
(Epi-Lab), Sudan*

Digital Innovations in Strengthening Epidemiological Preparedness and Response: A Narrative Review

The rapid spread of infectious diseases, particularly during the COVID-19 pandemic, has exposed critical weaknesses in traditional public health surveillance systems, including delayed detection and fragmented reporting. These gaps have undermined timely outbreak response and increased pressure on health systems globally. In response, digital health innovations have emerged as transformative tools to enhance epidemiological preparedness and response. This study presents a narrative review of recent literature, global health reports, and selected case studies to examine the impact of digital technologies on disease surveillance. Key tools include mobile health (mHealth) platforms, real-time surveillance dashboards, and artificial intelligence (AI)-driven predictive models. Evidence consistently demonstrates that these technologies significantly improve early disease detection, enhance the speed and accuracy of reporting, and enable timely, data-driven decision-making. Countries adopting integrated digital surveillance systems show stronger outbreak control, improved intersectoral coordination, and more efficient resource allocation. Real-time data systems and AI-based models have further strengthened early warning capabilities and supported rapid responses to emerging threats. However, persistent challenges—such as data privacy concerns, infrastructural inequalities, and limited digital literacy—continue to hinder large-scale implementation, particularly in low-resource settings. Addressing these barriers requires equitable access to digital health technologies, robust governance frameworks, and strengthened interdisciplinary collaboration. Integrating digital surveillance into national health systems is essential for building resilient, adaptive, and future-ready public health infrastructures capable of effectively responding to current and future epidemics.

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Biography:

Esraa M. A. Elnaiem is a public health researcher with a focus on epidemiology and health innovation. Her work centers on disease prevention, health systems strengthening, and the integration of technologies to enhance public health surveillance and response. She has a particular interest in data-driven approaches to improve epidemiological preparedness and promote equitable access to health services, especially in resource-limited settings.

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Prof. Frank Chindamo

LaughMD, Inc., USA

The Science of Humor in Healthcare

We've all heard "laughter is the best medicine," but if that's true, why is "therapeutic humor" treated like some woo-woo alternative therapy instead of the evidence-based intervention it actually is?

In this genre-defying blend of comedy, science, and personal narrative, Prof. Frank Chindamo, CHP—former Saturday Night Live writer turned Certified Humor Professional (yes, that's a real thing)—investigates why modern medicine has systematically ignored one of humanity's oldest healing tools.

Drawing on cutting-edge research from Dr. Lee Berk and 400 other studies, Chindamo reveals how laughter reduces cortisol, boosts immune function, triggers endorphin release, and activates the same neural pathways as meditation... all without a copay. He traces therapeutic humor from Norman Cousins's legendary self-treatment to today's medical clowning programs, transforming pediatric wards worldwide.

But this isn't just science journalism. It's a call to action wrapped in a punchline. Through stories of comedians like Jim Gaffigan and Kevin Hart whose personal medical crises became comedy gold, Chindamo argues that laughter isn't just a complementary medicine—it's fundamental to human healing and connection.

Part manifesto, part memoir, and at times hilarious, this book asks healthcare to finally take humor seriously. Because if we can prove laughter works, maybe it's time we actually prescribed it.

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Biography:

PROF. FRANK CHINDAMO, CHP, has top-level experience in comedy, film, and TV production, Academia, app production, and business, with three successful startups so far. Prior to this, Frank was an award-winning Adjunct Professor in Web Video at USC, UCLA, Chapman, Pepperdine University, and Emerson College. He began his media career in writing and production at SNL and on Ghostbusters. Frank has won 30+ awards for producing comedy videos for HBO, Showtime, CBS, and more. He launched the world's first mobile comedy channel, for which he was featured on the front pages of Forbes Magazine and the LA Times, and in the Wall Street Journal and the NY Times. He is vetted by professionals in humor therapy as a Certified Humor Professional of the Association for Applied and Therapeutic Humor. Please check out the 2-minute video intro at www.LaughMD.com to see how LaughMD has proven it reduces pain and stress in patients and providers in 5 different studies at USC (University of Southern California,) Chapman University and A.T. Still University. Results include:

- 91% of participants with pain at USC Norris Cancer Center reported decreased pain, and 94% of those chemotherapy patients reported decreased stress.
- 13% reduction in stress levels for providers at Chapman University's Crean College of Health & Behavioral Sciences in only 3 minutes.
- Patients at AT Still University reported a 60% chronic pain decrease after viewing 30 minutes of comedy per day for 28 days.

