

The future of healthcare: exploring internet of things and artificial intelligence applications, challenges, and opportunities

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ABSTRACT

The internet of things (IoT) refers to a network of physical devices embedded with sensors, software, and communication tools, which allow for seamless exchange and collection of data. This technology enables automation, continuous monitoring, and data-driven decision-making across a variety of fields. In the healthcare sector, the integration of IoT with artificial intelligence (AI) is transforming how patient care is delivered, providing real-time health monitoring, personalized treatment options, and more efficient management of healthcare resources. This study investigates the significant influence of the IoT and AI on the healthcare system, focusing on how these technologies improve patient outcomes and streamline healthcare operations. It also highlights emerging challenges in the adoption of these technologies and suggests potential solutions to address these obstacles and enhance healthcare delivery. The research is based on an in-depth review of AI and IoT applications in healthcare, uncovering advancements in patient monitoring, disease management, and operational efficiency, while also identifying key challenges such as data privacy concerns and issues with system interoperability.

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1. INTRODUCTION

The internet of things (IoT) connects physical devices that are integrated with sensors, software, and communication technologies, enabling efficient data collection and sharing [1]–[4]. This innovation plays a crucial role in advancing automation, real-time monitoring, and data-driven decision-making across various sectors [5]–[9]. In healthcare, IoT supports numerous applications, including remote monitoring of patients, managing electronic health records, and the use of advanced medical devices [10]–[14]. When combined with artificial intelligence (AI), IoT systems offer even more powerful capabilities, such as predictive analytics, personalized healthcare strategies, and optimized management of resources. Devices like wearables, smart implants, and remote monitoring technologies, as part of IoT systems, provide detailed information on patient health, treatment progress, and resource utilization [15]–[20]. This paper explores the integration of IoT and AI within the healthcare sector, highlighting their significant roles in enhancing patient care and streamlining operational processes. It examines how these technologies have the potential to revolutionize healthcare by improving patient outcomes, optimizing workflows, and addressing persistent industry challenges [21]–[25]. A deep understanding of how IoT and AI are applied in healthcare is essential for driving progress and ensuring the successful adoption of these technologies [26]–[30]. Healthcare IoT

systems are composed of four critical components: data acquisition, data transmission, data analysis, and data visualization, each of which is crucial for ensuring the effectiveness of these systems in healthcare applications as shown in Figure 1.

- a. **Data collection:** This first step involves gathering information from various healthcare devices, including wearable sensors, smart implants, and medical monitors. These devices track important health parameters like heart rate, glucose levels, blood pressure, and physical activity. Ensuring the accuracy and reliability of this data is essential for effective patient monitoring and accurate diagnosis.
- b. **Data transmission:** Once the data is collected, it is transmitted to healthcare providers or cloud-based platforms for processing. This stage utilizes communication technologies such as Wi-Fi, Bluetooth, and cellular networks, which facilitate secure and seamless data transfer to ensure timely and reliable access.
- c. **Data processing:** At this stage, the collected data is analyzed using advanced AI techniques, including machine learning and deep learning models. These methods allow healthcare professionals to extract valuable insights, predict potential health trends, and support data-driven decision-making, leading to better patient care.
- d. **Visualization and operations management:** After data analysis, the insights are presented to healthcare providers via user-friendly platforms, such as dashboards or mobile apps. These visualization tools enable real-time monitoring, improve decision-making capabilities, and optimize operational management, contributing to more efficient and effective healthcare delivery.

