

Evaluation of Outbreak Prediction, Detection and Annotation

Focus Group AI for Health – Topic Group Outbreaks
ITU-D Emerging Tech Week – 9 July 2021

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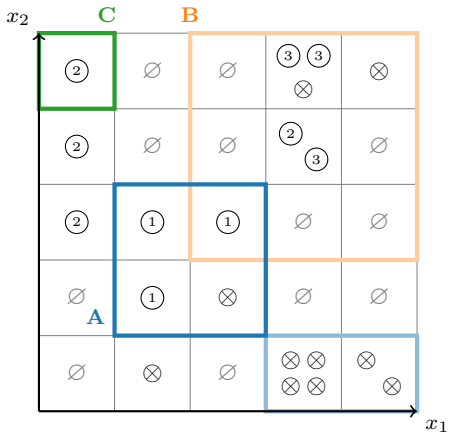
Setting

Process

- reported (infectious disease) cases
- epidemic/outbreak vs. endemic
- “outbreak” = “epidemiologically linked”
- “endemic” = “background noise”

Tasks

- prediction = cases not yet observed
- detection = cases observed up to now
- annotation = cases in the past



Data (case) labels = outbreak IDs = 1, 2, 3, \otimes , \emptyset

Signal labels: A, B, C, \otimes , \emptyset

Probabilities

Inputs

- data cell \mathbf{x} = coordinates in smallest relevant resolution
- data label, classes d_i = outbreak labels
- signal label, classes s_j

Outputs

- $p(d_i|\mathbf{x})$: probability of outbreak d_i in cell \mathbf{x} , from the data
- $\hat{p}(d_i|\mathbf{x})$: probability of outbreak d_i in cell \mathbf{x} , from the algorithm

Data

- $p(d_i|\mathbf{x}) = n(d_i, \mathbf{x}) / \sum_l n(d_l, \mathbf{x})$

Algorithm

- $\hat{p}(d_i|\mathbf{x}) = \sum_j \hat{p}(d_i|s_j, \mathbf{x}) \hat{p}(s_j|\mathbf{x})$
- $\hat{p}(s_j|\mathbf{x}) = w(s_j, \mathbf{x}) / \sum_m w(s_m, \mathbf{x})$, with w the algo output
- $\hat{p}(d_i|s_j, \mathbf{x}) =$ information on outbreaks, depends on the algo

Scores (standard)

Regression

- of \hat{p} against p , e.g., $\text{RMSE} = \sqrt{\sum(\hat{p} - p)^2/N}$

Mutual information

- between outbreaks and signals: $I = \sum_{d,s} p(d, s) \log(p(d, s)/p(d)\hat{p}(s))$

Classification (confusion matrix)

- class based
- 2 thresholds: on \hat{p} and p
 - \implies TP, FP, TN, FN
 - \implies sensitivity, specificity, precision, F1, ...

Scores (epidemiology)

Weight individual cell

- e.g., according to number of outbreak cases

Space-time distance

- decreasing as function of distance
- e.g., timeliness (0 if signal is too early, reference = first case in a given outbreak)

Toy example

on previous grid, 4 simple scenarios and algo akin to anomaly detection, small thresholds:

- specific: no signal, three classes
- sensitive: one overall certain signal, three classes
- perfect 3: three signals, three classes, $w \equiv p$
- perfect 1: one signal, one class, $w \equiv p$
- random: one signal with random w 's, one class

scenario	F1	F1 *
specific	0.31	0.57
sensitive	0.13	0.10
perfect 3	0.70	0.83
perfect 1	1	1
random	0.56	0.67

* weighted by # class cases

Outlook

- fairness (maximin) + ethics
- simulations and implementation of standard algorithms
- software package
- real-world application

Thank you!

FG-AI4H: www.itu.int/en/ITU-T/focusgroups/ai4h

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**AI for Natural
Disaster Management**
ITU Focus Group

Monique Kuglitsch
Fraunhofer HHI

The challenge

Natural disasters are damaging physical events caused by natural hazards.

The situation is exacerbated in **certain regions** and for certain **populations**; and is expected to **worsen**.



A view of the vast flooding in Guatemala after Hurricanes Eta and Iota struck one after the other last month.

2 Hurricanes Devastated Central America. Will the Ruin Spur a Migration Wave?

(4 Dec 2020, NYT)

The challenge

Natural disasters feature prominently in the activities of multiple **UN organizations** and **programmes** including

- SDGs
- policy-guiding publications (e.g., Sendai Framework, IPCC SREX)



**TAKE URGENT ACTION TO COMBAT
CLIMATE CHANGE AND ITS IMPACTS**

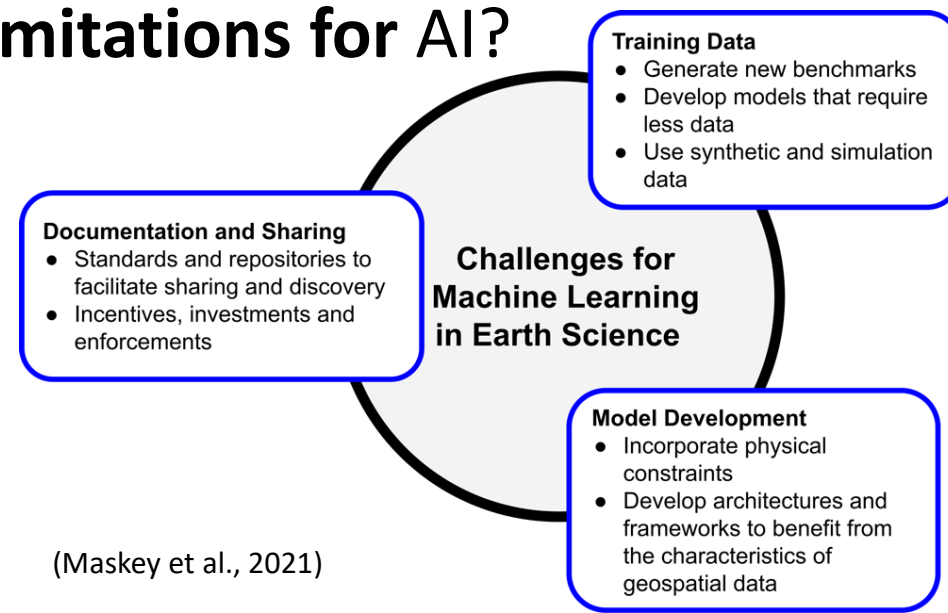
**Sendai Framework
for Disaster Risk Reduction
2015 - 2030**

**MANAGING THE RISKS OF EXTREME
EVENTS AND DISASTERS TO ADVANCE
CLIMATE CHANGE ADAPTATION**

The questions

Through tapping the **potential of AI**, can we improve our **understanding** of natural hazards, our ability to **detect** events in real-time, our ability to **forecast** events, and our ability to effectively **communicate** an impending or ongoing disaster?

What are the **best practices** and **limitations** for AI?



(Maskey et al., 2021)



The goals

Explore best practices in:

- **data** collection, monitoring, and handling for training and testing of AI-based algorithms;
- **AI-based algorithms** for reconstructing, detecting, and forecasting events; and
- effective **communication**.



