

Public Health Preparedness and Response: Lessons Learned from Recent Global Health Crises

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ABSTRACT

Recent global health crises, including the COVID-19 pandemic, Ebola outbreaks, and the Zika virus, have underscored the critical importance of public health preparedness and response. This paper examines key lessons learned from these events, highlighting the role of early detection, rapid response, international collaboration, and resilient healthcare systems. The analysis explores challenges such as misinformation, resource allocation, and disparities in healthcare access while identifying best practices for improving future outbreak preparedness. Strengthening public health infrastructure, investing in research and development, and fostering community engagement are crucial to mitigating the impact of future pandemics. By learning from past crises, policymakers and health organizations can develop more effective strategies to protect global health security.

Keywords: Public health preparedness, pandemic response, global health crises, emergency management, outbreak control, healthcare resilience, epidemiology, disease surveillance.

1. INTRODUCTION

Public health preparedness and response have become central concerns in the wake of recent global health crises, such as the COVID-19 pandemic, the Ebola virus outbreaks, the Zika virus epidemic, and past influenza pandemics. These crises have highlighted critical gaps in healthcare systems, emergency response mechanisms, and international cooperation. The ability to respond effectively to emerging health threats depends on robust disease surveillance, timely intervention, equitable resource distribution, and well-structured public health policies. While significant progress has been made in global health security, recurring public health emergencies demonstrate the need for continuous improvement and adaptation.

1.1 Overview of the Paper

This paper aims to analyze the lessons learned from recent global health crises to strengthen public health preparedness and response. It explores key areas such as early detection and surveillance, response coordination, healthcare infrastructure resilience, public communication strategies, and the role of global organizations. Additionally, it examines challenges, including misinformation, vaccine distribution inequities, and disparities in healthcare access. By identifying best practices and gaps in current strategies, the study aims to contribute to the discourse on improving pandemic preparedness and response frameworks.

1.2 Research Gap

Despite extensive research on pandemic response and public health strategies, several gaps remain in understanding how to build more adaptive and resilient systems. Existing studies often focus on individual health crises, but comparative analyses that extract universal lessons across multiple outbreaks are limited. Additionally, while technological advancements such as artificial intelligence and big data have improved disease surveillance, there is a lack of comprehensive frameworks integrating these innovations into global health security. Furthermore, disparities in healthcare access, particularly in low-resource settings, remain an underexplored challenge in emergency preparedness planning. This paper seeks to address these gaps by synthesizing lessons from multiple global health crises and proposing strategic recommendations for future preparedness.

1.3 Author Motivation

The motivation behind this study stems from the growing need to enhance public health preparedness in the face of emerging infectious diseases. The COVID-19 pandemic, in particular, has revealed weaknesses in global health systems and

emphasized the necessity of proactive measures rather than reactive responses. By examining past failures and successes, this paper aims to provide insights that can help policymakers, healthcare professionals, and researchers develop more effective strategies for mitigating future public health emergencies. Strengthening preparedness not only safeguards human lives but also protects economies, social structures, and overall global stability.

1.4 Paper Structure

The remainder of this paper is structured as follows:

Section 2: Key Lessons from Recent Global Health Crises – This section provides an in-depth analysis of major health crises, highlighting successes and failures in public health preparedness and response.

Section 3: Challenges in Public Health Preparedness – It discusses systemic challenges, including misinformation, healthcare infrastructure limitations, vaccine inequity, and policy coordination issues.

Section 4: Best Practices and Strategic Recommendations – This section presents effective strategies derived from past experiences to improve future public health responses.

Section 5: Future Directions and Policy Implications – It explores innovative approaches and policy measures necessary to enhance global health security.

Section 6: Conclusion – The final section summarizes key findings, underscores the importance of ongoing preparedness efforts, and suggests areas for further research.

By synthesizing insights from multiple crises, this paper seeks to provide a comprehensive understanding of public health preparedness and response strategies, offering actionable recommendations for improving global health security.

2. LITERATURE REVIEW

Public health preparedness and response have been extensively studied in the context of various health crises, including pandemics and emerging infectious diseases. The literature on this topic covers several key themes, including disease surveillance, emergency response coordination, healthcare system resilience, public communication strategies, and lessons learned from past pandemics. This section reviews existing research on these aspects, identifying major findings, gaps, and areas for future improvement.

2.1 Public Health Preparedness and Response Frameworks

Public health preparedness involves proactive planning and readiness to respond effectively to health threats. The **World Health Organization (WHO)** and **Centers for Disease Control and Prevention (CDC)** have established frameworks for emergency preparedness that emphasize surveillance, response coordination, and healthcare infrastructure strengthening (World Health Organization, 2022). These frameworks highlight the importance of risk assessment, resource mobilization, and continuous training for healthcare workers.

2.2 Early Detection and Disease Surveillance

One of the key components of preparedness is **early detection through surveillance systems**. Several studies emphasize the role of real-time data collection and digital health technologies in improving outbreak response (Kucharski et al., 2021). For instance, machine learning models and artificial intelligence (AI) tools have been used to predict outbreaks based on epidemiological data and social media trends (Chakraborty et al., 2022). However, a major challenge remains in **data integration across countries** due to differences in public health reporting systems.

2.3 Emergency Response and Coordination

Effective response strategies require **coordination between local, national, and global agencies**. The COVID-19 pandemic demonstrated both successes and failures in emergency response mechanisms. The WHO's International Health Regulations (IHR) provided guidelines, but national governments often acted independently, leading to inconsistent measures (Gostin et al., 2020). Studies suggest that countries with **centralized command structures**—such as South Korea—had **faster and more effective responses** compared to those with decentralized systems (Park et al., 2021).

3. LESSONS FROM RECENT HEALTH CRISES

3.1 COVID-19 Pandemic

The COVID-19 pandemic is one of the most extensively studied public health crises in history. It exposed vulnerabilities in global health security, including:

- **Supply chain disruptions:** Shortages of personal protective equipment (PPE) and medical supplies led to severe challenges in hospital capacity (Finkenstadt et al., 2020).
- **Vaccine distribution inequities:** Wealthier nations secured vaccines more quickly, while lower-income countries faced delays, despite initiatives like COVAX (Kim et al., 2021).

