

# ARTIFICIAL INTELLIGENCE IN HOSPITAL PROCUREMENT: ADVANCING SUPPLY CHAIN RESILIENCE AND EFFICIENCY IN SINGAPORE

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## ABSTRACT

The COVID-19 pandemic exposed critical vulnerabilities in hospital supply chains across the Asia-Pacific region, emphasizing the need for more resilient and agile procurement systems. This study examines how artificial intelligence (AI) is being leveraged to optimize hospital procurement processes in Singapore, a country known for its advanced digital infrastructure and strong public health governance. Using a qualitative research approach based on secondary data, literature analysis, and relevant case studies, the paper explores the application of AI technologies such as predictive analytics, demand forecasting, and supplier risk assessment in Singapore's healthcare procurement ecosystem. The findings reveal that AI integration has improved procurement responsiveness, minimized supply chain disruptions, and enhanced crisis preparedness. A conceptual model is proposed to illustrate how AI supports both operational efficiency and supply chain resilience within resource-optimized yet high-demand health systems. The study also identifies regulatory, workforce, and organizational challenges that influence the pace of AI adoption. The insights from this research offer practical guidance for policymakers, hospital administrators, and supply chain professionals seeking to strengthen procurement systems through AI-driven strategies in digitally mature healthcare environments.

## KEYWORDS

Artificial Intelligence; Hospital Procurement; Healthcare Supply Chain Resilience; Digital Health System; Asia-Pacific.

## INTRODUCTION

The COVID-19 pandemic, by nearly every measure, exposed deep cracks in the global healthcare supply chain, leading to critical shortages of essential medical supplies and disruptions in logistics [1] Singapore, despite its advanced healthcare infrastructure, was not immune to these challenges. The initial surge in COVID-19 cases, particularly among migrant worker dormitories in early 2020, stressed the healthcare supply system and prompted urgent responses to enhance supply chain resilience [2]

Global healthcare has, of course, rushed toward digital upgrades since 2020, yet the pace-and depth-of AI adoption still looks very different from one country to another. In some places a full-stack AI platform sits at the heart of purchasing, while elsewhere teams are still estimating stock levels on whiteboard walls. The mismatch keeps showing up in frontline resilience: hospitals that leaned into tech early generally bounced back faster when fresh shocks rolled in. The COVID-19 pandemic highlighted key elements of emergency preparedness. These include having national or regional strategic reserves of personal protective equipment, intensive care unit (ICU) devices, consumables and pharmaceuticals, as well as effective supply chains and efficient utilization protocols [3]

In response to these pandemic pressures, Singapore accelerated efforts to pilot and implement AI-driven tools aimed at demand forecasting, inventory management, and procurement optimization within hospital supply chains. These initiatives, beginning around mid-2020, were intended to mitigate supply disruptions and improve operational agility during crises. Singapore's government procurement framework, coupled with emergency procurement procedures, enabled rapid acquisition and distribution of essential goods, helping to prevent shortages despite global disruption

Singapore stands out in the Asia-Pacific conversation about AI-powered hospital purchasing. Its digital maturity is backed by signature push projects, most notably the Smart Nation initiative and the National AI Strategy. Centralized organs like MOH Holdings, together with hospital families such as SingHealth and the National University Health System, have already piloted machine-learning tools that streamline ordering processes, a practice that proved invaluable during the recent pandemic surge.

This research asks how those experiments have strengthened the resilience and speed of procurement workflows. The goal is to catalogue the specific AI solutions in play, inventory the benefits they delivered, and catalogue the hurdles caregivers faced. A qualitative approach, drawing solely secondary sources, literature surveys, and publicly recorded case studies, forms the backbone of the analysis.

This study unfolds in several stages. Section 2 surveys the procurement hurdles faced by hospitals and catalogs how artificial intelligence has been employed across health-system supply chains. Moving to Section 3, a conceptual framework is sketched that ties AI-fueled purchasing decisions to measurable gains in organizational resilience and operational efficiency. Section 4 then shifts to the Singaporean context, documenting local hospitals that have already woven AI tools into their sourcing routines. A short set of policy and practice recommendations appears in Section 5, aimed squarely at healthcare administrators and government decision-makers. The paper closes with Section 6, which restates the central findings and points toward avenues for further inquiry.