Data

Some questions to explore are:

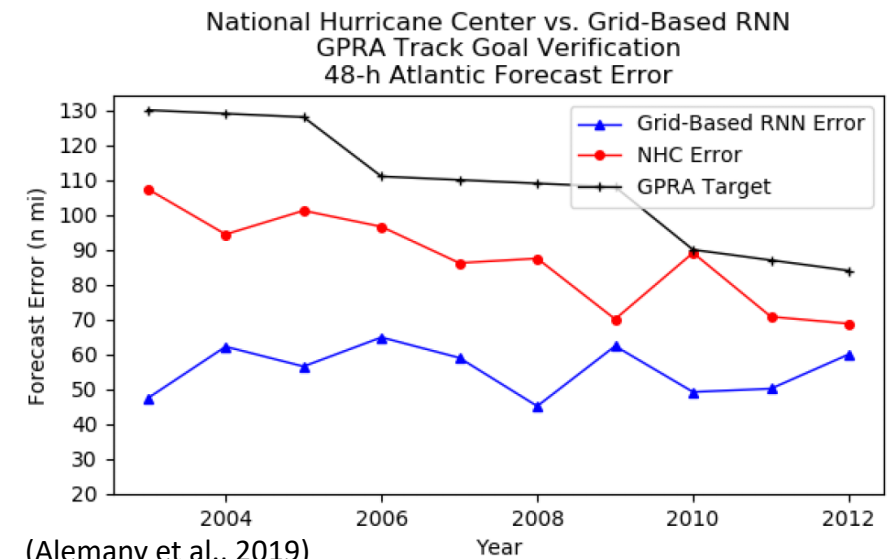
- what **requirements** should data meet when being used to train or test an AI-based algorithm?
- can AI-based algorithms be used to **enhance** data quantity and quality?



AI-based algorithms

Some questions to explore are:

- what is the current **gold standard** method to reconstruct, detect, or forecast events? How can AI-based algorithms bring these methods to the **next level**?
- what should be considered when **training** and **evaluating** an AI-based algorithm?



Communication

Some questions to explore are:

- once an event has been forecast or triggered, how can AI assist with the immediate response?
- how do we ensure that communication methods are reliable and trusted by the population? Are they accompanied by a clear set of protocols to ensure that individuals know how to respond?





Key deliverables

- **Workshops**
- **Roadmap**
- **Glossary**
- Three non-normative **technical reports**
- **Educational materials**

FG-AI4NDM

What is an ITU Focus Group?

- Supports the efforts of an associated **ITU Study Group**. Study Group 2 mandate includes *“telecommunications for disaster relief/early warning, network resilience, and recovery.”*
- Provides a working environment for **pre-standardization or standardization** activities in a chosen area.
- Can be rapidly established and has freedom to choose working methods, leadership, financing, and desired outputs (“deliverables”).

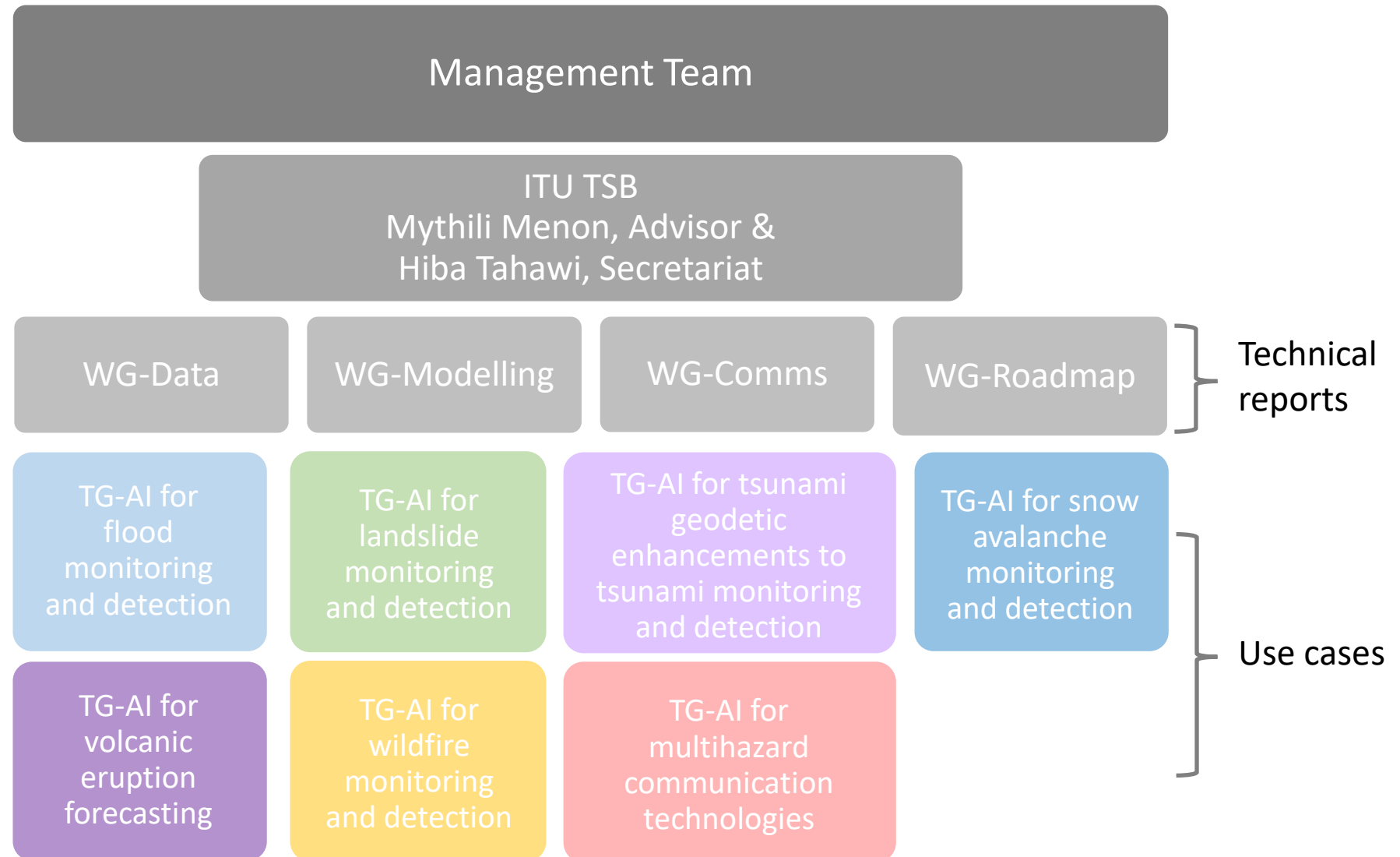
FG-AI4NDM

ITU/WMO/UNEP Focus Group on AI for Natural Disaster Management (FG-AI4NDM) converges the ICT expertise of ITU with natural disaster expertise from the WMO and UNEP.

Creates an atmosphere that is conducive to international, multi-stakeholder, and interdisciplinary collaboration.



FG-AI4NDM



FG-AI4NDM

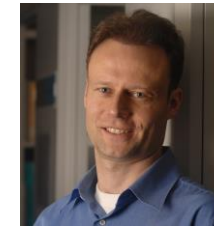
Management Team



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*China Telecom,
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Get involved!