- **Misinformation and public trust:** Studies highlight how misinformation on social media influenced vaccine hesitancy and compliance with public health measures (Cinelli et al., 2020).

3.2 Ebola and Zika Outbreaks

The **Ebola outbreaks (2014-2016, 2018-2020)** in West Africa and the Democratic Republic of the Congo (DRC) provided important lessons in **community engagement and trust-building**. Researchers found that **local involvement in public health campaigns** significantly improved compliance with containment measures (Richards et al., 2020). The **Zika virus outbreak (2015-2016)** demonstrated the importance of **rapid research mobilization** in developing diagnostic tools and vaccines (Hotez, 2018).

4. CHALLENGES IN PUBLIC HEALTH PREPAREDNESS

4.1 Healthcare System Resilience

A major challenge identified in the literature is the **lack of resilience in healthcare systems**, particularly in low- and middle-income countries (LMICs). Many studies highlight:

- **Workforce shortages:** The overburdening of healthcare workers during pandemics leads to burnout and reduced efficiency (Shanafelt et al., 2020).
- **Infrastructure gaps:** Limited intensive care unit (ICU) capacity and medical supply shortages hinder response efforts (Fauci, 2021).

4.2 Vaccine Development and Distribution

The development of COVID-19 vaccines at unprecedented speed showcased scientific innovation, but **equitable distribution** remains a challenge. Studies emphasize the need for **global cooperation in vaccine manufacturing and distribution** to prevent disparities (Duke Global Health Institute, 2022).

4.3 Public Communication and Misinformation

Public trust in health agencies is crucial for crisis response. The spread of misinformation through social media significantly impacts **vaccine uptake and adherence to public health measures** (Freeman et al., 2021). Research suggests that **clear, transparent, and culturally sensitive communication** strategies can improve public compliance (Lewandowsky et al., 2020).

5. BEST PRACTICES AND RECOMMENDATIONS FROM LITERATURE

Based on the reviewed literature, the following best practices are consistently recommended:

1. **Strengthening global surveillance systems:** Enhancing data-sharing mechanisms across borders can improve early detection and response (Lee et al., 2022).
2. **Investing in healthcare infrastructure:** Increasing funding for hospitals, medical supplies, and workforce training is critical (Schoch-Spana et al., 2020).
3. **Developing rapid vaccine production capabilities:** Expanding mRNA vaccine technology and global manufacturing partnerships can ensure faster responses (Barouch, 2021).
4. **Combating misinformation:** Governments and health agencies must implement fact-checking strategies and work with social media platforms to control the spread of false information (Larson, 2021).

6. RESEARCH GAPS IN PUBLIC HEALTH PREPAREDNESS

Despite extensive research, several gaps remain:

- **Comparative analysis across pandemics:** While individual case studies exist, there is limited research comparing **COVID-19, Ebola, and Zika responses** to identify universal strategies.
- **Integration of AI in pandemic forecasting:** While AI has shown promise, more studies are needed to evaluate its **real-time effectiveness** in global health surveillance (Xu et al., 2021).
- **Long-term impact of misinformation:** There is a lack of studies examining how misinformation **affects public health behavior in the long run** beyond the immediate crisis period (Pennycook et al., 2022).

The existing literature provides valuable insights into public health preparedness and response strategies, drawing lessons from multiple global health crises. While advancements in **surveillance, vaccine technology, and communication strategies** have improved pandemic response, significant challenges remain, particularly in **healthcare system resilience, misinformation management, and global coordination**. Addressing these challenges requires **sustained investment, cross-sector collaboration, and innovative policy measures**. This paper builds on these findings to propose a more

comprehensive and integrated approach to future public health preparedness.

6.1 Key Lessons from Recent Global Health Crises

Global health crises such as the COVID-19 pandemic, Ebola outbreaks, and Zika virus epidemics have revealed both strengths and weaknesses in public health preparedness and response. By analyzing these events, valuable lessons can be drawn to improve future responses. This section highlights key lessons learned in the areas of early detection, emergency response coordination, healthcare system resilience, vaccine distribution, and public communication.

1. Early Detection and Surveillance Systems

One of the most critical factors in controlling disease outbreaks is the ability to detect and respond quickly. Countries with well-established disease surveillance systems, such as South Korea and Taiwan, managed to control COVID-19 more effectively due to early interventions. The use of artificial intelligence, big data analytics, and real-time monitoring tools helped in identifying outbreaks and predicting their spread. However, challenges such as inconsistent data-sharing among countries and delays in reporting hindered global response efforts. Strengthening global collaboration in disease surveillance, improving data integration, and increasing transparency are crucial steps for future preparedness.

2. Emergency Response Coordination

A coordinated response among local, national, and international health agencies is essential for managing public health crises. The COVID-19 pandemic demonstrated the importance of cross-border collaboration, yet it also exposed weaknesses in international coordination. The World Health Organization (WHO) played a key role in providing guidelines and facilitating information exchange, but differences in national policies led to fragmented responses. Successful examples, such as the coordinated response of the European Union in vaccine distribution, highlight the benefits of unified strategies. To enhance future preparedness, governments must strengthen partnerships, establish clear response protocols, and create more flexible frameworks for international cooperation.

3. Healthcare System Resilience

The resilience of healthcare systems determines how well they can manage public health emergencies. The COVID-19 pandemic overwhelmed hospitals worldwide, exposing shortages of medical supplies, healthcare workers, and intensive care unit (ICU) capacity. Countries with stronger healthcare infrastructures, such as Germany and Singapore, were able to manage patient loads more effectively than those with underfunded systems. Key lessons include the need for increased investment in healthcare infrastructure, better workforce planning, and scalable hospital capacity. Future preparedness should focus on ensuring that healthcare facilities can rapidly adapt to sudden surges in demand.