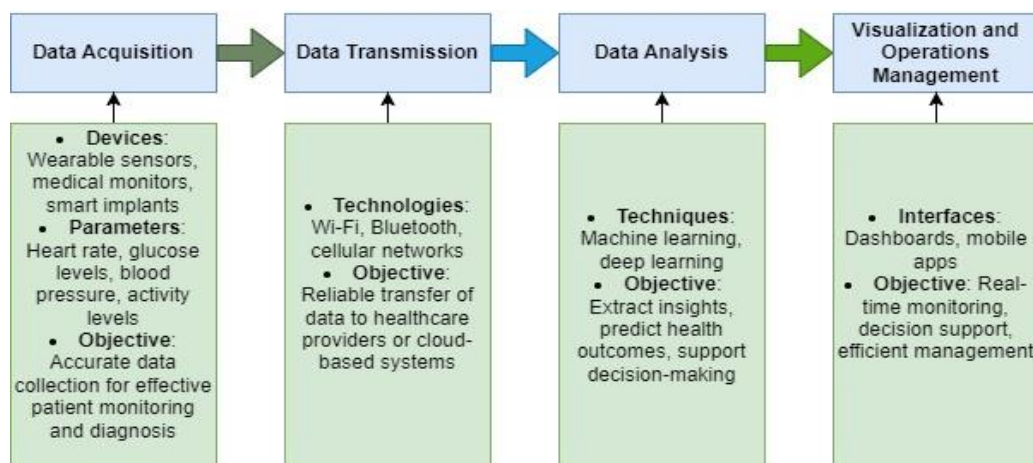


Figure 1. The IoT system in healthcare sections

Our paper is composed of several distinct sections that thoroughly explore the impact of IoT and AI on healthcare. Section 1 highlights the significance of these technologies in revolutionizing medical practices by offering continuous monitoring, personalized treatments, and optimized resource management. It also presents the structure of the article, explaining why the study of IoT and AI integration and applications is crucial for advancing healthcare practices and maximizing the use of technological advancements. Section 2 outlines the systematic literature review approach used to identify and analyze IoT and AI applications in healthcare. This section details the methods for assessing practical applications, data processing techniques, and associated challenges. Section 3 describes the key components of IoT systems used in healthcare. It covers aspects of data acquisition, transmission, analysis, and visualization, as well as communication technologies, spectrum usage, and standards essential for IoT applications. Section 4 explores specific applications of IoT and AI in the healthcare sector, such as remote patient monitoring, smart medical devices, predictive analytics, personalized treatment plans, and health resource management. The article concludes by highlighting the transformative potential of these technologies and underlining the importance of addressing current challenges to ensure effective and secure integration into healthcare systems.

2. METHOD

This research adopts a systematic literature review to comprehensively investigate the challenges and solutions associated with IoT and AI applications in healthcare. It conducts an in-depth examination of the fundamental components of IoT systems in this field, including wearable sensors, intelligent medical

devices, and communication technologies. The study delves into practical implementations, such as remote patient monitoring, predictive analytics, and the development of smart healthcare systems. It also highlights data processing methods, focusing on the application of machine learning and deep learning techniques for accurate and efficient decision-making. Additionally, the research critically addresses key challenges, such as data security, interoperability, and system integration, offering innovative strategies to overcome these obstacles and enhance healthcare outcomes. A detailed overview of the findings and proposed approaches is presented in Figure 2.

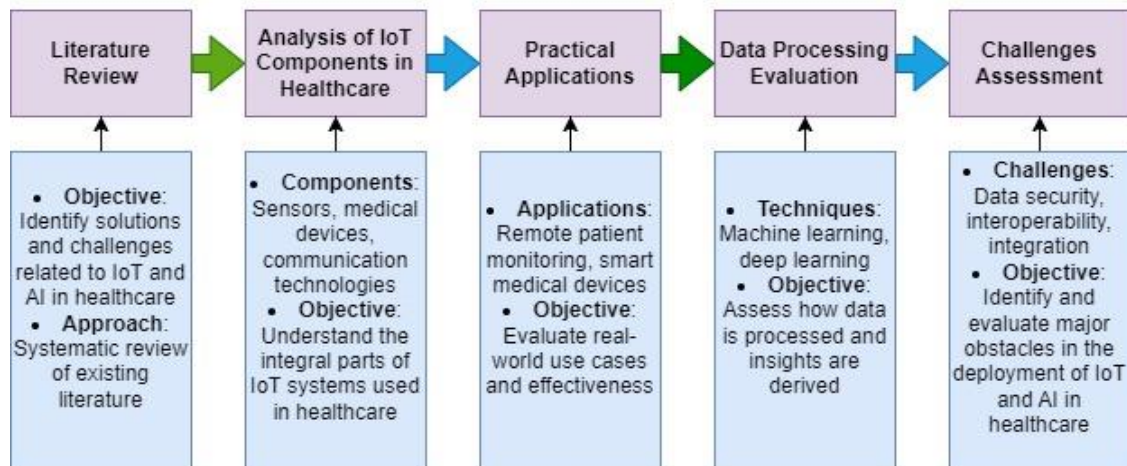


Figure 2. Methodology

3. RESULTS AND DISCUSSION

3.1. IoT system in healthcare

3.1.1. IoT components

IoT applications in healthcare consist of key components such as wearable sensors, intelligent medical devices, and communication modules. These technologies work together to gather and transmit critical data on patient health and treatments, supporting continuous monitoring and enabling prompt interventions. Through the integration of these advanced tools, healthcare providers can elevate care quality, achieve better patient outcomes, and maximize the efficiency of resource use [31], [32].