Visit our website (<https://itu.int/go/fgai4ndm>)

Peruse our **onboarding document** for guidance on how to:

- Create a free **ITU user account**
- Join our low-volume **mailing list**
- **Register** for our workshops/meetings
- Use our remote participation platform (**MyMeetings**)
- Access our **collaboration site**
- Submit written **contributions**





Thank you!



AI for Health

ITU-WHO Focus Group

Naomi Lee
Co-Chair of ITU/WHO FG-AI4H
The Lancet
UK

itu.int/go/fgai4h



World Health
Organization

Funding support by:

f o n d a t i o n
BOTNAR

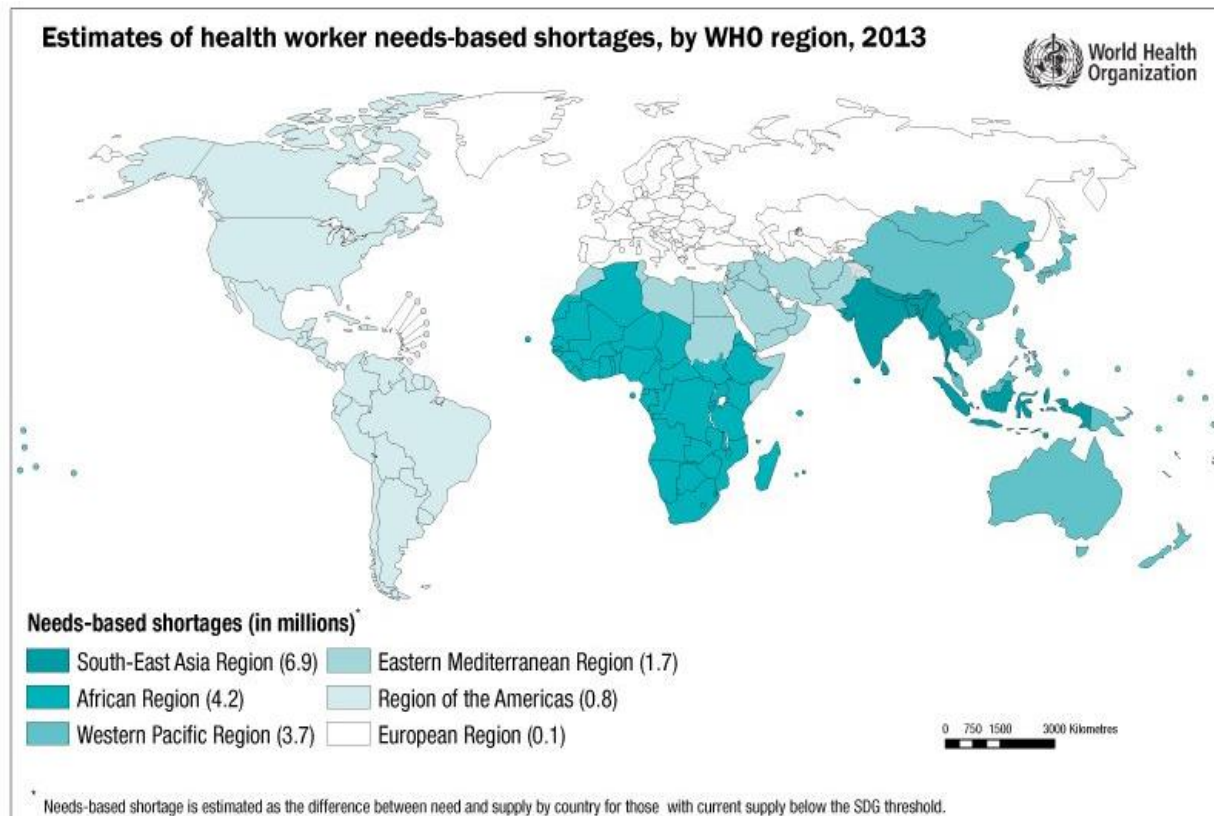
What to do when supply < demand?

- WHO has made **universal health coverage** a top priority
- **SDG3** is “Good Health and Well-being”
- WHO Constitution declares “highest attainable standard of health” a **human right**
- UN member states have pledged to “**leave no one behind**”



What to do when supply < demand?

- However, there are **not enough** healthcare workers to meet demand



Leverage digital technologies!

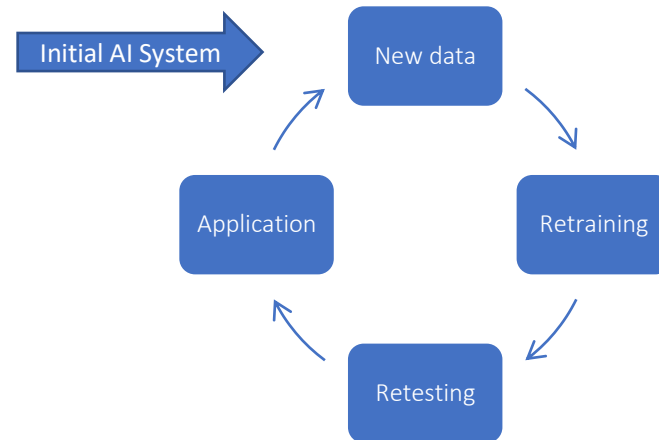
- AI solutions can assist with **detection, diagnosis,** and medical **decision-making**
- Combine new **machine learning** algorithms with **big data** from electronic health records
- **Internet & smartphones** spread to the most remote corners of the globe



But there are challenges...

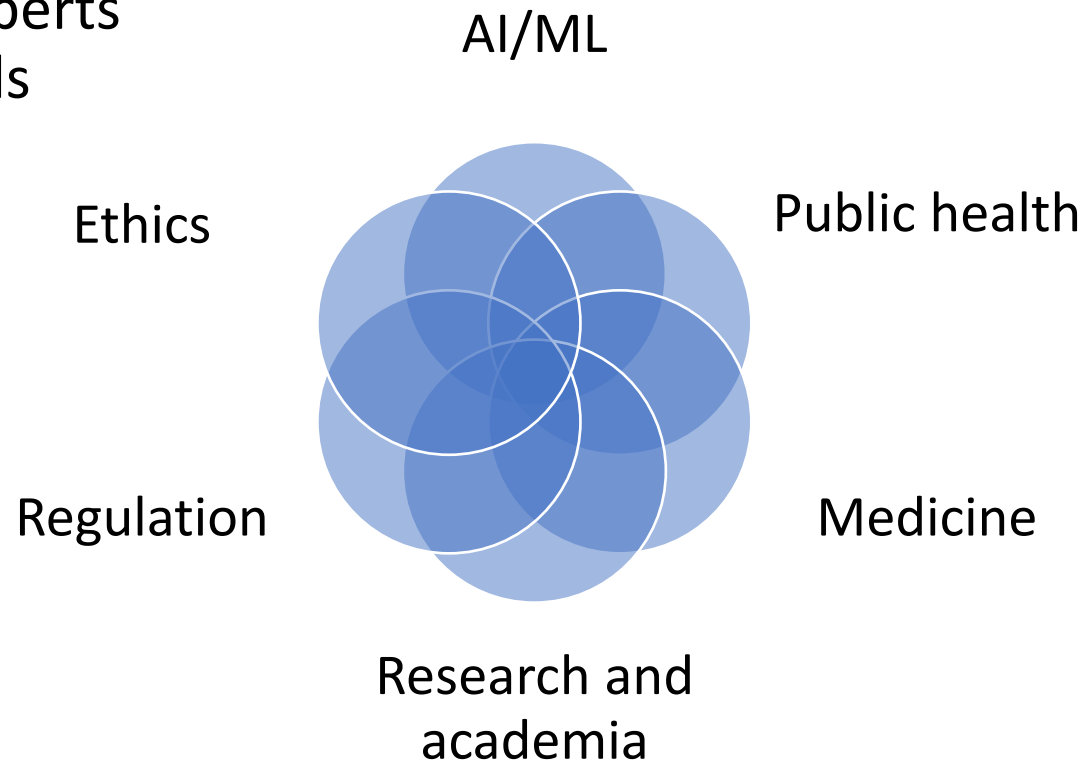
Preliminaries of AI:

- Train once and use (linear deployment)
- Fixed input-output relationship (stationarity assumption)
- Reality of AI:
- Cyclical with updates
- Non-stationarity (data nor input-output)



... that need to be addressed

- Requires a **joint effort** from experts in **diverse** fields including:



ITU/WHO FG AI for Health



- Established in 2018 as **collaboration** between **ITU** and **WHO** to **address the challenges** of evaluating AI for health
- **Interface** between multiple fields: AI/ML, medicine, public health, government, regulation, statistics, ethics

Who is FG-AI4H?

Leadership:

- Thomas Wiegand, Fraunhofer HHI and TU Berlin, Germany
- Manjula Singh, ICMR, India
- Naomi Lee, The Lancet, United Kingdom
- Sameer Pujari, WHO
- Shan Xu, CAICT, China
- Stephen Ibaraki, ACM, Canada
- Ramesh Krishnamurthy, WHO

Members:

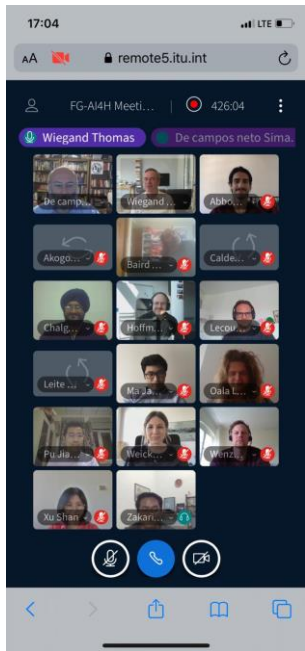
- Experts from around the globe

Stakeholders and supporters include:

- WHO, ITU, IANPHI, IAP, IHF, AI4Good, WHS, philanthropists (Fondation Botnar), and IMDRF



FG-AI4H collaboration



- Online and on-site workshops and meetings

Mandate

- FG-AI4H recognizes that AI offers substantial improvements for public and clinical health
- FG-AI4H supports standardization of AI for health **to foster safe use on a global scale**

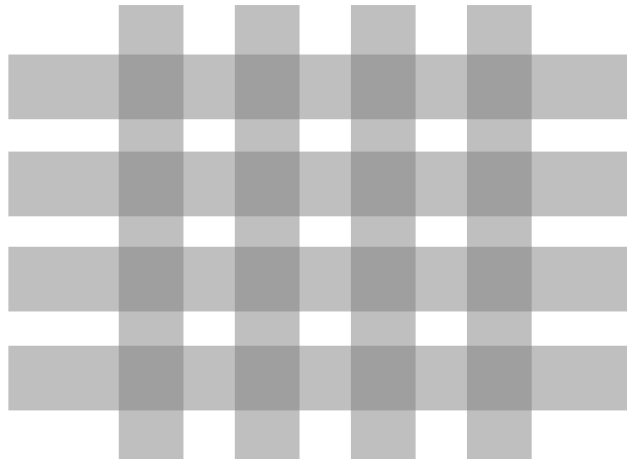
Structure

FG-AI4H working groups

Data and AI solution assessment methods (WG-DAISAM)
 Data and AI solution handling (WG-DASH)
 Ethical considerations on AI4H (WG-Ethics)
 Regulatory considerations on AI4H (WG-RC)
 Clinical evaluation (WG-CE)
 Operations (WG-O)

FG-AI4H topic groups

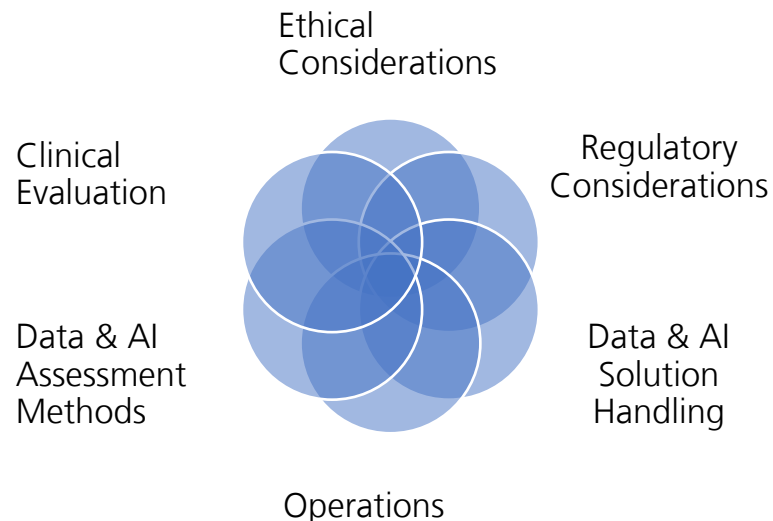
TG-Cardio	TG-TB
TG-Derma	TG-DiagnosticCT
TG-Falls	TG-Bacteria
TG-Histo	TG-Dental
TG-Neuro	TG-Diabetes
TG-Outbreaks	TG-Endoscopy
TG-Ophthalmology	TG-FakeMed
TG-Psy	TG-Malaria
TG-Snake	TG-MCH*
TG-Symptom	TG-Radiology
TG-Fertility	TG-POC°
TG-Sanitation	TG-MSK+



*MCH: maternal and child health
 +MSK: musculoskeletal medicine
 °POC: point-of-care diagnostics