## LITERATURE REVIEW

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### HOSPITAL PROCUREMENT AND SUPPLY CHAIN CHALLENGES

As digital health technologies such as telemedicine and e-health become more embedded in healthcare systems, especially through data-driven innovation [4]. Hospital procurement systems are similarly being shaped by the broader wave of digital transformation. Hospital purchasing and inventory networks form a complex web quietly behind every successful patient encounter. Pharmacies, surgical suites, and even the bedside drawer all depend on a choreography that blends centralized buying, commodity forecasting, customs clearance, and on-the-floor readiness. Shortages or transport delays can inflate operational costs and push clinical teams past the breaking point, so profitability and safety travel a shared route. Health economists have traced much of the ledger swell to cutting-edge devices and software; one recent calculation put the technology share of OECD gross domestic product on a curve nobody in finance was comfortable estimating for 2030 [5].

### ARTIFICIAL INTELLIGENCE IN PROCUREMENT

Across contemporary commerce, artificial intelligence is moving at speed and reshaping countless routines; purchasing management is already feeling the squeeze [6]. Smart algorithms promise a total overhaul: sourcing supplies, brokering agreements, overseeing vendors, and steering big-picture choices may soon obey rather different logics [7]. By mining

huge data troves, swallowing repetitive chores, and spitting out tactical recommendations, the new tech could hand cost relief, sharpen workflow, and shore up compliance-the trifecta every buyer dreams about [8].

## AI IN HEALTHCARE AND HOSPITAL SUPPLY CHAINS

Disruptive technologies such as artificial intelligence, blockchain, and Internet of Things are not only reshaping procurement but also environmental health monitoring, showcasing their cross-functional utility in health systems [9]. Artificial intelligence offers clinicians an unprecedented ability to spot diseases and forecast recovery, thereby sharpening the quality of day-to-day decision-making in hospital [10]. By sifting through mountains of historical charts, lab results, and treatment logs, these algorithms learn to match a patient's telltale sign with what happened afterward [11]. The insight that emerges often equips doctors and nurses to act with fresh confidence, so direct gains in patient welfare usually follow [11]. Beyond the bedside, AI engineers are quietly redesigning the supply chains that feed medicines, gloves, and scanning time to frontline workers, making sure nothing sits on a shelf too long. In Singapore-a Smart Nation already stitched together by fiber-optic cables and 5G radios-local authorities see the technology as ready to graduate from pilot ward to province-wide rollout [12]. Hospitals that embrace the shift report shorter queues, longer lifespan gains, and, perhaps surprisingly, smaller bills for the stretched health budget [10].

## THEORETICAL FRAMING: SUPPLY CHAIN RESILIENCE AND DIGITAL TRANSFORMATION

Recent scholarship suggests that merging insight from resilience theory with the principles of digital transformation can illuminate contemporary supply-chain management under growing global strain [13]. At its core, supply-chain resilience is the capacity to absorb shocks and return to full function, a quality that firms now cite as vital to preserving both workflow and market edge [14]. Digital transformation-the widespread adoption of connected tools and data platforms-is credited with offering new levers for that toughness, even if its rollout often brings technical headaches alongside opportunity [15]. Given the labyrinthine structure of today's sourcing networks and the dizzying parade of disruptions-wildfires, container port blockages, trade embargoes-managers are left asking how specific digital fixes can shore up strength when the next blow arrives [16].

## METHODOLOGY

This study adopts a systematic review methodology based exclusively on secondary data sources to investigate the incorporation of artificial intelligence within the healthcare supply chains in Singapore. The review is from 2020 to 2025, thereby capturing developments that occurred during and after the COVID-19 pandemic.

Inclusion criteria centered on peer-reviewed articles, governmental reports, internal hospital publications, and industry-oriented case studies that specifically discussed AI technologies, innovative applications, and procurement streamlining within Singapore's healthcare environment.