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Dr. Karen Raju

University of California, USA

Reimagining Care for Vulnerable Populations: Medical–Dental Integration to Bridge Oral Health Gaps in Children with Special Health Care Needs

Children and Youth with Special Health Care Needs (CYSHCN) represent a highly vulnerable population with disproportionately unmet oral health needs. Despite advancements in dentistry, access to timely, preventive, and comprehensive dental care remains limited due to fragmented healthcare systems, behavioral challenges, workforce limitations, and lack of interdisciplinary coordination. This gap often results in delayed diagnoses, increased disease burden, and compromised quality of life. Medical–dental integration has emerged as a promising and scalable approach to address these disparities. By embedding oral health within primary medical care settings, pediatricians and allied health professionals can play a pivotal role in early risk assessment, anticipatory guidance, and timely referrals. This model emphasizes a collaborative, team-based approach where medical and dental providers co-manage patient care, ensuring continuity and holistic treatment planning. This presentation explores the framework, implementation strategies, and real-world applications of medical–dental integration, particularly in community and public health settings. Drawing from global models and practical experiences, it highlights key interventions such as oral health screenings during well-child visits, fluoride varnish applications by medical professionals, shared electronic health records, and caregiver education. Additionally, it discusses the role of policy, training, and system-level changes required to sustain such integration. By bridging the traditional divide between medicine and dentistry, this approach not only improves access but also enhances early intervention, reduces healthcare costs, and promotes long-term health outcomes. Medical–dental integration has the potential to transform care delivery for CYSHCN, ensuring that oral health becomes an integral part of overall health and well-being.

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Biography:

Dr. Karen Raju is a dentist and public health professional working at the intersection of clinical care and health systems innovation. With a Master of Public Health from the University of California, Berkeley, and a Dental Public Health residency from the University of California, San Francisco, she brings a global perspective to advancing equitable oral healthcare. She serves in a leadership role within the San Francisco Oral Health Coalition, where she contributes to initiatives addressing care gaps for Children and Youth with Special Health Care Needs (CYSHCN). As co-founder of Newway Orthodontic & Craniofacial Care, India, she is actively building models that integrate medicine and dentistry to improve access, early intervention, and long-term outcomes. Her work focuses on reimagining care delivery through preventive, interdisciplinary, and scalable approaches that can transform oral health systems globally.

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Yati Bhalla

Public Health Professional · Vancouver, Canada

Integrating frontline community care with epidemiological frameworks to address health inequities in vulnerable populations

Health inequities among marginalized populations are not random — they are the predictable result of structural failures, compounded by fragmented care systems and the cumulative weight of unaddressed social determinants. This presentation examines how epidemiological frameworks can be meaningfully applied within frontline community settings to interrupt these patterns and improve outcomes for high-risk populations in Vancouver, Canada.

Drawing on direct experience in residential and outreach support services, this session explores what it actually looks like to implement trauma-informed care, harm reduction, and population health strategies for individuals living with co-occurring conditions — including mental health disorders, substance use, and chronic comorbidities. It foregrounds the importance of real-time data collection, surveillance-informed decision-making, and risk stratification as tools for making care more responsive and continuous.

The presentation does not shy away from systemic critique. Fragmentation in health-care delivery, inequitable resource allocation, and the persistent absence of culturally competent care are not peripheral problems — they are central to why so many people fall through gaps that should not exist. Aligning frontline practice with epidemiological principles of prevention, early intervention, and health promotion is one path toward closing them.

Crucially, this session also argues for a philosophical shift in public health planning: from systems that manage crisis to systems designed to support genuine recovery. Con-

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sumption sites have a role — but they cannot substitute for investment in recovery infrastructure. Public health must hold healing as both a goal and a measure of success.

The session closes with a call to bridge micro-level clinical insight with macro-level policy reform — not as an abstraction, but as an urgent, achievable commitment to the people who need these systems most.