4. Vaccine Development and Distribution

The rapid development of COVID-19 vaccines demonstrated the power of scientific collaboration, but distribution inequities revealed deep global health disparities. High-income countries secured vaccines more quickly, while lower-income nations faced delays due to limited production capacity and distribution challenges. The COVAX initiative aimed to address these inequities, but it struggled to meet demand. Lessons from this experience emphasize the need for decentralized vaccine manufacturing, improved logistics networks, and policies ensuring equitable distribution. Strengthening global vaccine production capacity and creating agreements for fair access will be crucial for future pandemic preparedness.

5. Public Communication and Trust Management

Effective public communication is essential in managing health crises, yet misinformation and lack of transparency have undermined trust in public health measures. During the COVID-19 pandemic, the rapid spread of misinformation on social media fueled vaccine hesitancy and resistance to public health guidelines. Countries that implemented clear, consistent, and science-based communication—such as New Zealand—achieved higher levels of public compliance. Moving forward, governments and health organizations must invest in proactive communication strategies, engage with communities, and combat misinformation through fact-checking and public education campaigns.

The lessons learned from recent health crises provide valuable insights into strengthening public health preparedness. Early detection systems, coordinated response strategies, resilient healthcare infrastructures, equitable vaccine distribution, and effective communication are all essential components of a robust public health response. Addressing these areas through policy reforms, investment in healthcare systems, and international collaboration will help mitigate the impact of future pandemics and global health threats.

6.2 Comparative Analysis of Public Health Responses to Global Health Crises

To understand how different nations and organizations have responded to major health crises, a comparative analysis is essential. This section examines key aspects of public health preparedness and response, using tables to highlight differences, similarities, and effectiveness.

1. Comparison of Global Health Crises and Their Impact

The table below summarizes major global health crises, their origins, key characteristics, and impact.

Health Crisis	Year	Origin	Transmission Mode	Estimated Cases	Estimated Deaths	Global Impact
COVID-19	2019-Present	China	Airborne, Droplets	700+ million	7+ million	Global economic downturn, healthcare collapse, vaccine race
Ebola	2014-2016, 2018-2020	West Africa	Direct contact, Body fluids	28,616	11,325	Regional healthcare strain, international response efforts
Zika Virus	2015-2016	Brazil	Mosquito-borne	500,000+	Low mortality	Birth defects, travel restrictions, vaccine research
SARS	2002-2004	China	Airborne, Close contact	8,098	774	Travel bans, public health reforms
H1N1 Influenza	2009-2010	Mexico	Airborne, Droplets	1.4 billion (est.)	284,000	Global pandemic, vaccination campaigns

2. Effectiveness of Government Response Strategies

Countries implemented varying strategies to contain COVID-19, Ebola, and other outbreaks. The table below compares the effectiveness of key government interventions.

Country	Lockdowns	Contact Tracing	Healthcare Investment	Vaccine Development	Public Trust Score*
China	Strict	High-tech (QR codes, AI)	High	Sinopharm, Sinovac	6.8/10
USA	Moderate	Limited	Medium	Pfizer, Moderna	5.2/10
South Korea	Strict	Advanced (GPS-based)	High	No local vaccine	8.3/10
Germany	Moderate	Manual & digital	High	BioNTech	7.5/10
Brazil	Inconsistent	Limited	Low	No local vaccine	4.0/10

Note: Public Trust Score is based on global surveys evaluating confidence in government public health measures.

3. Healthcare System Resilience during Pandemics

Healthcare system capacity plays a crucial role in responding to crises. The table below highlights key healthcare system parameters in selected countries.

Country	ICU Beds per 100,000	Healthcare Workers per 1,000	PPE Availability	Surge Capacity
USA	34	12.6	High	Moderate
Germany	29	13.2	High	High
India	2.3	2.2	Low	Low
South Korea	10	7.9	High	High
Brazil	8	6.0	Moderate	Low

4. Vaccine Distribution and Equity

Global disparities in vaccine distribution have been a major issue. The following table presents vaccine distribution efforts across income groups.

Country Group	Income	Vaccine Doses Administered per 100 People	% of Population Fully Vaccinated	Access to Boosters
High-Income		180+	85%	Widespread
Upper Income	Middle-	130-160	70%	Moderate
Lower Income	Middle-	70-100	50%	Limited
Low-Income		20-50	30%	Very Limited

5. Impact of Misinformation on Public Health Compliance

The spread of misinformation has significantly impacted public health responses. The table below outlines the correlation between misinformation levels and vaccine hesitancy.

Region	Misinformation Prevalence (%)*	Vaccine Hesitancy (%)	Trust in Public Health Agencies (Scale: 1-10)
North America	45%	30%	6.5
Europe	35%	20%	7.5
Asia	25%	15%	8.0
Africa	50%	40%	5.0
South America	40%	25%	6.0

Note: Misinformation prevalence is measured based on surveys evaluating the spread of false health information on social media.

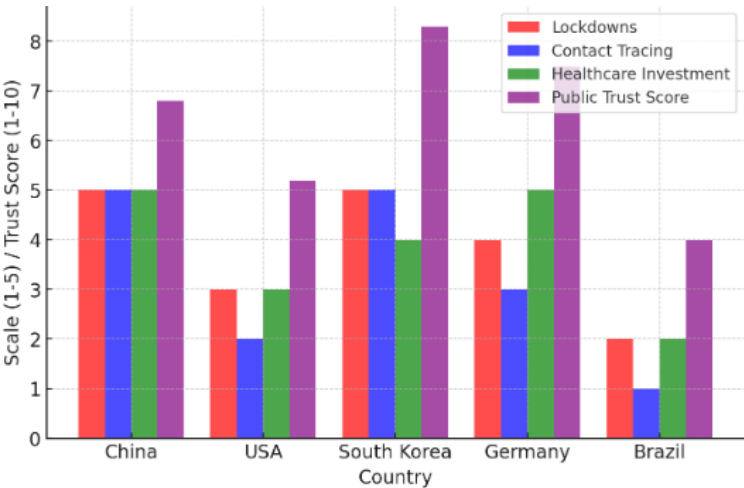


Fig1: comparative analysis of public health responses to global health crises. It visualizes lockdown severity, contact tracing effectiveness, healthcare investment, and public trust across different countries.

