

COVID-19 Pandemic Analysis

Presented by

Group #21

Abbas Raza
Mishaal Usman
Rahimah Siddiqi
Syed Rayyan Jamal
Syed Rohaan Hussain

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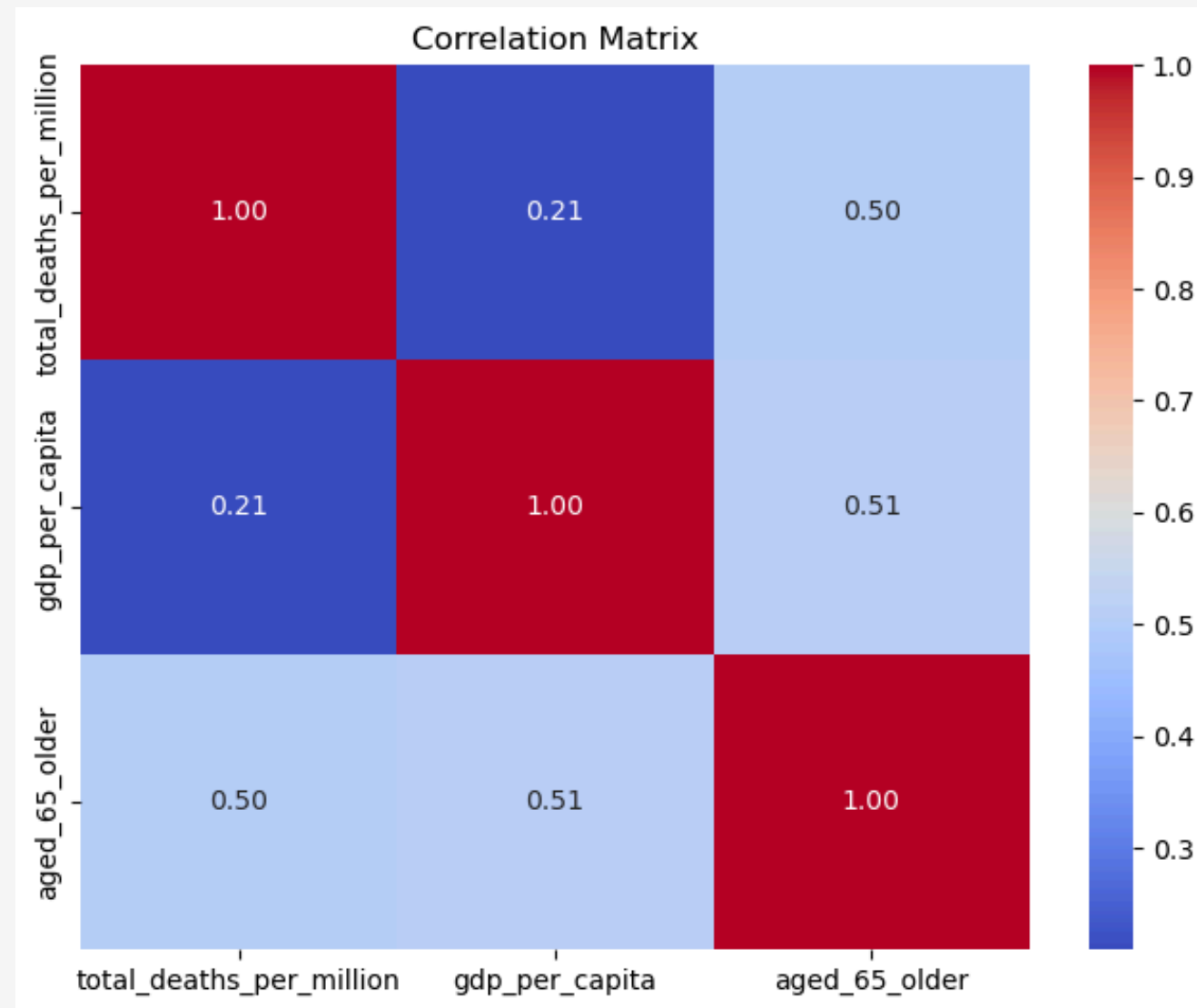
Introduction

The COVID-19 Pandemic has been the most significant health crisis of the 21st century, with a considerable contrast existing in the intensity of the Pandemic's impact on different countries. Our dataset comprehensively tracks multiple economic and demographic indicators across all countries in the world on a daily basis from 2019 to 2025. We use this data to develop a machine learning model that predicts total deaths per million people based on:

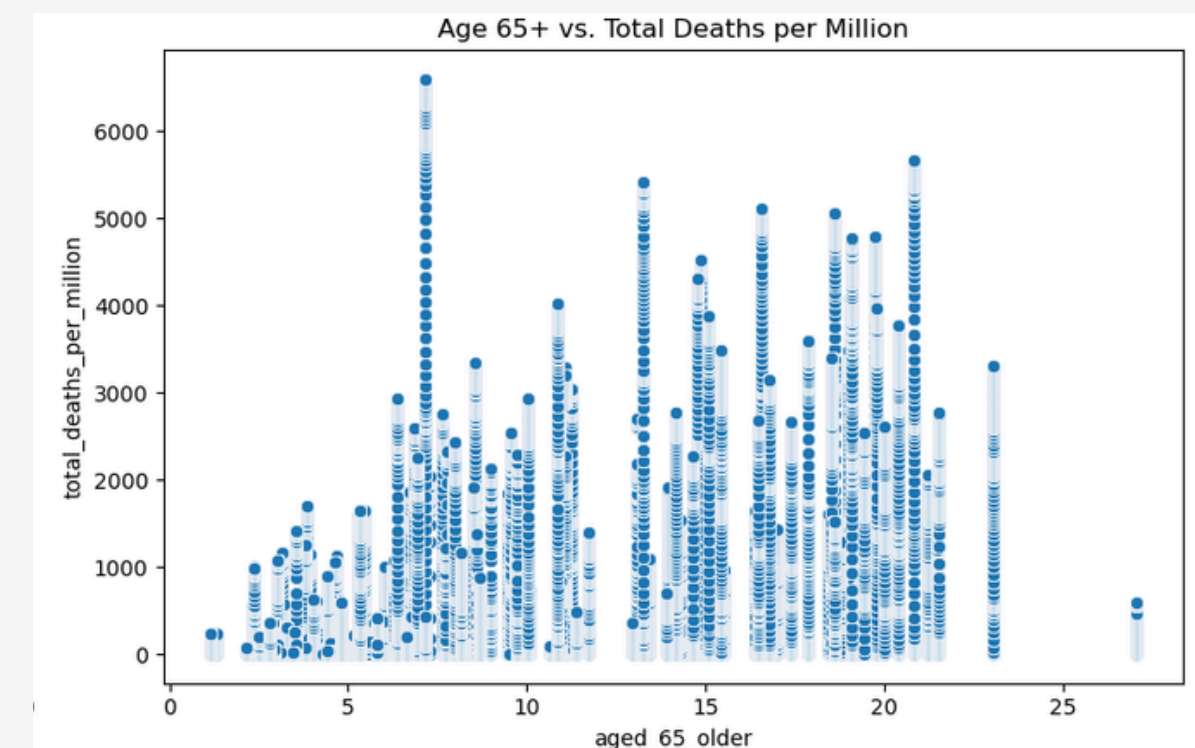
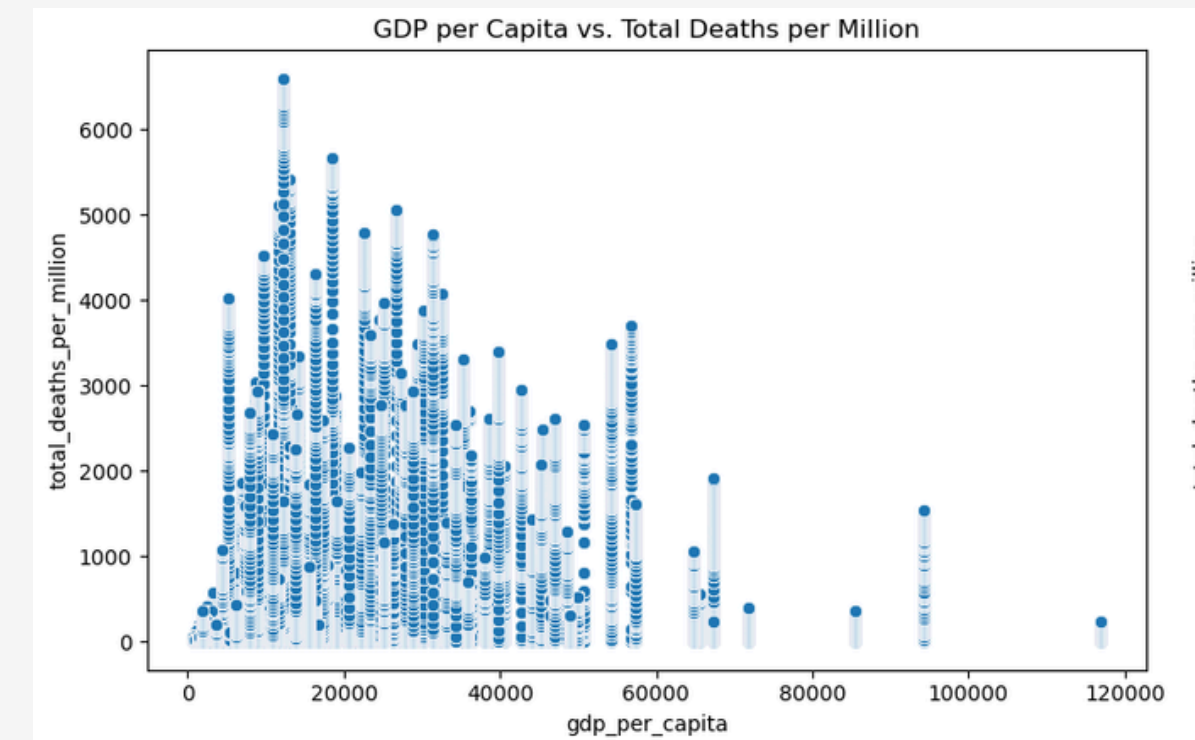
- GDP per capita
- Percentage of population aged 65 or above
- Population density
- HDI
- Hospital beds per thousand people
- Government response measures (stringency)