The review examined key databases and information repositories, specifically PubMed, Scopus, Web of Science, the Singapore Ministry of Health's publication archive, and libraries of healthcare technology vendors. The search strategy employed a combined keyword approach featuring terms such as "Singapore," "healthcare supply chain," "artificial intelligence," "procurement," "COVID-19," and "demand forecasting."

Data extraction and synthesis were executed following a thematic content analysis protocol, which aimed to unearth implementation results, functional performance indicators, encountered challenges, and accrued insights. Particular emphasis was placed on hospital-level case studies, most notably Singapore General Hospital, to assess the assimilation of AI-enabled Enterprise Resource Planning (ERP) platforms, with operational metrics and barriers to integration as focal points.

Constraints of the methodology derive primarily from the absence of original data collection techniques, such as semi-structured interviews or direct observational studies, thereby restricting empirical corroboration and diminishing the depth

of understanding regarding front-line user experiences and intra-organizational dynamics. This lacuna is explicitly recognized and earmarked as warranting further investigative effort.

## CONCEPTUAL FRAMEWORK

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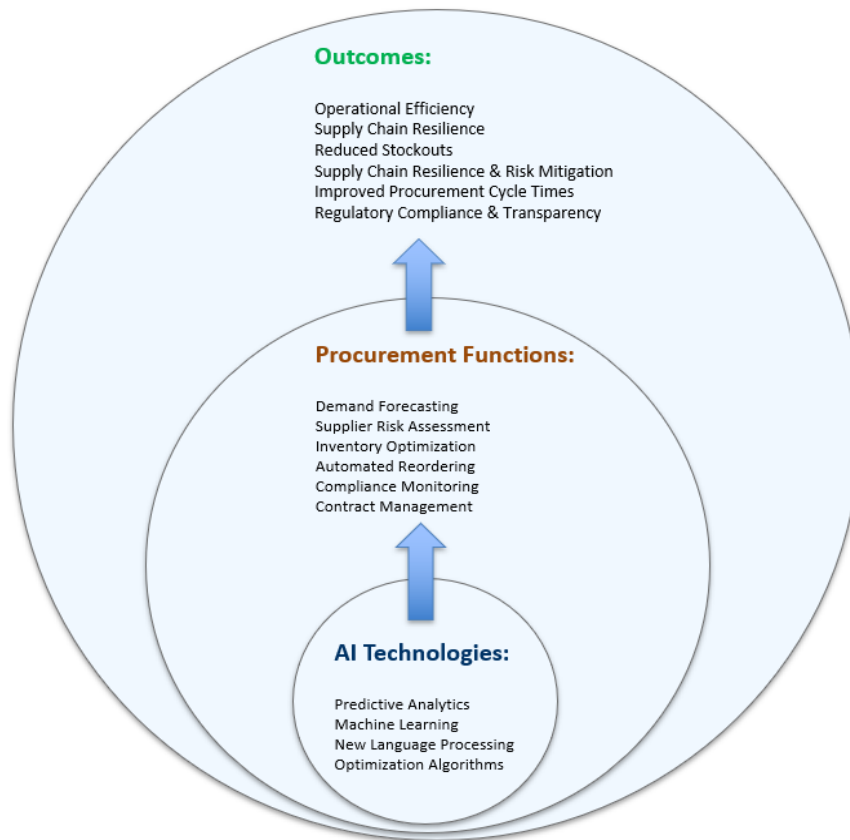
The conceptual framework advanced herein is anchored in the Technology Organization Environment (TOE) model, which elucidates the dynamics of technological adoption in institutional settings. By leveraging this model, the analysis elucidates how artificial intelligence instruments, institutional preparedness, and contextual exigencies interact to influence procurement performance in the healthcare sector.