3.1.2. IoT communication technology

Communication technology plays a crucial role in linking IoT devices within healthcare applications. It facilitates smooth data exchange among devices, enabling real-time monitoring and efficient interaction between patients and healthcare professionals. Various communication standards, including short-range options like Bluetooth and long-range solutions like cellular networks, provide unique benefits, catering to diverse healthcare needs ranging from in-home monitoring to remote patient care.

3.1.3. Spectrum

The spectrum used for IoT devices in healthcare includes both licensed and unlicensed bands. Licensed spectrum provides stricter control over network traffic, ensuring high-quality service and reliable connectivity for critical healthcare applications. On the other hand, unlicensed spectrum offers greater accessibility and lower costs but introduces challenges such as interference and the need for effective management to maintain performance and reliability in healthcare environments.

3.1.4. Standards

In healthcare IoT, communication standards are classified into short-range and long-range technologies. Short-range standards, including Bluetooth and ZigBee, are optimal for applications with low power demands and limited communication distances, such as wearable devices and smart medical sensors. In contrast, long-range standards like cellular networks and LPWAN technologies provide extensive coverage, making them more suitable for remote patient monitoring and large-scale healthcare systems, ensuring uninterrupted connectivity across wider areas.

3.1.5. Application scenario

IoT communication technology connects healthcare devices using various topologies to ensure seamless data transfer and integration within health systems. Common topologies, such as star, mesh, and tree, offer different advantages depending on the healthcare application and the number of devices involved. For example, a star topology is ideal for simpler, centralized systems, while mesh topology provides greater reliability and scalability for complex healthcare environments, ensuring continuous communication even when some devices fail.

3.1.6. Internet

The use of the internet in healthcare allows for secure data storage, ensuring efficient analysis and easy access to information. Through cloud services, healthcare systems can conduct real-time monitoring to detect health issues promptly. This capability enhances decision-making and streamlines management, ultimately leading to better patient outcomes and optimal data utilization.

3.1.7. Data storage and processing

Cloud platforms enable the massive processing of data while ensuring security, accessibility, and real-time analytics for healthcare systems utilizing cloud technology. The collected data is stored in databases and subsequently processed by advanced algorithms. This process helps healthcare providers extract valuable insights, allowing them to make informed and effective decisions.

3.2. IoT applications in healthcare

3.2.1. Remote patient monitoring

IoT devices enable real-time monitoring of vital signs such as heart rate, blood pressure, and glucose levels through the use of real-time notifications. These devices make it easier to detect health issues at an early stage. Immediate access to data allows healthcare providers to take swift action, improving the quality of care and patient health outcomes [33]–[37].

3.2.2. Smart medical devices

Smart medical devices, such as insulin pumps and pacemakers, utilize internet of things to manage treatments in real-time. These devices adjust and administer treatments based on continuous monitoring of patient data. By ensuring timely interventions, they enhance treatment accuracy and patient outcomes [38]–[44].

3.2.3. Predictive analytics for disease management

The use of AI in predictive analytics is crucial for managing chronic diseases and diagnostics. By analyzing patient data, potential health risks can be detected early, enabling healthcare providers to intervene proactively. This approach not only improves patient outcomes but also contributes to more effective and efficient healthcare management.

3.2.4. Personalized treatment plans

AI algorithms process patient data to develop personalized treatment strategies, optimizing treatment effectiveness by addressing individual health requirements. These customized plans not only enhance therapeutic outcomes but also minimize potential side effects. As a result, they contribute to improved overall patient care and a more efficient healthcare system.

3.2.5. Health resource management

IoT systems optimize the management of healthcare resources, such as hospital equipment and medication inventories. By providing real-time tracking, these systems improve operational efficiency. This leads to reduced waste and better allocation of resources in healthcare facilities.

3.3. Data analysis and machine learning

3.3.1. Machine learning techniques

Through the use of machine learning algorithms, which process large amounts of data in the healthcare domain, it becomes possible to detect trends and patterns to enhance diagnostic accuracy. These algorithms analyze diverse datasets, including electronic health records, medical images, and real-time sensor data, to identify correlations that might not be visible to clinicians. The utilization of this health data enables the provision of personalized care tailored to the specific needs of patients [45]–[48].

3.3.2. Deep learning approaches

Deep learning methods, including convolutional neural networks, excel at analyzing complex datasets such as medical images. These techniques enhance diagnostic accuracy by identifying subtle patterns that may be overlooked by traditional methods. As a result, they contribute to more precise and reliable medical diagnoses [19].