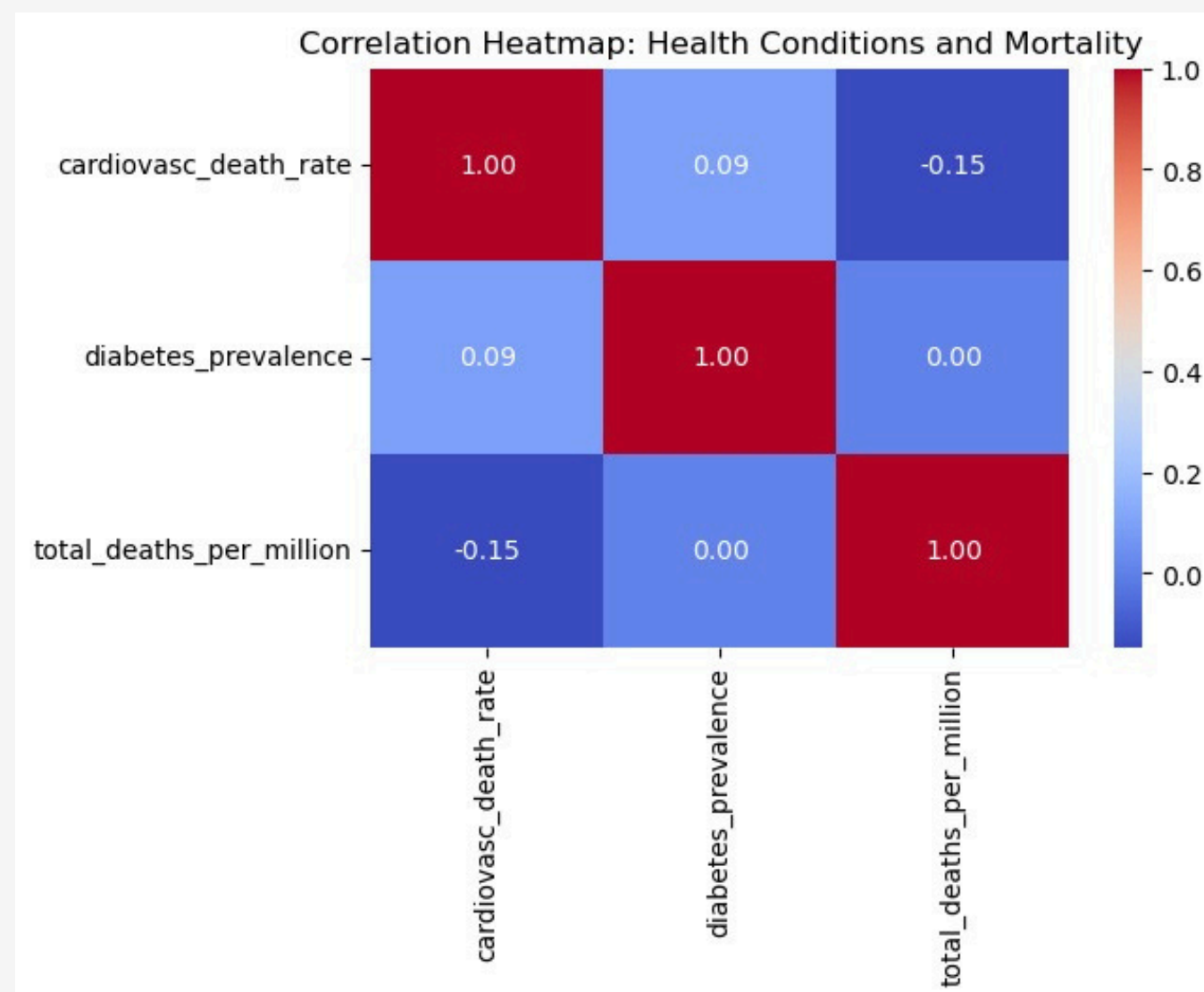
to answer the following research questions:

- Does higher HDI and GDP per capita lead to a lower number of cases and deaths?
- To what extent did pre-existing health conditions, such as cardiovascular disease and diabetes, contribute to a higher mortality rate among COVID-19 patients?
- How did demographic factors such as median age and proportion of elderly individuals impact mortality rates across countries?