Biography:

Yati Bhalla is a public health professional and Human Biology graduate from Capilano University, with a focus on psychology, epidemiology, and community health systems. She works on the frontlines of Vancouver's social health landscape as a Residential Support Worker and Peer Support Shift Lead — not from a distance, but alongside people navigating some of life's most disorienting and painful chapters. Her daily work involves supporting individuals experiencing homelessness, developmental disabilities, substance use disorders, and complex trauma. What guides her is not protocol alone, but a deep belief that people deserve to be met where they are — with dignity, with patience, and with genuine care. She brings this conviction to every interaction, grounded in trauma-informed care, harm reduction, and equity-oriented health practice. "A crisis doesn't announce itself. For many of the people I work with, life changed overnight — and the version of normal they knew simply stopped existing. That deserves to be taken seriously." Yati has applied epidemiological thinking to frontline realities: building data-informed documentation systems, reducing structural barriers to care, and improving service continuity in high-acuity environments. Her interests span social determinants of health, population health management, health disparities, and the translation of evidence into community-based action. She is driven by a vision of care that does not stop at managing symptoms — but asks harder questions about healing, agency, and what public health systems owe the people they serve. **PERSONAL AGENDA** These are the convictions that shape how Yati approaches her work — not policies, but principles she has arrived at through proximity to suffering and recovery alike. Crisis changes everything — and that must be acknowledged. For many people, a major life event — a loss, a diagnosis, a sudden collapse of the life they knew — is the turning point that everything else orbits around. Yati believes this reality deserves to be named, not minimized. Real support begins with recognizing that a person's internal world was fundamentally altered, often without warning. Healing requires more than surviving the past. Acknowledging trauma is essential — but so is the work of returning to the present. Yati advocates for approaches that help people move forward without abandoning or erasing what they've been through. Staying permanently anchored to a traumatic past without the tools to re-engage with life leads to further deterioration. Recovery must hold both truths. People experiencing severe psychosis need safety, not just stabilization. For individuals with extreme psychosis, access to safe, consistent spaces and medically appropriate support is not optional — it is foundational. These are not cases for informal intervention alone; they require coordinated clinical and community responses that treat the whole person, not just the episode. The shift must be from consumption to recovery. Yati believes governments have a responsibility to move beyond consumption sites and invest in recovery infrastructure — places that do not simply manage crisis, but actively support people in rebuilding their lives. Harm reduction is a vital starting point, but it cannot be the ceiling. Public health policy must commit to healing as the destination.

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Dr. Sara Gheribi

Uniwersytet Polski - Fundacja, Tunisia

The Rising Burden of Non-Communicable Diseases in Tunisia: A Public Health Emergency Requiring Multisectoral Action

Non-communicable diseases (NCDs) have become the leading cause of mortality and morbidity in Tunisia, reflecting a major epidemiological transition driven by demographic, nutritional, and socioeconomic changes. Cardiovascular diseases, cancer, diabetes, and obesity now represent a growing public health burden, placing significant pressure on the national healthcare system and threatening long-term socioeconomic stability. This narrative review aimed to analyze the current epidemiological trends and determinants of NCDs in Tunisia and to identify key public health challenges and potential strategic interventions. The study was based on an analysis of scientific literature, epidemiological reports, and international public health databases published between 2010 and 2025. Research materials included reports and statistical data from the World Health Organization (WHO), the International Diabetes Federation (IDF), the Institute for Health Metrics and Evaluation (IHME), FAO, UNDP, and peer-reviewed scientific publications indexed in PubMed and Scopus. Available evidence indicates that tobacco use, unhealthy dietary patterns, physical inactivity, obesity, and chronic socioeconomic stress are major contributors to the increasing prevalence of NCDs in Tunisia. Gender disparities, limited access to preventive healthcare services, and regional inequalities further aggravate health outcomes, particularly among women and populations living in underserved areas. Despite national prevention strategies, implementation barriers and insufficient health promotion infrastructure continue to limit effective disease prevention and early intervention. The findings highlight the urgent need for a multisectoral public health response integrating healthcare policy, education, food system reform, fiscal regulation, and urban planning. Strengthening preventive healthcare services and addressing social determinants of health are essential to reducing the growing burden of NCDs and improving long-term population health outcomes in Tunisia.

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Biography:

Sara Gheribi is an interdisciplinary researcher with a background in health sciences, nutrition, and management. She holds a PhD in medical and health sciences as well as a PhD in management sciences, with a strong focus on public health, functional food, consumer behavior, and innovation in service industries. Her academic work bridges nutrition, preventive medicine, and socio-economic aspects of food systems, with publications and international research collaborations in Europe and beyond. She is particularly interested in health promotion, evidence-based dietary strategies, and the role of bioactive compounds in preventing lifestyle-related diseases. Alongside her scientific work, she has been involved in projects related to education, hospitality systems, and sustainable food practices. She is currently engaged in international professional development and research networking.

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