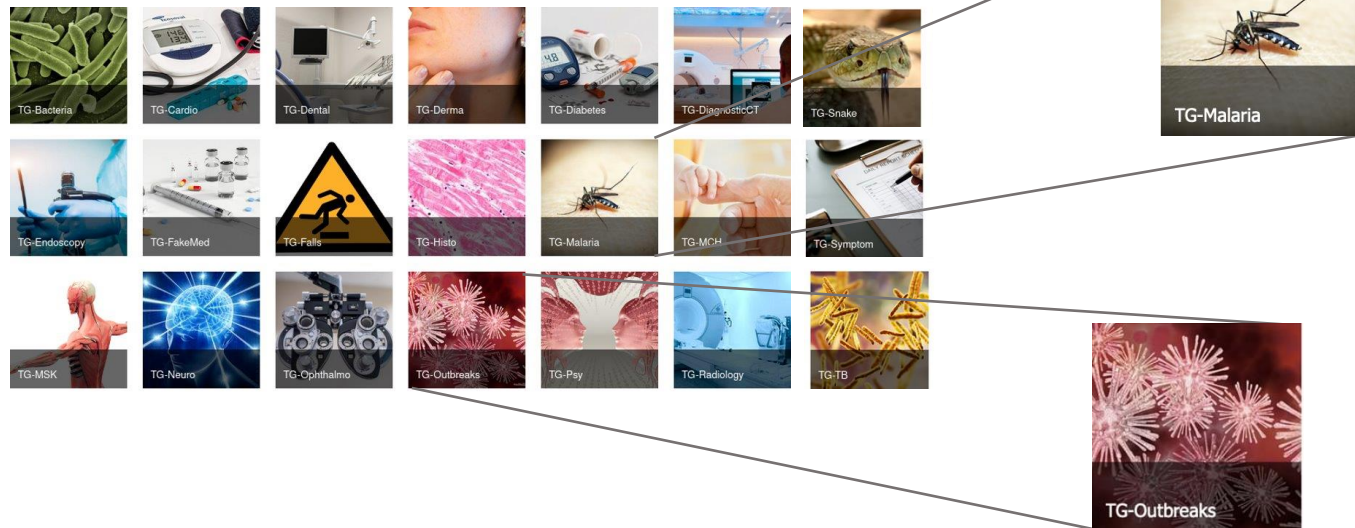
Working groups

- Dedicated to **overarching themes** that affect all topic groups in a specific aspect of AI for health
- Create **best practices**, establish **processes** and related policies, define ways to successfully **benchmark** AI for health algorithms, and create **reference documents**



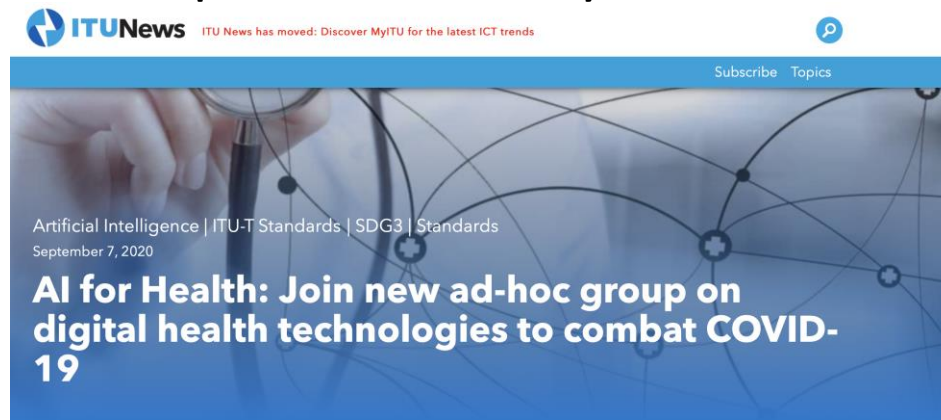
Topic groups

- Dedicated to a **specific health use case** in the context of AI
- Aim at producing **evidence** and **case studies** and bringing together **experts** and **data**
- Propose **procedures to benchmark** AI models for a given task within a health topic
- Draft **topic description documents**



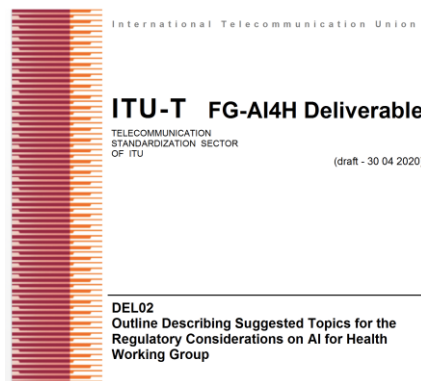
AHG-Digital technologies for COVID health emergency

- Coordinators: Ana Riviere Cinnamond (PAHO) & Shan Xu (CAICT)
- Objectives: Collecting effective ways AI (and related digital technologies) are leveraged throughout the cycle of an **epidemic emergency** using COVID-19 as a case study
- Prevention & preparedness, outbreak early detection, surveillance and response, recovery, rehabilitation, mitigation



Deliverables/documentation

- Address **overarching themes** (e.g., ethical and regulatory considerations, clinical evaluation, and data specifications) or **specific health topics**
- **Updated iteratively** and pass through a rigorous review process
- Provide **requirements** needed to establish the benchmarking process of AI for health



Deliverables/documentation

No.	Title
00	Overview of the FG-AI4H deliverables
01	AI4H ethics considerations
02	AI4H regulatory considerations
03	AI4H requirements specifications
04	AI4H software life cycle specification
05	Data specification
06	AI training best practices specification
07	AI4H evaluation considerations
08	AI4H scale-up and adoption
09	AI4H applications and platforms
10	AI4H use cases: Topic description documents

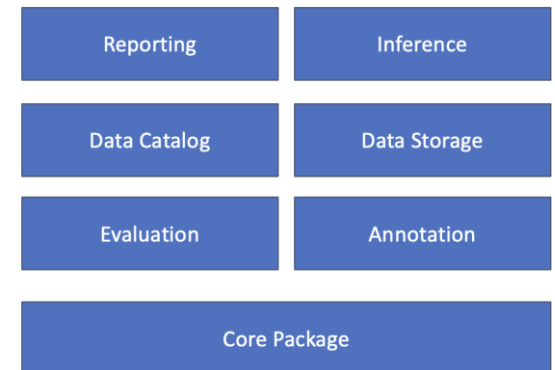
Open-Code-Initiative (OCI)

- Develop **software tools** (e.g., data acquisition, data storage, annotation, prediction, benchmarking/evaluation, and reporting packages)
- Involve **developers, regulators, and medical professionals**
- Targeted towards a **universal** tool applicable across borders
- Usable by multiple stakeholders such as notified bodies and doctors

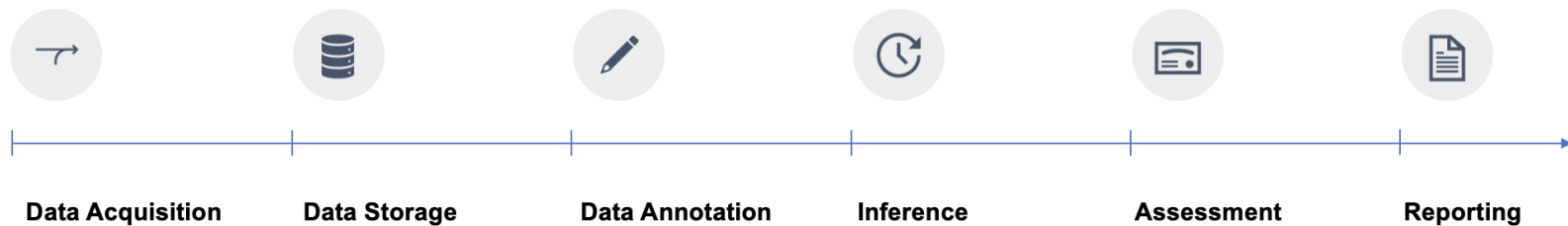


OCI-Collaboration

- International Team
 - 40+ contributors (including WG&TG-members)
 - various backgrounds (engineering, AI/ML-developers, reserachers, academia, medicine, regulation, etc.)
- Structure & workstreams
 - core package
 - data-storage & catalog package
 - data-annotation package
 - evaluation package
 - reporting package