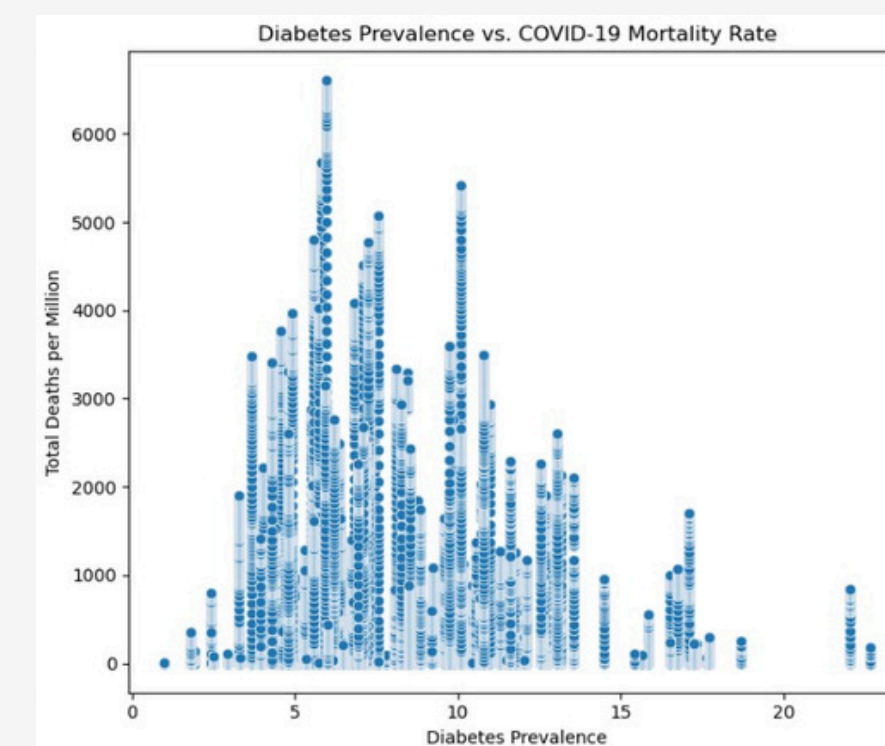
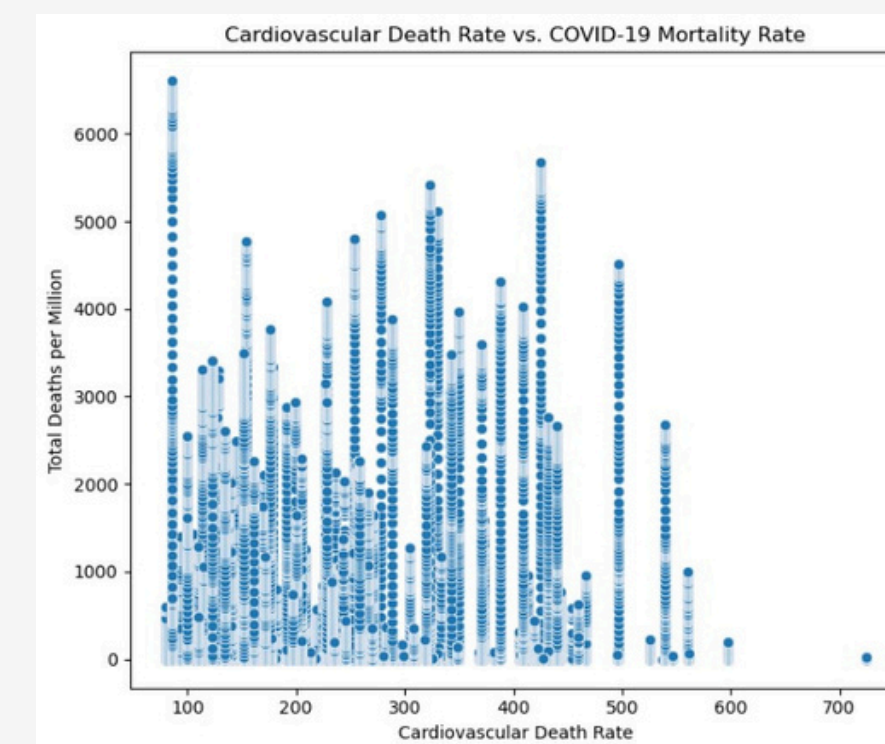