- The technological facet encompasses innovations such as predictive analytics for demand signal forecasting, natural language processing (NLP) for contract review automation, and dashboard-centric inventory oversight. Each of these components is designed to foster anticipatory, evidence-based decision-making across the hospital supply chain.
- The organizational layer examines intra-institutional assets and capabilities, including digital backbone architecture, procurement process configuration, and workforce proficiency. Singapore's public hospital cluster, which benefits from the stewardship of MOH Holdings and a centralized enterprise resource planning (ERP) backbone, possesses a cohesive foundation for the systematic diffusion of AI capabilities across constituent institutions.
- The environmental layer integrates regulatory endorsement, the overarching national digital health roadmap, and disruptive exogenous events such as pandemics. The COVID-19 crisis, for example, revealed systemic vulnerabilities in global sourcing and supply, thereby accelerating efforts to construct predictive, automated, and resilient hospital logistics networks [1]

In Singapore's hospitals, the practical integration of AI into procurement illustrates the interaction of the TOE framework. Procurement executives now access AI-driven dashboards that issue real-time alerts, initiating automatic reorders the moment inventory crosses predefined thresholds, or projecting future demand by analyzing developing patterns. Similarly, the experience of Indian environmental health systems illustrates how the synergistic application of AI and the Internet of Things, acting on shared databases, creates early warning systems, optimizes the dispatch of critical supplies, and enables ongoing surveillance capabilities that directly advance procurement objectives such as rigorous supplier assessment and precise stock management [9]

This study reconceptualises procurement as a dynamic, AI-augmented business function, which in turn allows for systematic evaluation of whether digital instruments substantively fortify resilience and streamline operations. The framework deliberately omits clinical AI applications, such as algorithms for diagnostic imaging or patient outcome forecasting, to avert confusion between fundamentally different domains. Both categories reside within the wider digital health architecture, yet procurement AI demands distinct deployment strategies, regulatory compliance pathways, and evaluative criteria tailored to its specific operating environment.

**FIGURE. 1. A CONCEPTUAL FRAMEWORK ILLUSTRATING THE INTEGRATION OF AI TECHNOLOGIES, PROCUREMENT FUNCTIONS AND OUTCOMES IN HOSPITAL PROCUREMENT.**



### AI ADOPTION IN SINGAPORE'S HOSPITAL PROCUREMENT SYSTEM

Singapore has consistently led the region adopting advanced technologies, and its healthcare sector is no exception. AI is now embedded in procurement operations, enabling hospitals to predict supply requirements with heightened accuracy. During crisis such as COVID-19 pandemic, facilities tapped machine-learning algorithms to scrutinize historical usage data and project future demand, a move that curtailed both stockouts and surplus waste. Artificial Intelligence often improves weather prediction and the forecast of severe weather incidents [9] the same principle applies when those models are re-oriented to anticipate material flows.

### REAL-WORLD APPLICATION OF AI IN PROCUREMENT

Singaporean hospitals have begun letting Artificial Intelligence take the lead in procurement, a move that is already underscoring sharper cost control and streamlined purchasing across the entire health network.

Singapore General Hospital (SGH) has implemented customized Enterprise Resource Planning (ERP) systems, including SAP R3 integrated with hospital-specific modules (Hospital 2000 system), to streamline procurement workflows and inventory management. This integration has reengineered traditional procurement and supply chain processes, improved real-time data access and reduced delays in medicine ordering and distribution [17]. Other public clusters such as the National Health System (NUHS) and the National Healthcare Group (NHG) have aligned with MOHH's digital roadmap, adopting similar AI-enhanced procurement strategies within their hospitals.

Artificial intelligence can mirror human decision-making in ways that once seemed fanciful, and its effects have begun to arrive on the shop floor. In finance, trading floors already lean on machine-driven models for real-time portfolio tweaks and for sorting out shady transactions in the blink of an eye [18]. Modern hospitals now use AI to analyze past invoices and inventory; this generates timely recommendations on purchases. During flu spikes stock levels for consumables are automatically adjusted. Supplier quotes are analyzed based on cost, quality and delivery.[11]. Because grading is

automated, the system ensures fairness and eliminates favoritism. It prioritizes patients care with early warnings that prevent shortages [19].