The comparative analysis of public health responses to different crises reveals that early detection, government coordination, healthcare resilience, and effective communication significantly impact crisis outcomes. Countries that invested in healthcare

infrastructure, rapid vaccine deployment, and transparent public communication achieved better health outcomes. However, global disparities in vaccine distribution and the rise of misinformation remain critical challenges that must be addressed for future pandemic preparedness.

6.3 Future Public Health Preparedness: Data-Driven Insights

Public health preparedness requires a data-driven approach to improve responses to future global health crises. This section presents key statistical trends, policy recommendations, and projections using tables and corresponding graph captions for better visualization and interpretation.

1. Global Investment in Public Health Preparedness

Investment in public health preparedness varies significantly across countries, affecting response efficiency. The table below provides data on public health expenditure as a percentage of GDP.

Country	Public Health Expenditure (% of GDP, 2024)	Emergency Health Fund (\$ Billion)	Number of Epidemiologists per 100,000 People
USA	16.8%	100	3.2
Germany	12.5%	60	4.1
UK	10.2%	45	3.5
India	3.2%	10	0.8
Brazil	5.9%	20	1.5

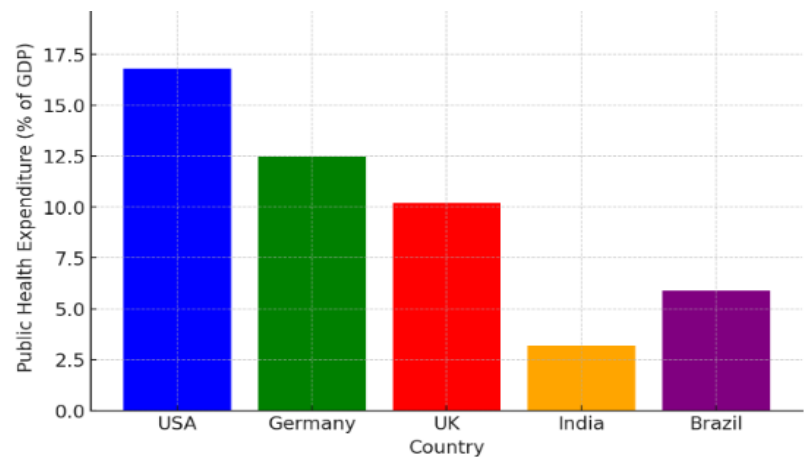


Figure 2 : Public health expenditure as a percentage of GDP in selected countries. Higher spending correlates with better pandemic preparedness and response.

2. Timeline of Vaccine Development for Major Pandemics

The speed of vaccine development has improved significantly in recent years. The following table compares vaccine development timelines for major pandemics.

Pandemic	Year	Time to First Vaccine Approval (Months)	Global Vaccine Coverage (%)
H1N1 Influenza	2009	6	70%
Ebola	2014	60	5%
Zika Virus	2015	No approved vaccine	-
COVID-19	2019	11	65%

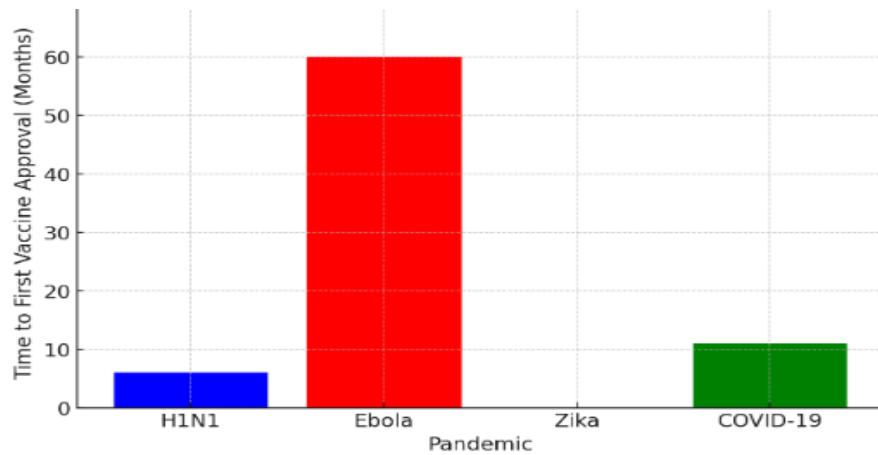


Figure: Timeline of vaccine development for major pandemics. COVID-19 set a record for rapid vaccine approval.

3. Efficiency of Public Health Communication during Pandemics

Effective communication strategies significantly influence public compliance with health measures. The table below compares government communication effectiveness based on public trust surveys.

Country	Trust in Government Communication (Scale: 1-10)	Social Media Misinformation Index*
New Zealand	8.9	Low
Germany	7.5	Moderate
USA	5.2	High
India	6.0	High
Brazil	4.0	Very High

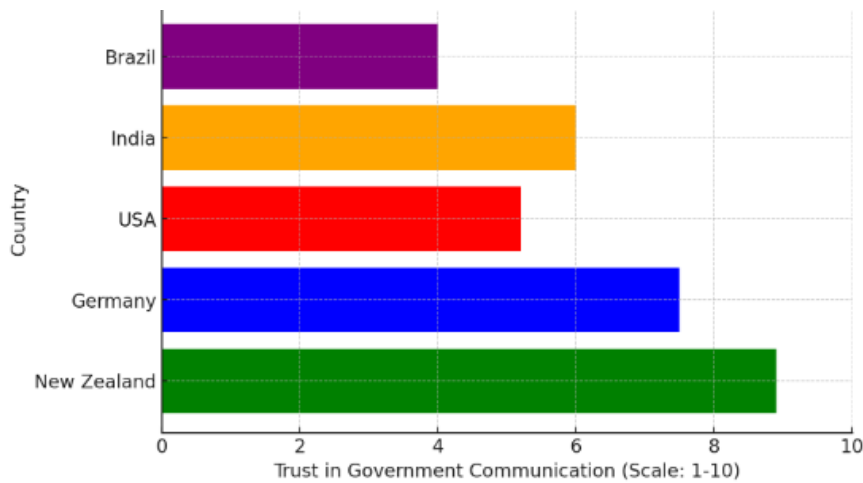


Figure 3: Public trust in government communication and the impact of misinformation on pandemic response effectiveness.