The weak positive correlation between gdp_per_capita and total_deaths_per_million (0.21) and moderate positive correlation between aged_65_older and total_deaths_per_million (0.50) provide strong support for our first and third research questions

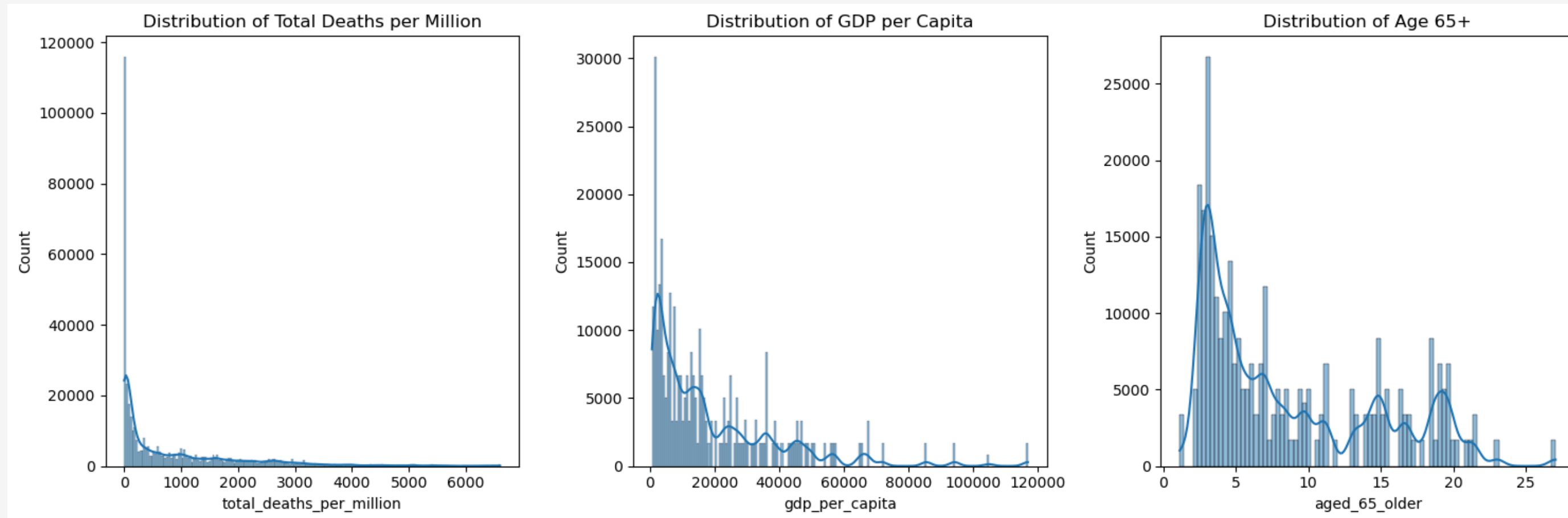




The absence of correlation between diabetes_prevalence and total_deaths_per_million (0.00) and negative correlation between cardiovasc_death_rate and total_deaths_per_million (-0.15), leading us to discard our second research questions