Modern artificial-intelligence algorithms can sift through mountains of data-including old purchase logs, up-to-the-minute pricing signals, and scenario-driven forecasts-in search of the most advantageous buying paths [20]. By accurately projecting future needs for consumables, drugs, and high-tech gear, hospitals keep shelves stocked without tipping into expensive surplus. A second promise lies in AI's power to read supplier offers at electronic speed, assigning weights to cost, craftsmanship, on-time arrivals, and the fine print of legal compliance. That kind of machinery lifts busy administrators out of paperwork ruts and grounds every choice in hard evidence rather than gut feeling, a point underscored by [21].

Generative AIs even churns out faux patient records, a trick that researchers and trainees can use without risking real people's privacy [22]. In Singapore's razor-thin procurement world, systems examine vendor trustworthiness, market mood swings, and far-flung political tremors to flag supply hiccups before they become crises. Plugging such smart tools into hospital purchasing fits neatly with the Smart Nation goal of marrying cutting-edge tech to everyday life and keeping the city-state a step ahead on the global stage.

## OVERCOMING IMPLEMENTATION CHALLENGES AND REGULATORY CONSIDERATIONS

The appeal of AI in hospital procurement is tempered by real-world challenges. Data security remains paramount, requiring encryption, monitoring, and compliance with regulations like the Personal Data Protection Act. Ethical concerns follow: Are algorithms fair? Who is accountable for errors? As Jiang noted in 2017, regulations often lag innovation. Staff must also be trained to interpret AI output, not just read dashboards. [23]emphasized that legal, ethical, and regulatory safeguards ranging from audits to post-implementation reviews are baseline requirements to ensure patient safety and fair market practices. Systems that never rest, probing for vulnerabilities around the clock, form the bedrock of secure AI deployment; so, too, do routines that refresh predictive models with the latest incoming data [21]. Grappling steadily with these tasks will clear a pathway for Singaporean hospitals to adopt artificial intelligence in purchasing without sacrificing oversight or integrity.

Singapore's centralized procurement structure does enable the swift rollout of artificial intelligence solutions; however, the scarcity of public records on instances where solutions underperformed or pilot initiatives fell short hampers the cultivation of a resilient capability development culture. The absence of such documentation inhibits the identification of latent operational vulnerabilities and the refinement of adaptive strategies.

A pressing risk is the temptation to delegate critical procurement activities such as vendor suitability assessments and the calibration of emergency consignment triggers entirely to algorithmic systems. [24] observe that errors, however statistically infrequent, can escalate in high-stakes settings if the model's predictive confidence is not balanced by systematic human verification and parallel system stress testing.

## IMPLICATIONS AND RECOMMENDATIONS

Singapore's hospitals have begun to weave Artificial Intelligence into their procurement processes with encouraging results, and that experience now provides a useful roadmap for health executives, regulators, and tech designers who want to upgrade supply chains in other busy healthcare systems. Though the initiative has already produced clear benefits, faster ordering cycles, better supplier accountability, and stronger buffers against disruption, maintaining and expanding those advantages will demand coordinated effort in three interlocking areas: the hospital sector itself, the framework of public policy that supports it, and the evolving landscape of digital tools and platforms.

### FOR HOSPITAL ADMINISTRATORS AND PROCUREMENT LEADERS

Hospital administrators must prioritize artificial intelligence literacy and reskilling procurement teams so that decision-makers can both grasp and have confidence in the insights produced by AI. Also investing in modular, interoperable procurement platforms that can easily integrate seamlessly with other hospital data systems already in operation. In

addition, institutions should implement ongoing evaluation frameworks that quantitatively assess the return on investment for AI technologies, measuring their impact on supply chain efficiency, patient outcomes, and overall cost-effectiveness.

## FOR POLICYMAKERS AND REGULATORS

For artificial intelligence to deliver its full potential, those in charge of policy need to lay the foundation by standardizing the way procurement data is formatted, supporting open-data infrastructure, and using central measures like grants or co-funding to encourage collaboration between different sectors. In addition, governance frameworks must tackle issues of algorithm transparency, ethics and accountability if the public is to trust the technology and if automated decisions are to be genuinely fair.

## FOR TECHNOLOGY PROVIDERS AND DEVELOPERS

AI developers should collaborate directly with hospitals when designing their solutions, ensuring that new tools genuinely address everyday operational challenges and comply with local purchasing rules. A clear focus on explainable AI is essential; when procurement decisions can be easily understood and audited, stakeholders feel more confident, particularly during major spending projects.