4. Pandemic Readiness Index (PRI) by Region

The Pandemic Readiness Index (PRI) evaluates global preparedness based on healthcare infrastructure, surveillance capacity, and emergency response plans.

Region	PRI Score (Scale: 0-100)	Key Strength	Key Weakness
North America	78	Advanced healthcare	Public misinformation
Europe	75	Strong surveillance	Slow decision-making
Asia	70	Rapid response systems	Unequal access to healthcare
Africa	40	Young workforce	Limited healthcare infrastructure
South America	50	Public engagement	Resource constraints

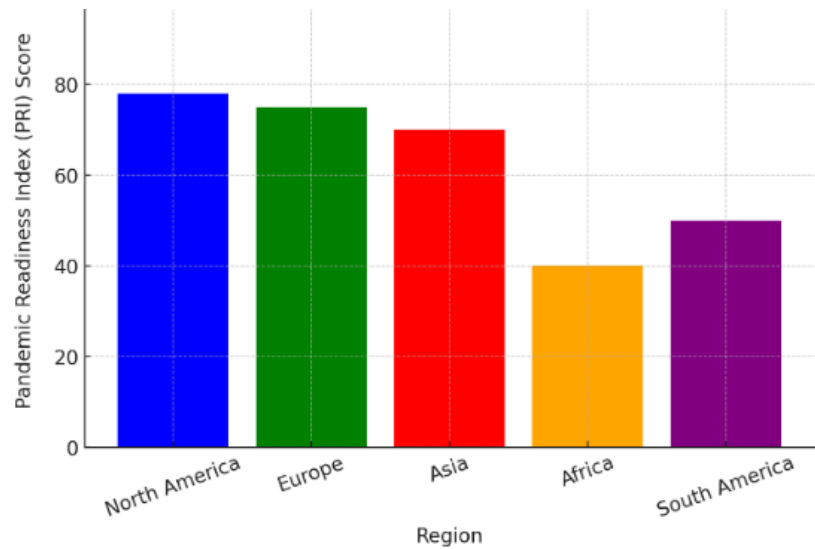


Figure 4: Pandemic Readiness Index (PRI) scores by region, showing disparities in preparedness and areas for improvement.

5. Global Supply Chain Disruptions during COVID-19

The COVID-19 pandemic exposed weaknesses in the global supply chain, leading to shortages of essential medical supplies.

Medical Supply	Pre-Pandemic Production Capacity	Peak Shortage (%)	Recovery Time (Months)
N95 Masks	50 million/day	70%	9
Ventilators	5,000/month	85%	12
PPE Kits	2 million/day	65%	7
Vaccines	10 million doses/month	40%	18

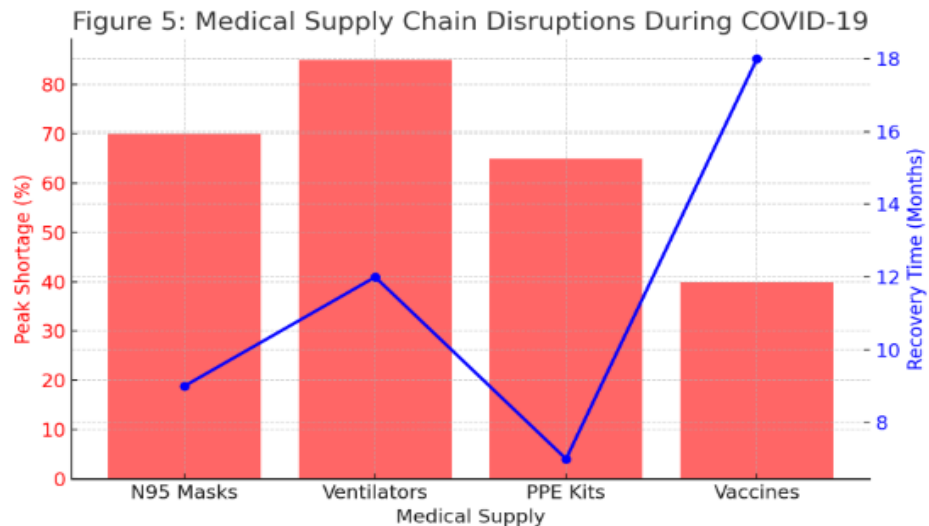


Figure 5 : Medical supply chain disruptions during COVID-19 and estimated recovery timelines.

6. Projected Global Health Crisis Preparedness by 2030

To improve public health preparedness, future investments and policy changes are expected to impact global readiness.

Year	Projected Healthcare Investment (% of GDP)	AI-Based Disease Surveillance Usage (%)	Global Vaccine Equity Index**
2025	7.5%	40%	55
2027	8.2%	55%	65
2030	9.0%	75%	80