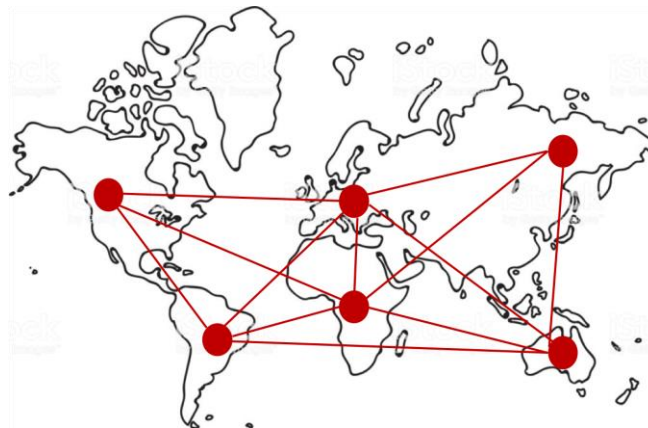
OCI: End-To-end-solution



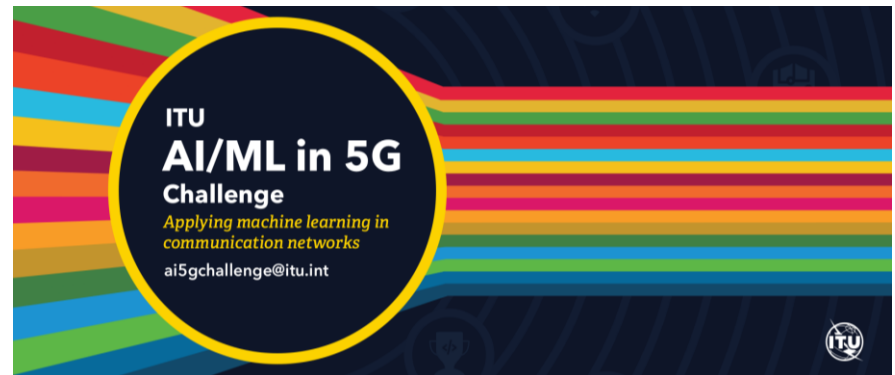
- OCI platform **focuses specifically on healthcare**
- **covers additional aspects:** ground truth annotation, data - and metadata management, reporting for regulators of AI
- **combines activities & output of FG-AI4H working- and topic groups**

Data centers

- AI developers/evaluators face a lack of centralized pools of health data
- FG-AI4H is coordinating **compilation of data** in regional centers
- Federated and transfer learning affect AI updates



2021: AI4H-WEBINARS & CHALLENGES



- **AI4H webinars:**
 - Infrastructure of ITU AI for Good Global Summit
 - Most pressing topics on AI & health
 - Renowned speakers, like Regina Barzilay (MIT), Isaac Kohane (Harvard), Jeremy Howard (Fast.AI)
- **AI4H challenges:** coming soon...

Get involved!

- Join the [topic groups](#), [working groups](#), [ad hoc group](#), and [Open Code Initiative](#)
- Contribute to deliverables
- Join [mailing list](#)
- Visit FG-AI4H [website](#)
- Read [Whitepaper](#) & commentary in [The Lancet](#)
- Consult the [onboarding document](#)
- Join the [AI4H webinar series](#)

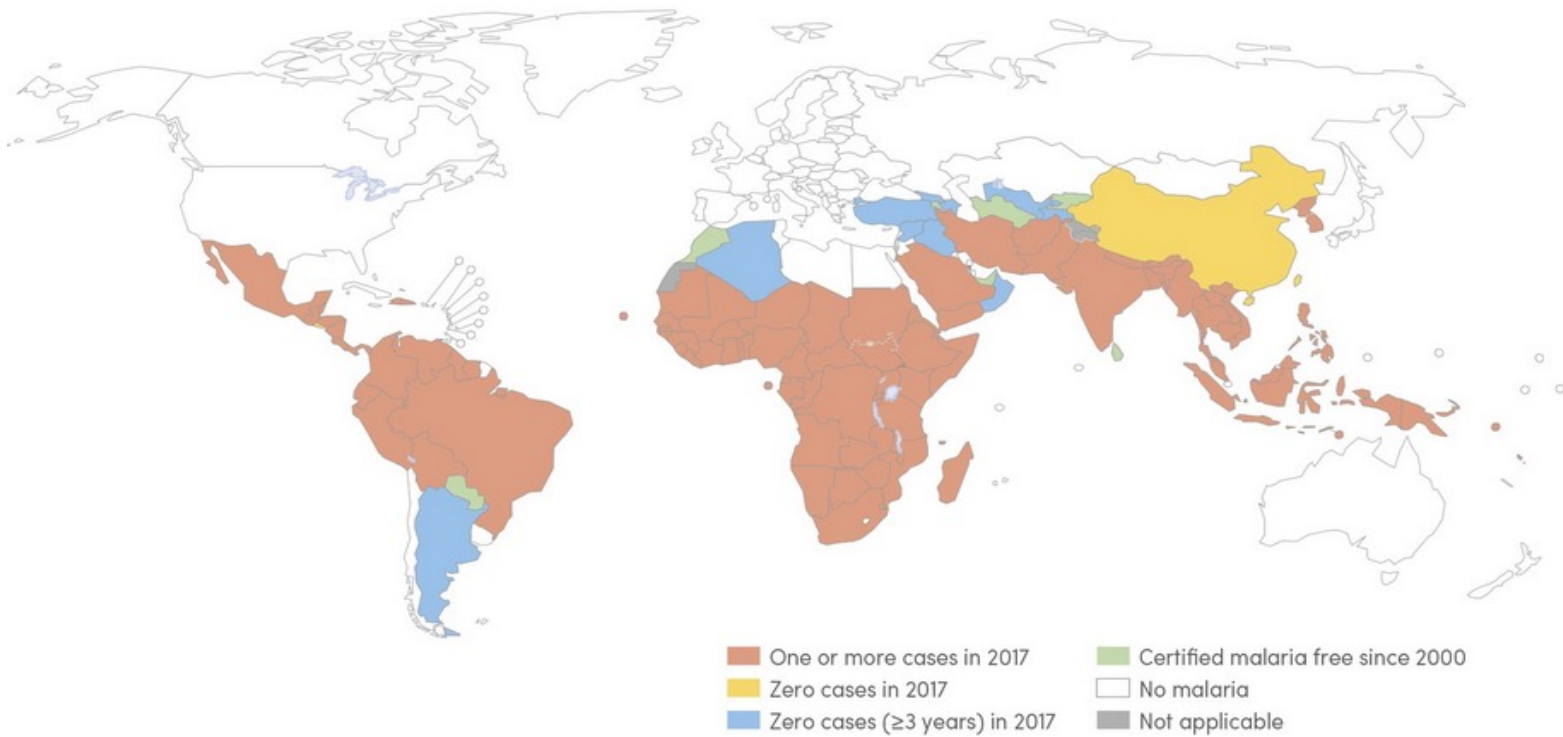
AI Based Detection of Malaria



TG-Malaria
Rose Nakasi
Makerere University, Uganda

Emerging Tech-week 5th-9th July 2021

Global malaria burden



•Globally, malaria accounts for over 229 million cases

Malaria burden

Currently in and many developing countries

- Malaria has been reported as one of the leading cause of death
- Patient in big numbers wait to be diagnosed



Microscopy challenge

In highly malaria endemic countries;