## CONCLUSION

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This research investigated the role of artificial intelligence in streamlining hospital purchasing processes and strengthening overall resilience in Singapore. Healthcare systems worldwide have felt mounting strain since the COVID-19 outbreak, and Singapore's planners now view AI as a powerful driver of agile, evidence-based procurement. Centralized purchasing managed by MOH Holdings, together with a robust national digital backbone, has created fertile ground for blending AI capabilities such as predictive models, supplier risk dashboards, and live inventory trackers.

The conceptual model articulated in the study traced direct connections between specific AI functions and traditional procurement activities, revealing that when the two are harmonized, operations improve while the supply chain grows sturdier. Data gathered from Singapore's network of public hospitals showed clear gains, including shorter delivery times, smarter stock allocations, more reliable suppliers, and a sharper ability to respond in emergencies.

The report also pointed out hurdles like fragmented data repositories, skill shortages among staff, pressing ethical questions, and inconsistent technology deployment from one site to the next. Overcoming these obstacles will demand close collaboration among hospital leaders, government officials, and solution developers.

Singapore's journey in digitizing its healthcare supply chain provides useful insights for nations pursuing similar reforms. It has succeeded because of governance frameworks, institutional capabilities, and emerging technologies. As artificial intelligence matures, scholars and practitioners should investigate its lasting effects on cost efficiency, the standard of patient care, and the way human and machine expertise can best complement one another during procurement choices.

In the end, constructing robust and streamlined hospital purchasing systems with the help of AI is more than a straightforward tech enhancement; it is a core strategic necessity for healthcare systems that intend to remain responsive in the years ahead.

## References

1. P. Chowdhury, S. K. Paul, S. Kaisar, and M. A. Moktadir, "COVID-19 pandemic related supply chain studies: A systematic review," *Transp Res E Logist Transp Rev*, vol. 148, Apr. 2021, doi: 10.1016/j.tre.2021.102271.
2. A. Q. Chua et al., "Health system resilience in managing the COVID-19 pandemic: lessons from Singapore," *BMJ Glob Health*, vol. 5, no. 9, Sep. 2020, doi: 10.1136/BMJGH-2020-003317.