3.3.3. Predictive analysis

By utilizing both historical and real-time data, predictive analytics can forecast health outcomes for patients. This approach helps identify potential risks early, allowing for timely interventions. As a result, it enhances treatment strategies and enables medical professionals to make informed, proactive decisions [49]–[54].

3.4. Future challenges and opportunities

3.4.1. Security and privacy

Ensuring data security and privacy is essential in healthcare. Robust security measures and encryption techniques are key to safeguarding sensitive patient data. These safeguards help mitigate the risk of data breaches and ensure compliance with privacy regulations.

3.4.2. Interoperability

Guaranteeing interoperability between healthcare systems and IoT systems remains a major challenge, emphasizing the need to standardize communication protocols and data formats. This standardization is essential for ensuring smooth information exchange, which fosters collaboration across different healthcare systems. By achieving this, healthcare providers can enhance the integration of IoT technologies, improving overall system efficiency and patient care.

3.4.3. Integration with existing systems

Integrating new IoT and AI technologies into existing healthcare systems presents both technical and organizational obstacles. A step-by-step approach is crucial to managing these transitions efficiently and effectively. Thoughtful planning ensures a seamless integration process, minimizing disruptions to ongoing operations and enabling healthcare providers to adapt to technological advancements smoothly.

3.5. Findings and analysis

3.5.1. Improved patient monitoring

The incorporation of IoT and AI in healthcare has led to significant improvements in patient monitoring. Continuous real-time data from wearable devices, smart implants, and other IoT-integrated systems provides valuable insights into patients' vital signs and overall health status. This enables healthcare providers to offer prompt interventions, tailor treatment plans, and enhance the management of chronic diseases like diabetes and hypertension. Furthermore, proactive monitoring of acute conditions has contributed to better clinical outcomes and a reduction in hospital readmissions.

3.5.2. Enhanced diagnostic accuracy

The application of AI to medical data analysis, including imaging, sensor readings, and electronic health records, has led to significant improvements in diagnostic accuracy. Advanced machine learning algorithms excel at detecting subtle patterns, anomalies, and trends that may escape traditional diagnostic methods. These tools enable earlier and more precise diagnoses, which are critical for conditions such as cancer, cardiovascular diseases, and neurological disorders. Consequently, this advancement enhances patient outcomes by facilitating timely and targeted treatments.

3.5.3. Operational efficiency

IoT and AI technologies have transformed healthcare operations by streamlining processes and optimizing resource management. Automated systems for inventory control, medical equipment tracking, and supply chain logistics have minimized waste and ensured the timely availability of critical resources. Additionally, AI-powered tools for scheduling and workflow optimization have enhanced staff productivity, reduced operational costs, and improved the overall patient experience.

3.5.4. Addressing challenges

While IoT and AI offer significant advantages in healthcare, several challenges must be overcome to unlock their full potential. Data security is a major concern, requiring the adoption of strong encryption techniques and secure access controls. Interoperability challenges, arising from the variety of devices and systems, emphasize the importance of standardized communication protocols. Additionally, integrating these

technologies with existing healthcare infrastructures demands careful planning and investment. Addressing these challenges will allow for the broader adoption of IoT and AI, ensuring reliable, safe, and efficient healthcare delivery.

4. CONCLUSION

The integration of AI and IoT in healthcare presents significant opportunities to improve patient care and optimize the functioning of healthcare systems. However, to fully capitalize on these technologies, it is crucial to overcome challenges related to data security, system interoperability, and platform integration. Future research should aim to develop innovative solutions to address these issues, facilitating the widespread adoption and effective implementation of IoT and AI in healthcare. This progress will lead to better patient outcomes, more efficient healthcare processes, and enhanced healthcare delivery worldwide.

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AUTHOR CONTRIBUTIONS STATEMENT

The summary of each author's specific contributions to the study, reflecting their roles in the different stages of the research process, is presented in the following table.

Name of Author	C	M	So	Va	Fo	I	R	D	O	E	Vi	Su	P	Fu
Kamal Elhattab	✓	✓	✓	✓	✓	✓		✓	✓	✓			✓	
Driss Naji		✓				✓		✓	✓	✓	✓	✓		
Abdelouahed Ait Ider	✓					✓			✓					
Karim Abouelmehdi					✓		✓			✓		✓		✓

C : Conceptualization

M : Methodology

So : Software

Va : Validation

Fo : Formal analysis

I : Investigation

R : Resources

D : Data Curation

O : Writing - Original Draft

E : Writing - Review & Editing

Vi : Visualization

Su : Supervision

P : Project administration

Fu : Funding acquisition

CONFLICT OF INTEREST STATEMENT

Authors state no conflict of interest.