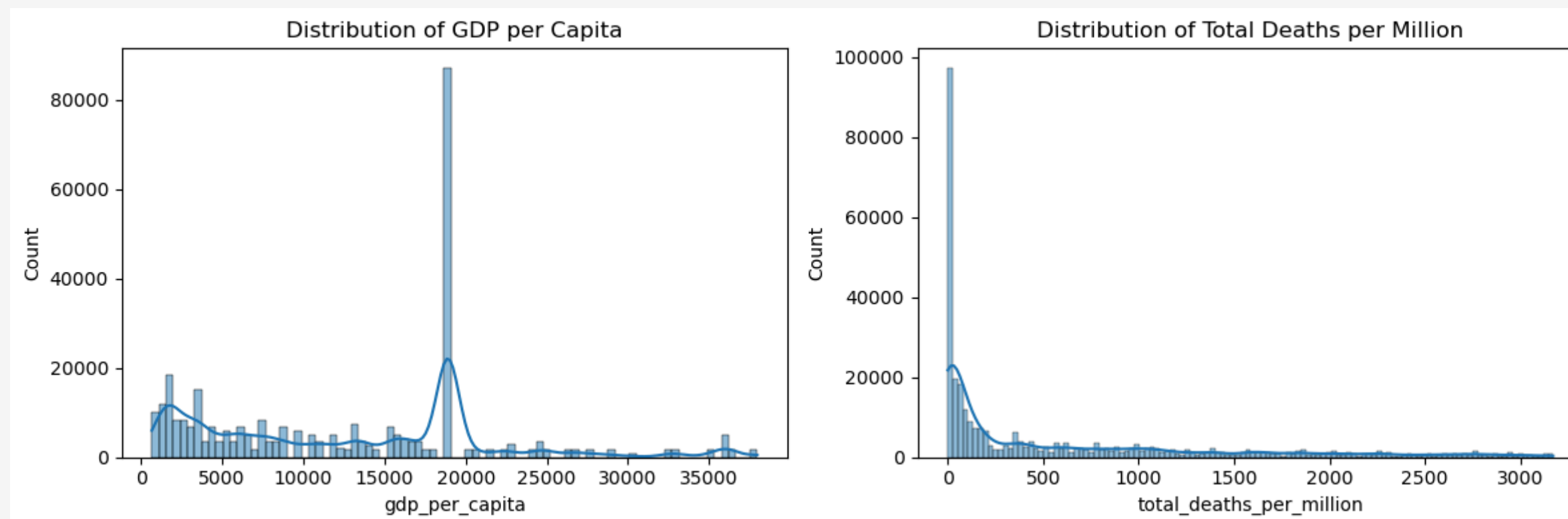
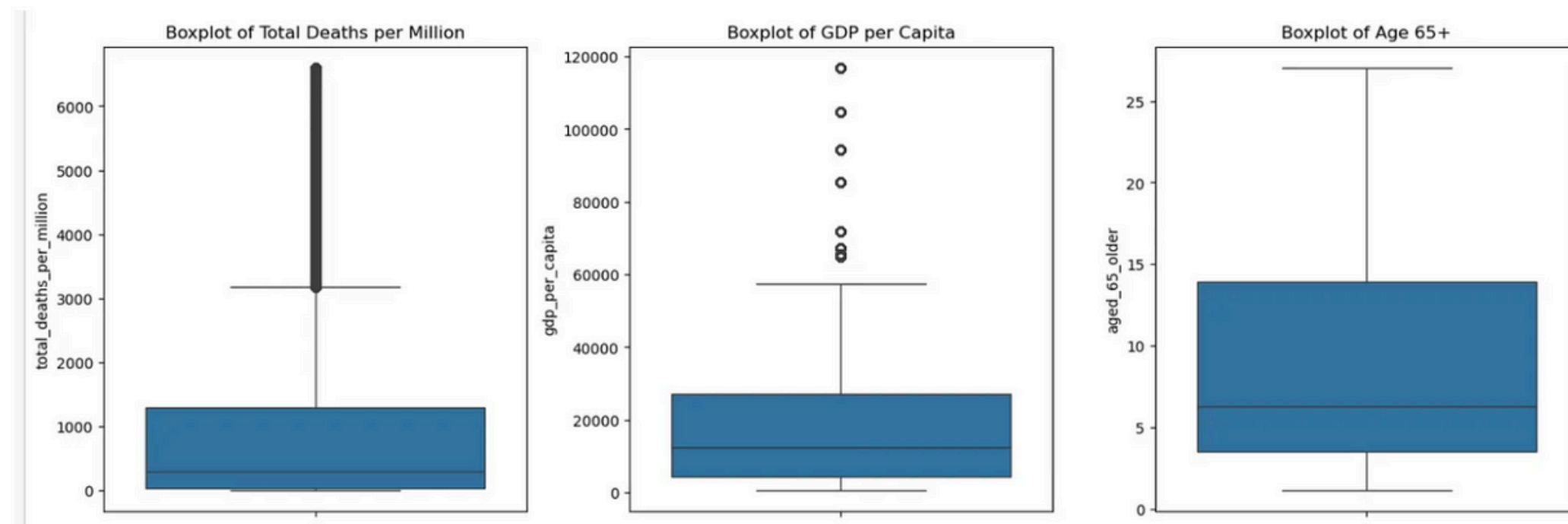
Data Analysis