- There is lack of enough trained lab technicians
- In Ghana, 1.72 microscopes per 100,000 population, but only 0.85 trained laboratory staff per 100,000 population



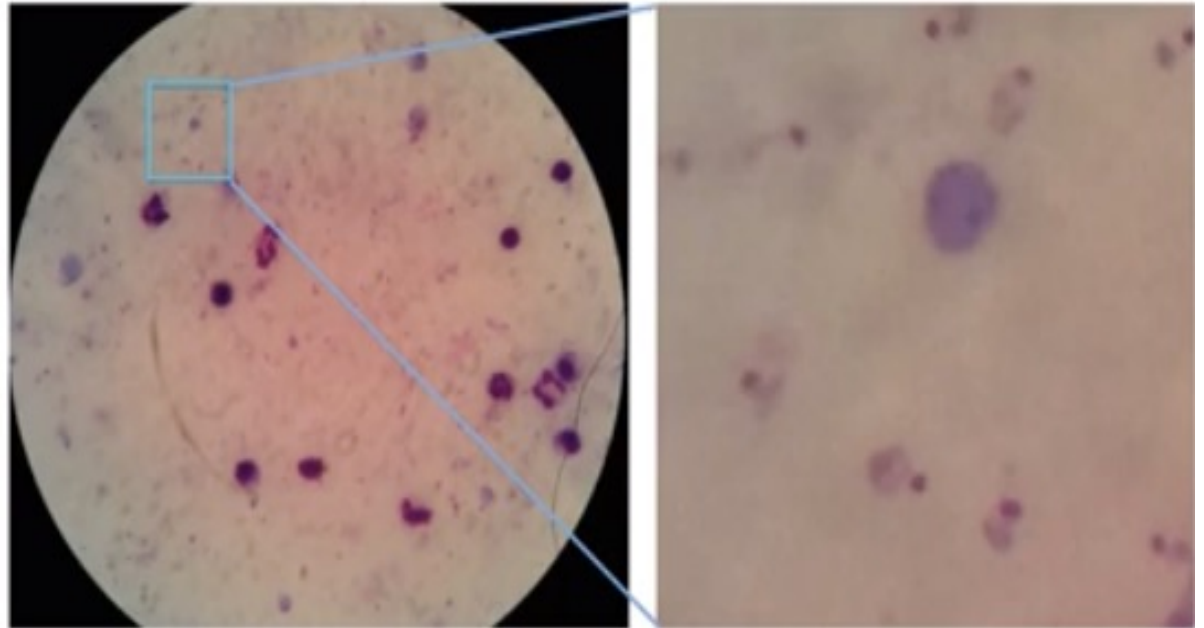
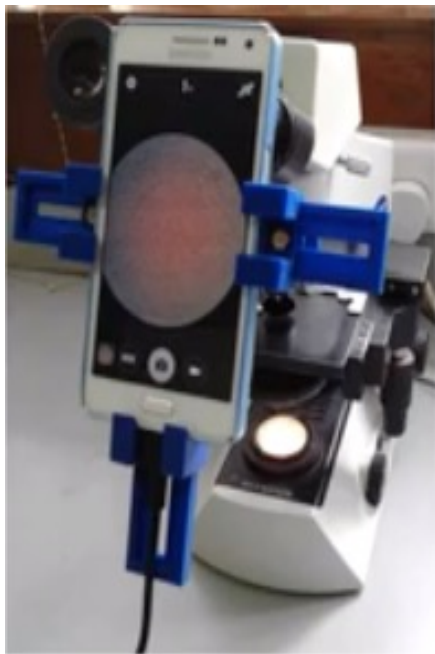
Diagnostic challenge

- Standard Operating Procedure requires not to view more than 30-40 slides a day
- Microscopy is eye straining
- Less diagnosis throughput
- Variations in individual expert judgment

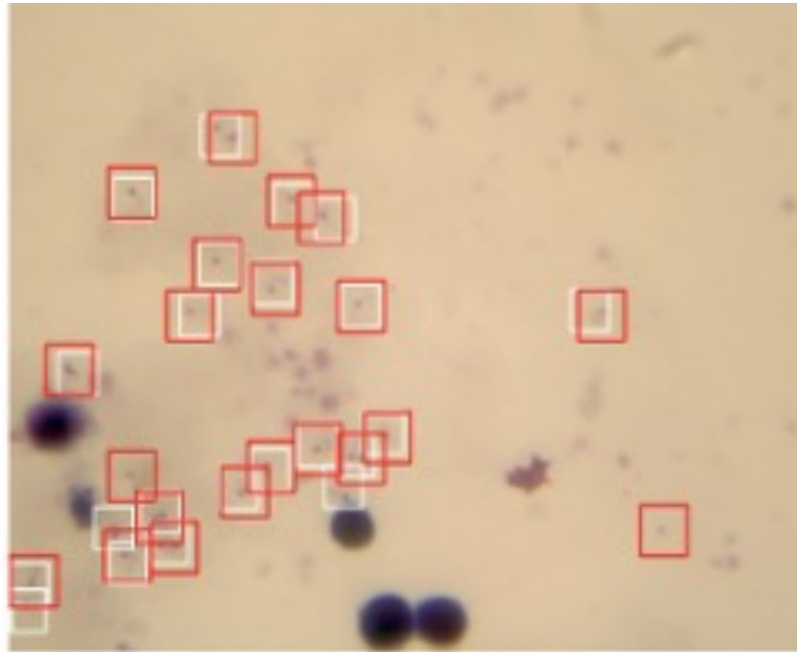


Digital imaging for malaria diagnosis

Set up



Automated detection of malaria



TG-Malaria activities



In order to standardize AI based detection of malaria

- **Quality datasets needed**
 - Have more datasets for training and testing
 - Well labelled datasets
- **Solution**
 - AI models and approaches related to malaria detection.
 - Suggestions on scoring metrics.
 - Improvements on the benchmarking framework.
 - Support to the group on different aspects (data, methods, benchmarking, etc.) of this topic
 - Extension of the solution to improve disease surveillance and prediction.
 - Heterogeneous Data needed

Benchmarking AI-Based detection of malaria

- Benchmarking-Malaria platform

Competition

  **Benchmarking - Malaria**

Organized by herilalaina - Current server time: Sept. 21, 2020, 11:11 a.m. UTC

Previous	▶ Current	End
Microscopy Dataset	Upload Dataset	Competition Ends
April 19, 2020, midnight UTC	March 10, 2020, 1:43 a.m. UTC	Never

Learn the Details | [Phases](#) | [Participate](#) | [Results](#)

[Overview](#)

[Evaluation](#)

[Terms and Conditions](#)