INFORMED CONSENT

We have obtained informed consent from all individuals included in this study.

ETHICAL APPROVAL

The research was conducted in accordance with relevant ethical standards and regulations.

DATA AVAILABILITY

Data availability is not applicable to this paper as no new data were created or analyzed in this study.




REFERENCES

- [1] T. E. Ali, F. I. Ali, P. Dakić, and A. D. Zoltan, "Trends, prospects, challenges, and security in the healthcare internet of things," *Computing*, vol. 107, no. 1, p. 28, Jan. 2025, doi: 10.1007/s00607-024-01352-4.
- [2] N. G. Rezk, S. Alshathri, A. Sayed, E. E.-D. Hemdan, and H. El-Beheery, "Secure hybrid deep learning for MRI-based brain tumor detection in smart medical IoT systems," *Diagnostics*, vol. 15, no. 5, p. 639, Mar. 2025, doi: 10.3390/diagnostics15050639.
- [3] W. Li *et al.*, "A comprehensive survey on machine learning-based big data analytics for IoT-enabled smart healthcare system," *Mobile Networks and Applications*, vol. 26, no. 1, pp. 234–252, Feb. 2021, doi: 10.1007/s11036-020-01700-6.
- [4] D. M. Mathkor *et al.*, "Multirole of the internet of medical things (IoMT) in biomedical systems for managing smart healthcare systems: an overview of current and future innovative trends," *Journal of Infection and Public Health*, vol. 17, no. 4, pp. 559–572, Apr. 2024, doi: 10.1016/j.jiph.2024.01.013.
- [5] A. Iqbal, A. Nauman, Y. A. Qadri, and S. W. Kim, "Optimizing spectral utilization in healthcare internet of things," *Sensors*, vol. 25, no. 3, p. 615, Jan. 2025, doi: 10.3390/s25030615.
- [6] A. S. M. Mohsin, S. H. Choudhury, and M. A. Mueyed, "Automatic priority analysis of emergency response systems using internet of things (IoT) and machine learning (ML)," *Transportation Engineering*, vol. 19, p. 100304, Mar. 2025, doi: 10.1016/j.treng.2025.100304.
- [7] C. Gulden, P. Macho, I. Reinecke, C. Strantz, H.-U. Prokosch, and R. Blasini, "recruIT: a cloud-native clinical trial recruitment support system based on health level 7 Fast healthcare interoperability resources (HL7 FHIR) and the observational medical outcomes partnership common data model (OMOP CDM)," *Computers in Biology and Medicine*, vol. 174, p. 108411, May 2024, doi: 10.1016/j.combiomed.2024.108411.
- [8] E. I. Zafir *et al.*, "Enhancing security of internet of robotic things: a review of recent trends, practices, and recommendations with encryption and blockchain techniques," *Internet of Things (Netherlands)*, vol. 28, 2024, doi: 10.1016/j.iot.2024.101357.
- [9] X. Hao, C. Ma, M. Wu, L. Yang, and Y. Liu, "Promoting parental loyalty through social responsibility: the role of brand trust and perceived value in Chinese kindergartens," *Behavioral Sciences*, vol. 15, no. 2, p. 115, Jan. 2025, doi: 10.3390/bs15020115.
- [10] S. Mitropoulos, D. Rimpas, S. Katsoulis, G. Hloupis, and I. Christakis, "Integrated low cost, LoRa-based, real time fluid infusion flask monitoring system," *Electronics*, vol. 14, no. 5, p. 869, Feb. 2025, doi: 10.3390/electronics14050869.
- [11] Z. Liu, X. Yang, M. Li, J. Wang, and Z. Lyu, "The internet of things under federated learning: a review of the latest advances and applications," *Computers, Materials & Continua*, vol. 82, no. 1, pp. 1–39, 2025, doi: 10.32604/cmc.2024.058926.
- [12] R. Huque *et al.*, "Unveiling health insurance satisfaction: Exploring key determinants and bottlenecks in Bangladesh," *SSM - Health Systems*, vol. 4, p. 100058, Jun. 2025, doi: 10.1016/j.ssmhs.2025.100058.
- [13] Z. Alzain *et al.*, "The role of social media in the training and continuing education of healthcare professionals in Eastern Saudi Arabia," *Informatics in Medicine Unlocked*, vol. 24, p. 100587, 2021, doi: 10.1016/j.imu.2021.100587.