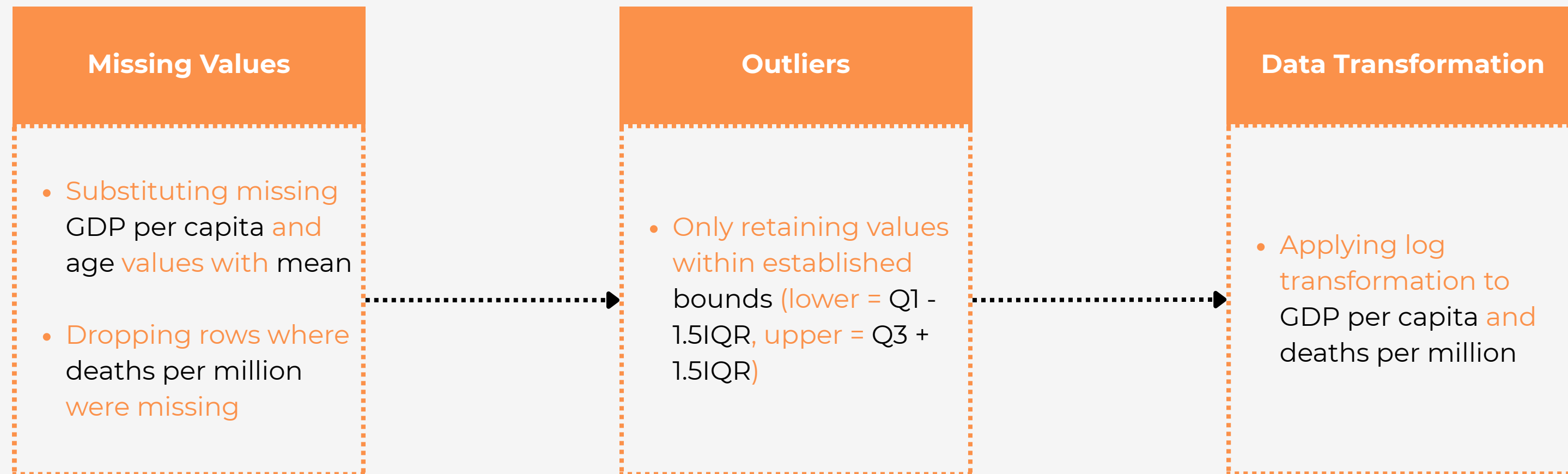
Total deaths per million: strong right skew, with most countries experiencing lower death rates

GDP per capita: right-skewed distribution, with most countries clustered at lower to mid-range values

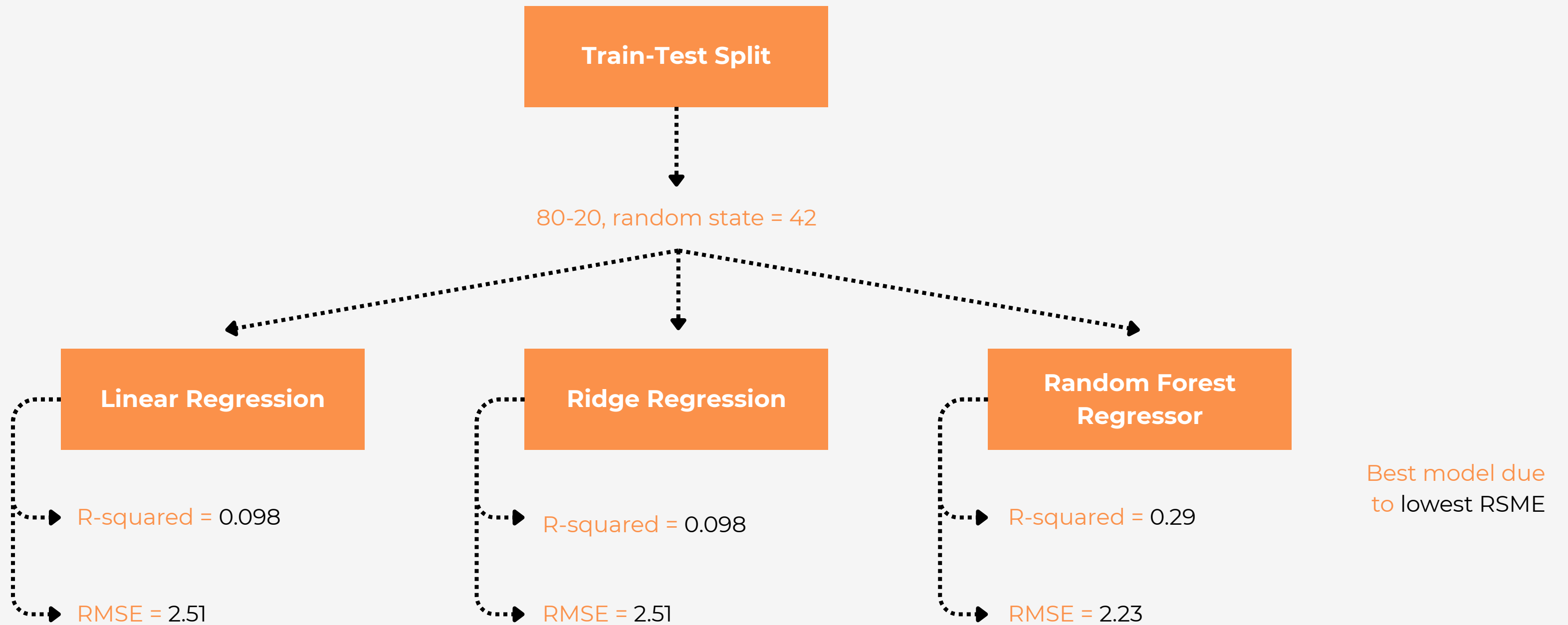
Population aged 65 or above: multimodal distribution, with different demographic stages for different countries