3. Y. M. Arabiet al., "How the COVID-19 pandemic will change the future of critical care," Mar. 01, 2021, Springer Science and Business Media Deutschland GmbH. doi: 10.1007/s00134-021-06352-y.
4. A. Kumar, S. K. Sandhu, G. Madaan, N. Gupta, and S. Ahmed, "REVIEW OF TELEMEDICINE AND E-HEALTH: A BIBLIOMETRIC ANALYSIS," in *Asia Pacific Journal of Health Management*, Australasian College of Health Service Management, 2023. doi: 10.24083/apjhm.v18i2.2399.
5. E. Hollnagel and J. Leonhardt, "From Safety-I to Safety-II: A White Paper," Jun. 2014.
6. S. Ronchi, M. Guida, F. Caniato and A. Moretto, "The role of artificial intelligence in the procurement process: State of the art and research agenda," *Journal of Purchasing and Supply Management*, vol. 29, no. 2, p. 100823, Jun. 2023, doi: 10.1016/j.pursup.2023.100823.
7. O. A. Cherif, V. Simon-Moya, A. C. C. Ballester, "Intelligent purchasing: How artificial intelligence can redefine the purchasing function," *J Bus Res*, vol. 124, pp. 69–76, Apr. 2020, doi: 10.1016/j.jbusres.2020.11.050.
8. Y. Riahi, T. Saikouk, and I. Badraoui, "Artificial intelligence applications in supply chain: A descriptive bibliometric analysis and future research directions," *Expert Syst Appl*, vol. 173, p. 114702, Apr. 2021, doi: 10.1016/j.eswa.2021.114702.
9. A. Kumar, G. Madaan, P. Sharma, and A. Kumar, "Application of Disruptive Technologies on Environmental Health: An Overview of Artificial Intelligence, Blockchain and Internet of Things," *Asia Pacific Journal of Health Management*, vol. 16, no. 4, Dec. 2021, doi: 10.24083/apjhm.v16i4.1297.
10. P. L. Frana, "Assessing Smart Nation Singapore as an International Model for AI Responsibility," *International Journal on Responsibility*, vol. 7, no. 1, Jun. 2024, doi: 10.62365/2576-0955.1109.
11. F. Jiang, "Overview Of the Medical Artificial intelligence (Ai) research," Jun. 2017.
12. A. Y. Z. Tung and L. W. Dong, "Malaysian Medical Students' Attitudes and Readiness Toward AI (Artificial Intelligence): A Cross-Sectional Study," *J Med Educ Curric Dev*, vol. 10, Jun. 2023, doi: 10.1177/23821205231201164.
13. N. Zhao, J. Hong, and K. H. Lau, "Impact of supply chain digitalization on supply chain resilience and performance: A multi-mediation model," *Int J Prod Econ*, vol. 259, p. 108817, Jun. 2023, doi: 10.1016/j.ijpe.2023.108817.
14. A. A. A. Ali, A. A. A. Sharabati, M. Allahham, and A. Y. Nasereddin, "The Relationship between Supply Chain Resilience and Digital Supply Chain and the Impact on Sustainability: Supply Chain Dynamism as a Moderator," *Sustainability*, vol. 16, no. 7, p. 3082, Jun. 2024, doi: 10.3390/su16073082.
15. M. Zhang and Z. Huang, "The Impact of Digital Transformation on ESG Performance: The Role of Supply Chain Resilience," *Sustainability*, vol. 16, no. 17, p. 7621, Jun. 2024, doi: 10.3390/su16177621.
16. C. Cordón, "The Surprising Developments of Digital Supply Chains to Raise Resilience in the Face of Disruptions," Jun. 2023. doi: 10.56506/kpjd9061.
17. C. Le, A. Kumar, and S. J. Shim, "Exploring Virtual Value Chain in Hospitals: A Case study at Singapore Hospital."
18. [18] E. Almustafa, A. Assaf, and M. Allahham, "Implementation of Artificial Intelligence for Financial Process Innovation of Commercial Banks," *Revista de Gestão Social e Ambiental*, vol. 17, no. 9, Jun. 2023, doi: 10.24857/rgsa.v17n9-004.
19. P. K. Singh, "Transforming Healthcare through AI: Enhancing Patient Outcomes and Bridging Accessibility Gaps," Jun. 2025, doi: 10.2139/ssrn.5115767.
20. M. Alirezaie, W. Hoffman, P. Zabihi, H. Rahnama, and A. Pentland, "Decentralized Data and Artificial Intelligence Orchestration for Transparent and Efficient Small and Medium-Sized Enterprises Trade Financing," *Journal of risk and financial management*, vol. 17, no. 1, p. 38, Jun. 2024, doi: 10.3390/jrfm17010038.
21. T. E. Edunjobi and O. A. Odejide, "Theoretical frameworks in AI for credit risk assessment: Towards banking efficiency and accuracy," *International Journal of Scientific Research Updates*, vol. 7, no. 1, pp. 92–102, Jun. 2024, doi: 10.53430/ijrsu.2024.7.1.0030.
22. C. S. Veluru, "Impact of Artificial Intelligence and Generative AI on Healthcare: Security, Privacy Concerns and Mitigations," *Journal of Artificial Intelligence & Cloud Computing*, vol. 3, no. 1, pp. 1–6, Jun. 2024, doi: 10.47363/jaicc/2024(3)347.
23. C. Mennella, U. Maniscalco, G. De Pietro and M. Esposito, "Ethical and regulatory challenges of AI technologies in healthcare: A narrative review," Jun. 2024, Elsevier BV. doi: 10.1016/j.heliyon.2024.e26297.
24. J. Waring, C. Lindvall, and R. Umerton, "Automated machine learning: Review of the state-of-the-art and opportunities for healthcare," Apr. 01, 2020, Elsevier B.V. doi: 10.1016/j.artmed.2020.101822.