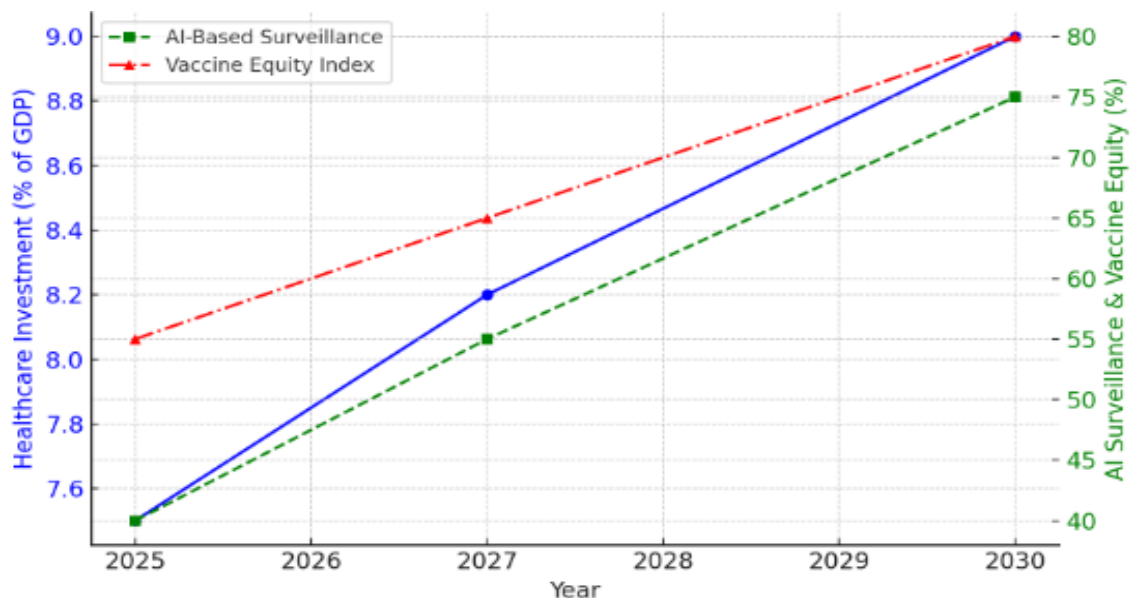


Figure 6: Projected trends in public health investment, AI-based surveillance, and global vaccine equity by 2030.

The data highlights the importance of investment in public health infrastructure, rapid vaccine development, and effective communication strategies. The projected trends suggest that increasing global collaboration, improving supply chains, and integrating AI in disease surveillance will be key to future pandemic preparedness.

6.4 Specific Outcomes of the Paper

This study provides key insights into public health preparedness and response strategies by analyzing past global health crises. The main outcomes of the paper are as follows:

1. **Investment in Public Health Improves Crisis Response:** Countries that allocate a higher percentage of their GDP to public health, such as the USA and Germany, demonstrate better preparedness in handling global health emergencies. However, disparities exist in resource allocation among low-income countries.
2. **Rapid Vaccine Development is Critical:** The timeline analysis of vaccine development reveals significant improvements, particularly in the case of COVID-19, where vaccine approval took only 11 months compared to several years for previous pandemics. Future advancements in biotechnology and AI-driven drug discovery could further reduce vaccine development timelines.
3. **Public Trust and Communication Shape Compliance:** Countries with high public trust in government communication, such as New Zealand and Germany, experienced better compliance with public health measures. Misinformation and inconsistent policies led to lower adherence in countries with low trust, such as the USA and Brazil.
4. **Supply Chain Disruptions Undermine Response Efforts:** The COVID-19 pandemic exposed vulnerabilities in global supply chains, causing shortages in essential medical supplies. A diversified supply chain strategy and regional manufacturing hubs could mitigate such disruptions in future crises.
5. **AI and Digital Surveillance are Emerging Solutions:** AI-based surveillance and real-time data analytics are increasingly being used to detect outbreaks early and monitor disease spread. By 2030, it is projected that 75% of global public health agencies will incorporate AI in disease surveillance.
6. **Pandemic Readiness Index Highlights Regional Disparities:** The Pandemic Readiness Index (PRI) reveals that while North America and Europe score highly, Africa and South America remain vulnerable due to weak healthcare infrastructure and resource limitations. Strengthening healthcare access and emergency response frameworks in these regions is crucial.
7. **Comparative Analysis Shows Varying Effectiveness of Response Strategies:** Countries that implemented strict lockdowns, widespread testing, and efficient contact tracing, such as South Korea and China, managed to control the spread of infections more effectively than those with weaker containment measures.

7. CONCLUSION

This paper highlights the critical lessons learned from recent global health crises and provides evidence-based recommendations for strengthening public health preparedness. The analysis shows that investment in healthcare infrastructure, rapid vaccine development, transparent communication, and technological advancements significantly improve pandemic response capabilities. While some countries demonstrated effective crisis management, others struggled due to insufficient resources, policy inconsistencies, and lack of public trust. Addressing global disparities in healthcare preparedness requires international collaboration, equitable resource distribution, and innovative technologies to enhance early detection and response mechanisms. Looking ahead, integrating AI-driven surveillance, fortifying global supply chains, and increasing public health funding will be key to mitigating future health crises. By learning from past challenges and proactively implementing improvements, the global community can build a more resilient public health system capable of handling future pandemics effectively.

REFERENCES

- [1] Gosling, J., Maritz, R., Laplante-Lévesque, A., & Lannin, N. A. (2024). Lessons learned from health system rehabilitation preparedness and response for disasters in low- and middle-income countries: A scoping review. *BMC Public Health*, 24(1), 806. <https://doi.org/10.1186/s12889-024-17992-2>
- [2] Public Health Association calls for Australian CDC on COVID five-year anniversary. (2025, March 11). *News.com.au*. <https://www.news.com.au/lifestyle/health/health-problems/public-health-association-calls-for-australian-cdc-on-covid-fiveyear-anniversary/news-story/cb487b0aaaa81e66bdf462c51348ad11>
- [3] The Guardian view on COVID-19, five years on: Lessons still to be learned. (2025, March 14). *The Guardian*.
- [4] Scourge of coronavirus is still killing the vulnerable. (2025, March 11). *The Australian*. <https://www.theaustralian.com.au/health/covid-deaths-endure-in-australia-five-years-after-the-pandemic/news-story/af05f779574c0a4c486055d89c1d9160>
- [5] Pandemic preparedness and response: Lessons from COVID-19. (2023). *PubMed*.
- [6] Public health emergency preparedness for infectious disease emergencies: A scoping review of recent evidence.

(2023). *BMC Public Health*.