- [14] L. Weik, L. Fehring, A. Mortsiefer, and S. Meister, "Understanding inherent influencing factors to digital health adoption in general practices through a mixed-methods analysis," *npj Digital Medicine*, vol. 7, no. 1, p. 47, Feb. 2024, doi: 10.1038/s41746-024-01049-0.
- [15] D. Hutchinson, G. Luria, S. Pindek, and P. Spector, "The effects of industry risk level on safety training outcomes: a meta-analysis of intervention studies," *Safety Science*, vol. 152, p. 105594, Aug. 2022, doi: 10.1016/j.ssci.2021.105594.
- [16] J. M. Griesi *et al.*, "Risk perception of healthcare workers in the first wave of the COVID-19 pandemic in Brazil," *Heliyon*, vol. 10, no. 3, p. e25297, Feb. 2024, doi: 10.1016/j.heliyon.2024.e25297.
- [17] A. D. Worku and A. Melaku, "Barriers to hand hygiene practice among healthcare workers in health centres of Kirkos and Akaki Kaliti sub-cities, Addis Ababa, Ethiopia: a qualitative study," *Infection Prevention in Practice*, vol. 7, no. 2, p. 100450, Jun. 2025, doi: 10.1016/j.infpip.2025.100450.
- [18] R. Lanzano, C. P. Pelullo, G. Della Polla, G. Di Giuseppe, and M. Pavia, "Perceived health status and satisfaction with healthcare services of detained male individuals: a survey in Italy," *Public Health*, vol. 214, pp. 10–19, Jan. 2023, doi: 10.1016/j.puhe.2022.09.022.
- [19] C. G. Slatore *et al.*, "Association of communication with smoking attitudes and behaviors among patients undergoing lung cancer screening: a longitudinal cohort study," *CHEST Pulmonary*, p. 100154, Mar. 2025, doi: 10.1016/j.chpulm.2025.100154.
- [20] C. T. Johnson and A. J. Hessels, "Associations between negative patient safety climate and infection prevention practices," *American Journal of Infection Control*, vol. 52, no. 9, pp. 1102–1104, Sep. 2024, doi: 10.1016/j.ajic.2024.06.010.
- [21] Y. Krishnamoorthy, K. M. D. Kuberan, M. Krishnan, and D. Tondare, "Compliance with hand hygiene practices and its appropriateness among healthcare workers during COVID-19 pandemic in public health facilities of Tamil Nadu, India," *Heliyon*, vol. 9, no. 4, p. e15410, Apr. 2023, doi: 10.1016/j.heliyon.2023.e15410.
- [22] I. A. Okwor, G. Hitch, S. Hakkim, S. Akbar, D. Sookhoo, and J. Kainesie, "Digital technologies impact on healthcare delivery: a systematic review of artificial intelligence (AI) and machine-learning (ML) adoption, challenges, and opportunities," *AI*, vol. 5, no. 4, pp. 1918–1941, Oct. 2024, doi: 10.3390/ai5040095.
- [23] A. B. Siddique, S. D. Nath, S. Mohammad Rasel, C. Roy, M. M. Monim, and M. Z. Amin, "Unraveling patient satisfaction, associated factors, and dissatisfaction reasons in the provision of health care services for rural communities in Bangladesh: A cross-sectional investigation," *Clinical Epidemiology and Global Health*, vol. 29, p. 101724, Sep. 2024, doi: 10.1016/j.cegh.2024.101724.
- [24] M. Al-rawashdeh, P. Keikhosrokiani, B. Belaton, M. Alawida, and A. Zwiri, "IoT adoption and application for smart healthcare: a systematic review," *Sensors*, vol. 22, no. 14, p. 5377, Jul. 2022, doi: 10.3390/s22145377.
- [25] F. Bashardoustjoubarkouli and M. Adda, "Interactive machine learning pedagogy: developing a web-based educational platform for clinical predictive modeling," *Procedia Computer Science*, vol. 251, pp. 382–389, 2024, doi: 10.1016/j.procs.2024.11.124.
- [26] S. Lee, "Educational implications of VARK learning styles: academic performance and pedagogical preferences among Korean pharmacy students," *Indian Journal of Pharmaceutical Education and Research*, vol. 59, no. 2, pp. 512–517, Mar. 2025, doi: 10.5530/ijper.20250050.
- [27] C. Lv *et al.*, "Innovative applications of artificial intelligence during the COVID-19 pandemic," *Infectious Medicine*, vol. 3, no. 1, p. 100095, Mar. 2024, doi: 10.1016/j.imj.2024.100095.
- [28] T. Yamada, T. Yoshimura, S. Ichikawa, and H. Sugimori, "Improving cerebrovascular imaging with deep learning: semantic