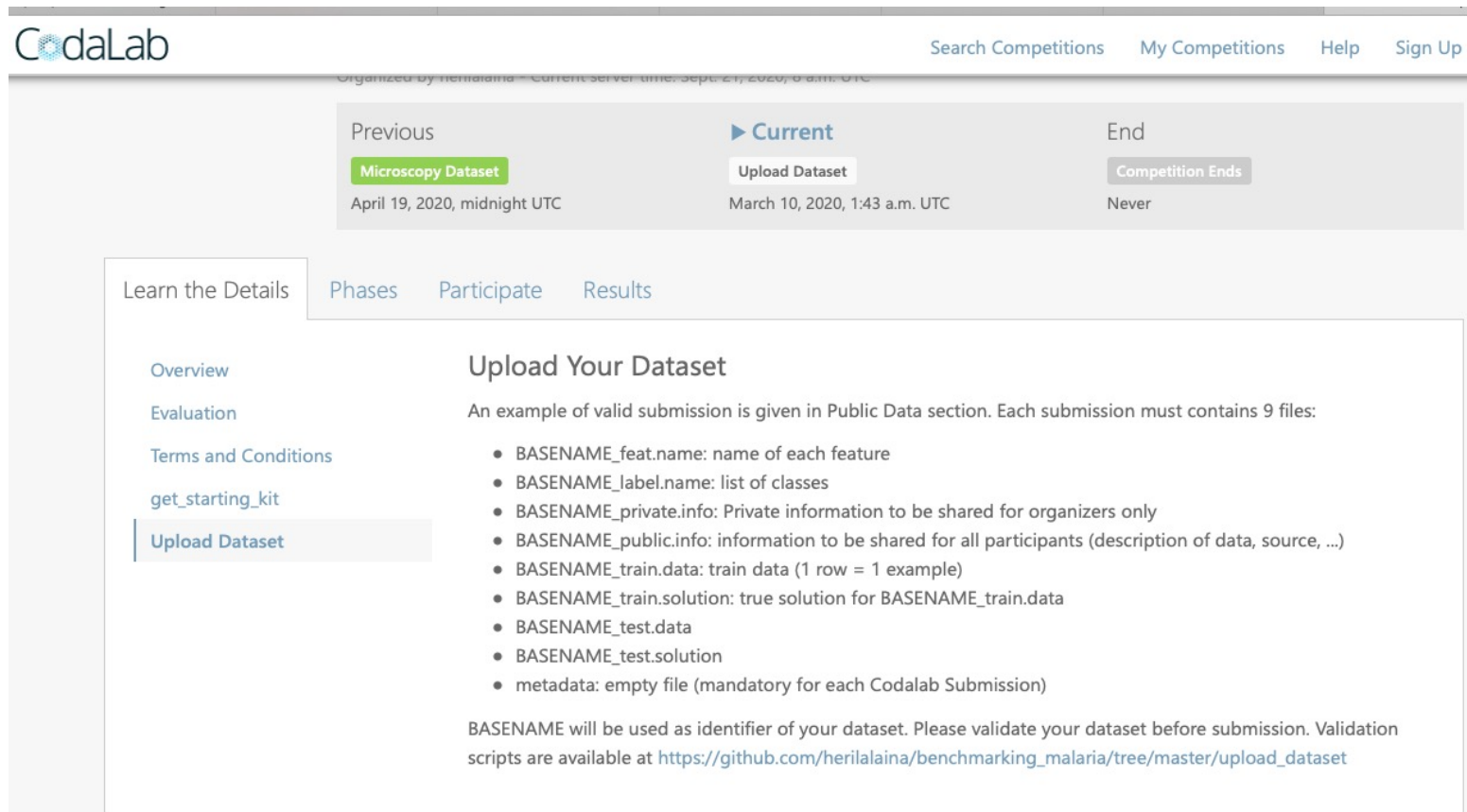
[get_starting_kit](#)

[Upload Dataset](#)

Benchmarking Malaria Detection Algorithms

Malaria is one of the top 10 causes of death in the sub Saharan Africa. According to the World Health Organization report of 2016, of the 438,000 Malaria deaths registered, an estimated 92% of all Malaria cases resulted in deaths, two thirds of which occurred among children under five years of age. Referring also to records from WHO report of 2015, Malaria accounted for 480,000 deaths, 90% of which were from Africa, 7% from S.E Asia and 2% from Eastern Mediterranean region. Although there were fewer Malaria cases in 2017 than in 2010 according to WHO report of 2017, data for the period 2015–2017 highlighted that no significant progress in reducing global Malaria cases was made in this timeframe. Malaria is thus of major concern to public health.

Support for uploading dataset



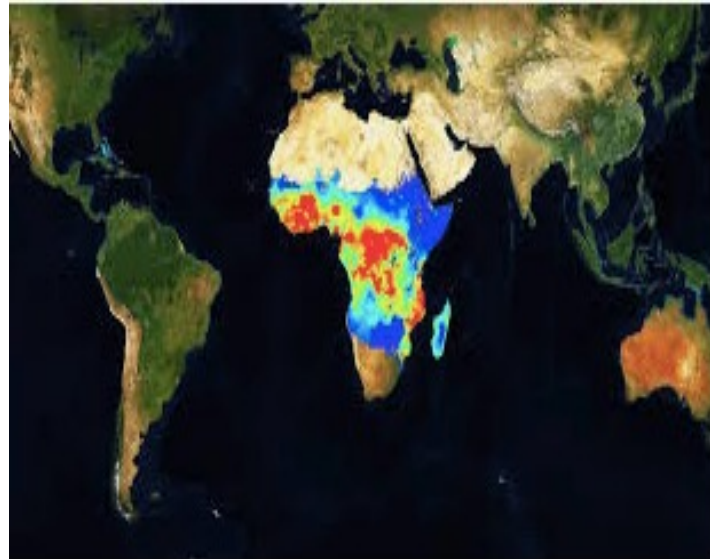
The screenshot shows the CodaLab interface for a competition. At the top, the CodaLab logo is on the left, and navigation links for 'Search Competitions', 'My Competitions', 'Help', and 'Sign Up' are on the right. Below the header, a progress bar indicates the competition's status: 'Previous' (Microscopy Dataset, April 19, 2020, midnight UTC), 'Current' (Upload Dataset, March 10, 2020, 1:43 a.m. UTC), and 'End' (Competition Ends, Never). The main content area is titled 'Learn the Details' and includes tabs for 'Phases', 'Participate', and 'Results'. Under 'Learn the Details', there are links for 'Overview', 'Evaluation', 'Terms and Conditions', 'get_starting_kit', and 'Upload Dataset' (which is highlighted). The 'Upload Dataset' section is titled 'Upload Your Dataset' and provides instructions on submission requirements. It states that an example of valid submission is given in the Public Data section and that each submission must contain 9 files. The required files are listed as follows:

- BASENAME_feat.name: name of each feature
- BASENAME_label.name: list of classes
- BASENAME_private.info: Private information to be shared for organizers only
- BASENAME_public.info: information to be shared for all participants (description of data, source, ...)
- BASENAME_train.data: train data (1 row = 1 example)
- BASENAME_train.solution: true solution for BASENAME_train.data
- BASENAME_test.data
- BASENAME_test.solution
- metadata: empty file (mandatory for each CodaLab Submission)

BASENAME will be used as identifier of your dataset. Please validate your dataset before submission. Validation scripts are available at https://github.com/herilalaina/benchmarking_malaria/tree/master/upload_dataset

Sub-topic: Malaria surveillance

Malaria is a bio-hazard



Call for participation

Participation can be in form of:

- Provision of quality labelled data
- **AI models** and algorithms for benchmarking task on malaria
- **General support** on different aspects of this topic (data, methods, benchmarking, etc.)

Contact us

- TG-Malaria
 - fgai4htgmalaria@lists.itu.int
- TG-Driver
 - g.nakasirose@gmail.com