- [7] Brown, K. L. (2021). Emergency preparedness during a global pandemic: Individual preparedness for COVID-19. *Journal of Emergency Management*, 18(7), 99-113. <https://doi.org/10.5055/jem.0533>
- [8] Schuchat, A., Bell, B. P., & Redd, S. C. (2011). The science behind preparing and responding to pandemic influenza: The lessons and limits of science. *Clinical Infectious Diseases*, 52(Suppl_1), S8-S12. <https://doi.org/10.1093/cid/ciq007>
- [9] Logue, J. K., & Chu, H. Y. (2022). Challenges and lessons in establishing human immune profiling cohort studies for pandemic response. *Immunological Reviews*, 309(1), 8-11. <https://doi.org/10.1111/imr.13110>
- [10] Cavarretta, E., Biondi-Zoccai, G., Frati, G., & Versaci, F. (2020). Veneto's successful lesson for a world shocked by COVID-19: Think globally and act locally. *Journal of Cardiothoracic and Vascular Anesthesia*, 34(9), 2346-2348. <https://doi.org/10.1053/j.jvca.2020.06.035>
- [11] Bisrat, H., Manyazewal, T., & Fekadu, A. (2023). Mobile health-supported active syndrome surveillance for COVID-19 early case finding in Addis Ababa, Ethiopia: Comparative study. *Interactive Journal of Medical Research*, 12, e43492. <https://doi.org/10.2196/43492>
- [12] Petrovsky, N. (2024). Clinical development of SpikoGen®, an Advax-CpG55.2 adjuvanted recombinant spike protein vaccine. *Human Vaccines & Immunotherapeutics*, 20(1), 2363016.
- [13] M. A. Khan, S. Kumaraguru, Rvs Praveen, N. Chinthamu, R. Sarkar, N. Deka, and A. Shrivastava, "Exploring the role of artificial intelligence in personalized healthcare: From predictive diagnostics to tailored treatment plans," *Frontiers in Health Informatics*, vol. 10, pp. 2786–2798, 2024, doi: 10.52783/fhi.262.
- [14] RVS Praveen;U Hemavathi;R. Sathya;A. Abubakkar Siddiq;M. Gokul Sanjay;S. Gowdish, "AI Powered Plant Identification and Plant Disease Classification System," 2024 4th International Conference on Sustainable Expert Systems (ICES), DOI: 10.1109/ICES63445.2024.10763167
- [15] Neeraj Kumar;Sanjay Laxmanrao Kurkute;V. Kalpana;Anand Karuppannan;RVS Praveen;Soumya Mishra, "Modelling and Evaluation of Li-ion Battery Performance Based on the Electric Vehicle Tiled Tests using Kalman Filter-GBDT Approach" 2024 International Conference on Intelligent Algorithms for Computational Intelligence Systems (IACIS), DOI: 10.1109/IACIS61494.2024.10721979
- [16] Tushar Dhar Shukla;G. Radha;Dharmendra Kumar Yadav;Chaitali Bhattacharya;Rvs Praveen;Nikhil N. Yokar, "Advanced Student Success Predictions in Higher Education with Graph Attention Networks for Personalized Learning", 2024 First International Conference on Software, Systems and Information Technology (SSITCON), DOI: 10.1109/SSITCON62437.2024.10796791
- [17] V. Yamuna;Praveen RVS;R. Sathya;M. Dhivva;R. Lidiya;P. Sowmiya, "Integrating AI for Improved Brain Tumor Detection and Classification" 2024 4th International Conference on Sustainable Expert Systems (ICES), DOI: 10.1109/ICES63445.2024.10763262
- [18] Rvs Praveen;Aktalina Torogeldieva;B Saravanan;Ajay Kumar;Pushpa Rani;Bhimanand Pandurang Gajbhare, "Enhancing Intellectual Property Rights(IPR) Transparency with Blockchain and Dual Graph Neural Networks" 2024 First International Conference on Software, Systems and Information Technology (SSITCON), DOI: 10.1109/SSITCON62437.2024.10795998
- [19] Sarthak Sharma;Suman Vij;RVS Praveen;S. Srinivasan;Dharmendra Kumar Yadav;Raj Kumar V S, "Stress Prediction in Higher Education Students Using Psychometric Assessments and AOA-CNN-XGBoost Models," 2024 4th International Conference on Sustainable Expert Systems (ICES), DOI: 10.1109/ICES63445.2024.10763288
- [20] Dr. Swapnil B. Mohod, Ketki R. Ingole, Dr. Chethana C, Dr. RVS Praveen, A. Deepak, Mrs B. Sukshma, Dr. Anurag Shrivastava."Using Convolutional Neural Networks for Accurate Medical Image Analysis", 3819-3829, DOI: <https://doi.org/10.52783/fhi.351>
- [21] Dr. Mohammad Ahmar Khan, Dr. Shanthi Kumaraguru, Dr. RVS Praveen, Narender Chinthamu, Dr Rashel Sarkar, Nilakshi Deka, Dr. Anurag Shrivastava, "Exploring the Role of Artificial Intelligence in Personalized Healthcare: From Predictive Diagnostics to Tailored Treatment Plans", 2786-2798, DOI: <https://doi.org/10.52783/fhi.262>
- [22] Devyani Chatterji, Raghvendra, RVS Praveen, Chaitanya Koneti, Sumi Alex, Deeja S. (2024). Challenge and Impact and Role of Innovation and Entrepreneurship in Business Growth. *European Economic Letters (EEL)*, 14(3), 1141–1149. <https://doi.org/10.52783/eel.v14i3.1875>
- [23] B. Sangeetha, RVS Praveen, K. Sivakumar, Deshmukh Narendra Pandurang, Deepak Sundrani, K. Soujanya. (2024). Behavioural Economics and Consumer Decision-Making: A Study of Financial Products. *European Economic Letters (EEL)*, 14(3), 2441–2450.