- segmentation for time-of-flight magnetic resonance angiography maximum intensity projection image enhancement,” *Applied Sciences*, vol. 15, no. 6, p. 3034, Mar. 2025, doi: 10.3390/app15063034.
- [29] R. K. Sahoo, K. C. Sahoo, S. Negi, S. K. Baliarsingh, B. Panda, and S. Pati, “Health professionals’ perspectives on the use of artificial intelligence in healthcare: a systematic review,” *Patient Education and Counseling*, vol. 134, p. 108680, May 2025, doi: 10.1016/j.pec.2025.108680.
- [30] J. Sivamurugan and G. Sureshkumar, “Applying dual models on optimized LSTM with U-net segmentation for breast cancer diagnosis using mammogram images,” *Artificial Intelligence in Medicine*, vol. 143, p. 102626, Sep. 2023, doi: 10.1016/j.artmed.2023.102626.
- [31] M. Masdari, S. S. Band, S. N. Qasem, B. T. Sayed, and H.-T. Pai, “ECG signals-based security and steganography approaches in WBANs: a comprehensive survey and taxonomy,” *Sustainable Computing: Informatics and Systems*, vol. 41, p. 100937, Jan. 2024, doi: 10.1016/j.suscom.2023.100937.
- [32] A. Yamuragiye, L. Wylie, E. A. Kinsella, L. Donelle, and J. P. Ndayisenga, “Interprofessional collaboration experience among healthcare professionals providing emergency obstetric and neonatal care in Rwanda. A qualitative descriptive case study,” *Journal of Interprofessional Education & Practice*, vol. 32, p. 100648, Sep. 2023, doi: 10.1016/j.xjep.2023.100648.
- [33] S. Abdulmalek *et al.*, “IoT-based healthcare-monitoring system towards improving quality of life: a review,” *Healthcare*, vol. 10, no. 10, p. 1993, Oct. 2022, doi: 10.3390/healthcare10101993.
- [34] M. E. Maqbool, A. Farhan, and M. A. Qamar, “Global impact of COVID-19 on food safety and environmental sustainability: Pathways to face the pandemic crisis,” *Heliyon*, vol. 10, no. 15, p. e35154, Aug. 2024, doi: 10.1016/j.heliyon.2024.e35154.
- [35] H. Ben Ahmed *et al.*, “Impact of Ramadan fasting on lipid profile and cardiovascular risk factors in patients with stable coronary artery disease,” *Annales de Cardiologie et d'Angéiologie*, vol. 71, no. 1, pp. 36–40, Feb. 2022, doi: 10.1016/j.ancard.2020.11.001.
- [36] A. Svadzian *et al.*, “Do private providers initiate anti-tuberculosis therapy on the basis of chest radiographs? A standardised patient study in urban India,” *The Lancet Regional Health - Southeast Asia*, vol. 13, p. 100152, Jun. 2023, doi: 10.1016/j.lansea.2023.100152.
- [37] I. Kruse, M. Pradhan, and R. Sparrow, “Marginal benefit incidence of public health spending: Evidence from Indonesian sub-national data,” *Journal of Health Economics*, vol. 31, no. 1, pp. 147–157, Jan. 2012, doi: 10.1016/j.jhealeco.2011.09.003.
- [38] P. Ranganathan *et al.*, “Investigating stigma during the COVID-19 pandemic: living conditions, social determinants and experiences of infection among employees at a tertiary referral cancer centre,” *Journal of Cancer Policy*, vol. 36, p. 100412, Jun. 2023, doi: 10.1016/j.jcpo.2023.100412.
- [39] V. Julianto, B. Sumintono, T. M. Wilhelmina, N. P. Z. Almakhi, and H. Avetazain, “Mental health condition of vocational high school students during COVID-19 pandemic in Indonesia,” *Asian Journal of Psychiatry*, vol. 82, p. 103518, Apr. 2023, doi: 10.1016/j.ajp.2023.103518.
- [40] T. Shimazaki, E. C. Chen, T. Yamauchi, and M. Suka, “Association between social roles and inactive mental health promotion behaviors by age group: A cross-sectional study in Japan,” *Mental Health & Prevention*, vol. 37, p. 200404, Mar. 2025, doi: 10.1016/j.mhp.2025.200404.
- [41] M. Shahin, M. R. Heidari Iman, M. Kaushik, R. Sharma, T. Ghasempouri, and D. Draheim, “Exploring factors in a crossroad dataset using cluster-based association rule mining,” *Procedia Computer Science*, vol. 201, pp. 231–238, 2022, doi: 10.1016/j.procs.2022.03.032.
- [42] O. I. Ndulue, A. Chukka, and J. A. Naslund, “Burnout and mental distress among community health workers in low- and middle-income countries: a scoping review of studies during the COVID-19 pandemic,” *Global Health Journal*, vol. 8, no. 4, pp. 162–171, Dec. 2024, doi: 10.1016/j.glohj.2024.11.007.
- [43] F. Sampaio, C. Sequeira, and L. Teixeira, “Impact of COVID-19 outbreak on nurses’ mental health: A prospective cohort study,” *Environmental Research*, vol. 194, p. 110620, Mar. 2021, doi: 10.1016/j.envres.2020.110620.
- [44] R. Mukherjee, A. Ghosh, C. Chakraborty, J. N. De, and D. P. Mishra, “Rice leaf disease identification and classification using machine learning techniques: A comprehensive review,” *Engineering Applications of Artificial Intelligence*, vol. 139, p. 109639, Jan. 2025, doi: 10.1016/j.engappai.2024.109639.
- [45] K. Kapadiya *et al.*, “Blockchain-assisted healthcare insurance fraud detection framework using ensemble learning,” *Computers and Electrical Engineering*, vol. 122, p. 109898, Mar. 2025, doi: 10.1016/j.compeleceng.2024.109898.
- [46] J.-H. Syu, M. Fojcik, and J. C.-W. Cupek Rafal and Lin, “HTTPS: heterogeneous transfer learning for split prediction system evaluated on healthcare data,” *Information Fusion*, vol. 113, p. 102617, Jan. 2025, doi: 10.1016/j.inffus.2024.102617.
- [47] Q. Lai and H. Hua, “Secure medical image encryption scheme for Healthcare IoT using novel hyperchaotic map and DNA cubes,” *Expert Systems with Applications*, vol. 264, p. 125854, Mar. 2025, doi: 10.1016/j.eswa.2024.125854.
- [48] K. Tang *et al.*, “Factors influencing proactive health behaviors in pre-frailty older adults: A qualitative study based on theory of planned behavior,” *Geriatric Nursing*, vol. 60, pp. 671–676, Nov. 2024, doi: 10.1016/j.gerinurse.2024.10.029.
- [49] N. Zhang and Q. Yang, “Public transport inclusion and active aging: A systematic review on elderly mobility,” *Journal of Traffic and Transportation Engineering (English Edition)*, vol. 11, no. 2, pp. 312–347, Apr. 2024, doi: 10.1016/j.jtte.2024.04.001.
- [50] S. M. Hallaji, Y. Fang, and B. K. Winfrey, “Predictive maintenance of pumps in civil infrastructure: State-of-the-art, challenges and future directions,” *Automation in Construction*, vol. 134, p. 104049, Feb. 2022, doi: 10.1016/j.autcon.2021.104049.
- [51] R. Agustina *et al.*, “Universal health coverage in Indonesia: concept, progress, and challenges,” *The Lancet*, vol. 393, no. 10166, pp. 75–102, Jan. 2019, doi: 10.1016/S0140-6736(18)31647-7.
- [52] Q. D. Tran, T. Q. C. Vu, and N. Q. Phan, “Depression prevalence in Vietnam during the Covid-19 pandemic: A systematic review and meta-analysis,” *Ethics, Medicine and Public Health*, vol. 23, p. 100806, Aug. 2022, doi: 10.1016/j.jemep.2022.100806.
- [53] L. K. N. Nguyen, H. McCabe, S. Howick, I. Megiddo, S. Sengupta, and A. Morton, “Exploring the drivers of unsustainable pressures in health and social care: A qualitative system dynamics approach,” *Social Science & Medicine*, vol. 371, p. 117913, Apr. 2025, doi: 10.1016/j.socscimed.2025.117913.
- [54] J. Fajinmi and J. Oloyede, “State-of-the-art robotic technologies in fighting the COVID-19 pandemic.” Jan. 2025. doi: 10.20944/preprints202501.1211.v1.

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