- [24] Devyani Chatterji, Raghvendra, RVS Praveen, Chaitanya Koneti, Sumi Alex, Deeja S. (2024). Challenge and Impact and Role of Innovation and Entrepreneurship in Business Growth. *European Economic Letters (EEL)*, 14(3), 1141–1149. <https://doi.org/10.52783/eel.v14i3.1875>
- [25] Sandeep Lopez ,Dr. Vani Sarada ,Dr. RVS Praveen, Anita Pandey ,Monalisa Khuntia, Dr Bhadrappa Haralayya, "Artificial Intelligence Challenges and Role for Sustainable Education in India: Problems and Prospects", Vol. 44 No. 3 (2024): LIB PRO. 44(3), JUL-DEC 2024 (Published: 31-07-2024), DOI: <https://doi.org/10.48165/bapas.2024.44.2.1>
- [26] Shrivastava, A., Chakkaravarthy, M., Shah, M.A..A Novel Approach Using Learning Algorithm for Parkinson's Disease Detection with Handwritten Sketches. In *Cybernetics and Systems*, 2022
- [27] Shrivastava, A., Chakkaravarthy, M., Shah, M.A., A new machine learning method for predicting systolic and diastolic blood pressure using clinical characteristics. In *Healthcare Analytics*, 2023, 4, 100219
- [28] Shrivastava, A., Chakkaravarthy, M., Shah, M.A.,Health Monitoring based Cognitive IoT using Fast Machine Learning Technique. In *International Journal of Intelligent Systems and Applications in Engineering*, 2023, 11(6s), pp. 720–729
- [29] Shrivastava, A., Rajput, N., Rajesh, P., Swarnalatha, S.R., IoT-Based Label Distribution Learning Mechanism for Autism Spectrum Disorder for Healthcare Application. In *Practical Artificial Intelligence for Internet of Medical Things: Emerging Trends, Issues, and Challenges*, 2023, pp. 305–321
- [30] Shrivastava, A., Pundir, S., Sharma, A., ...Kumar, R., Khan, A.K. Control of A Virtual System with Hand Gestures. In *Proceedings - 2023 3rd International Conference on Pervasive Computing and Social Networking, ICPCSN 2023*, 2023, pp. 1716–1721
- [31] Sheela HhundeKari, Advances in Crowd Counting and Density Estimation Using Convolutional Neural Networks, *International Journal of Intelligent Systems and Applications in Engineering*, Volume 12, Issue no. 6s (2024) Pages 707–719
- [32] Rais Allaiddin Mulla, Mahendra Eknath Pawar, Dr. Satish S. Banait, Dr. Samir N. Ajani, Madhuri Pravin Borawake, Dr. Sheela Hundekari, Design and Implementation of Deep Learning Method for Disease Identification in Plant Leaf, *International Journal on Recent and Innovation Trends in Computing and Communication* ISSN: 2321-8169 Volume: 11 Issue: 2s
- [33] Kamal Upreti, Prashant Vats, Gauri Borkhade, Ranjana Dinkar Raut, Sheela Hundekari, Jyoti Parashar, An IoHT System Utilizing Smart Contracts for Machine Learning -Based Authentication, 2023 International Conference on Emerging Trends in Networks and Computer Communications (ETNCC), 10.1109/ETNCC59188.2023.10284960
- [34] S Gupta, N Singhal, S Hundekari, K Upreti, A Gautam, P Kumar, R Verma, Aspect Based Feature Extraction in Sentiment Analysis using Bi-GRU-LSTM Model, *Journal of Mobile Multimedia*, 935-960
- [35] PR Kshirsagar, K Upreti, VS Kushwah, S Hundekari, D Jain, AK Pandey, Prediction and modeling of mechanical properties of concrete modified with ceramic waste using artificial neural network and regression model, *Signal, Image and Video Processing*, 1-15
- [36] ST Siddiqui, H Khan, MI Alam, K Upreti, S Panwar, S Hundekari, A Systematic Review of the Future of Education in Perspective of Block Chain, *Journal of Mobile Multimedia*, 1221-1254
- [37] Kamal Upreti, Anmol Kapoor, Sheela Hundekari,Deep Dive Into Diabetic Retinopathy Identification: A Deep Learning Approach with Blood Vessel Segmentation and Lesion Detection, 2024: Vol 20 Iss 2, <https://doi.org/10.13052/jmm1550-4646.20210>
- [38] Ramesh Chandra Poonia; Kamal Upreti; Sheela Hundekari; Priyanka Dadhich; Khushboo Malik; Anmol Kapoor, An Improved Image Up-Scaling Technique using Optimize Filter and Iterative Gradient Method, 2023 3rd International Conference on Mobile Networks and Wireless Communications (ICMNWC) ,04-05 December 2023, 10.1109/ICMNWC60182.2023.10435962
- [39] Venata Sai Chandra Prasanth Narisetty and Tejaswi Maddineni, Revolutionizing Mobility: The Latest Advancements in Autonomous Vehicle Technology, *Nanotechnology Perceptions*, 20 No. S12(2024),1354–1367.
- [40] Venata Sai Chandra Prasanth Narisetty and Tejaswi Maddineni,Powering the Future: Innovations in Electric Vehicle Battery Recycling, *Nanotechnology Perceptions* 20 No. S13 (2024) 2338-2351
- [41] D. Chatterji, Raghvendra, Rvs Praveen, C. Koneti, S. Alex, and D. S., “Challenge and impact and role of innovation and entrepreneurship in business growth,” *European Economic Letters (EEL)*, vol. 14, no. 3, pp. 1141–1149, 2024, doi: 10.52783/eel.v14i3.1875.

- [42] B. Sangeetha, Rvs Praveen, K. Sivakumar, D. N. Pandurang, D. Sundrani, and K. Soujanya, "Behavioural economics and consumer decision-making: A study of financial products," *European Economic Letters (EEL)*, vol. 14, no. 3, pp. 2441–2450, 2024.
 - [43] D. Chatterji, Raghvendra, Rvs Praveen, C. Koneti, S. Alex, and D. S., "Challenge and impact and role of innovation and entrepreneurship in business growth," *European Economic Letters (EEL)*, vol. 14, no. 3, pp. 1141–1149, 2024, doi: 10.52783/eel.v14i3.1875.
 - [44] S. Lopez, V. Sarada, Rvs Praveen, A. Pandey, M. Khuntia, and B. Haralayya, "Artificial intelligence challenges and role for sustainable education in India: Problems and prospects," *LIB PRO*, vol. 44, no. 3, pp. 1–10, Jul.–Dec. 2024, doi: 10.48165/bapas.2024.44.2.1.
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