Data Cleaning



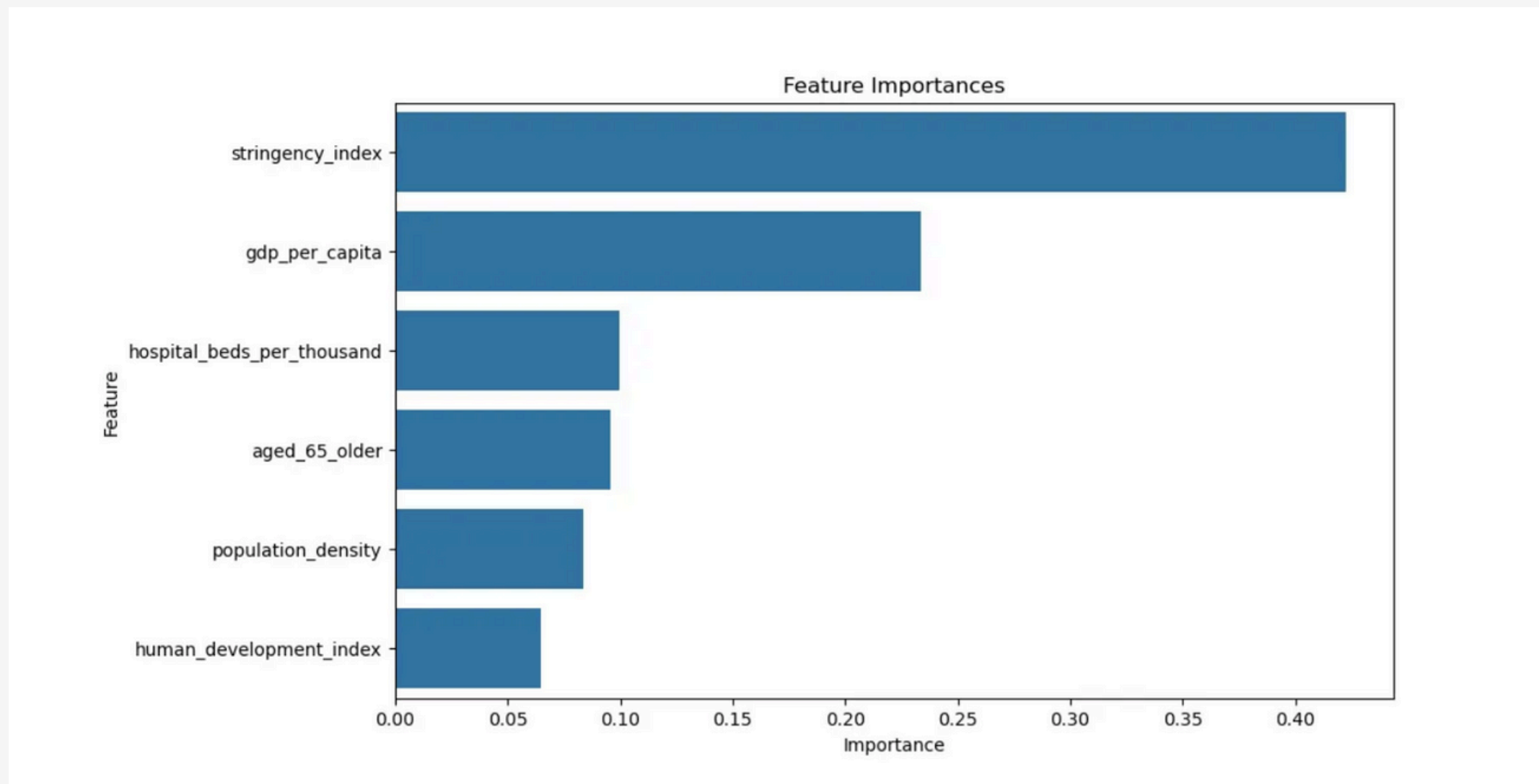
Defining Model



Including the following additional features to boost the robustness of the model:

- hospital_beds_per_thousand
- human_development_index
- population_density
- stringency_index

the target remains total_deaths_per_million as before

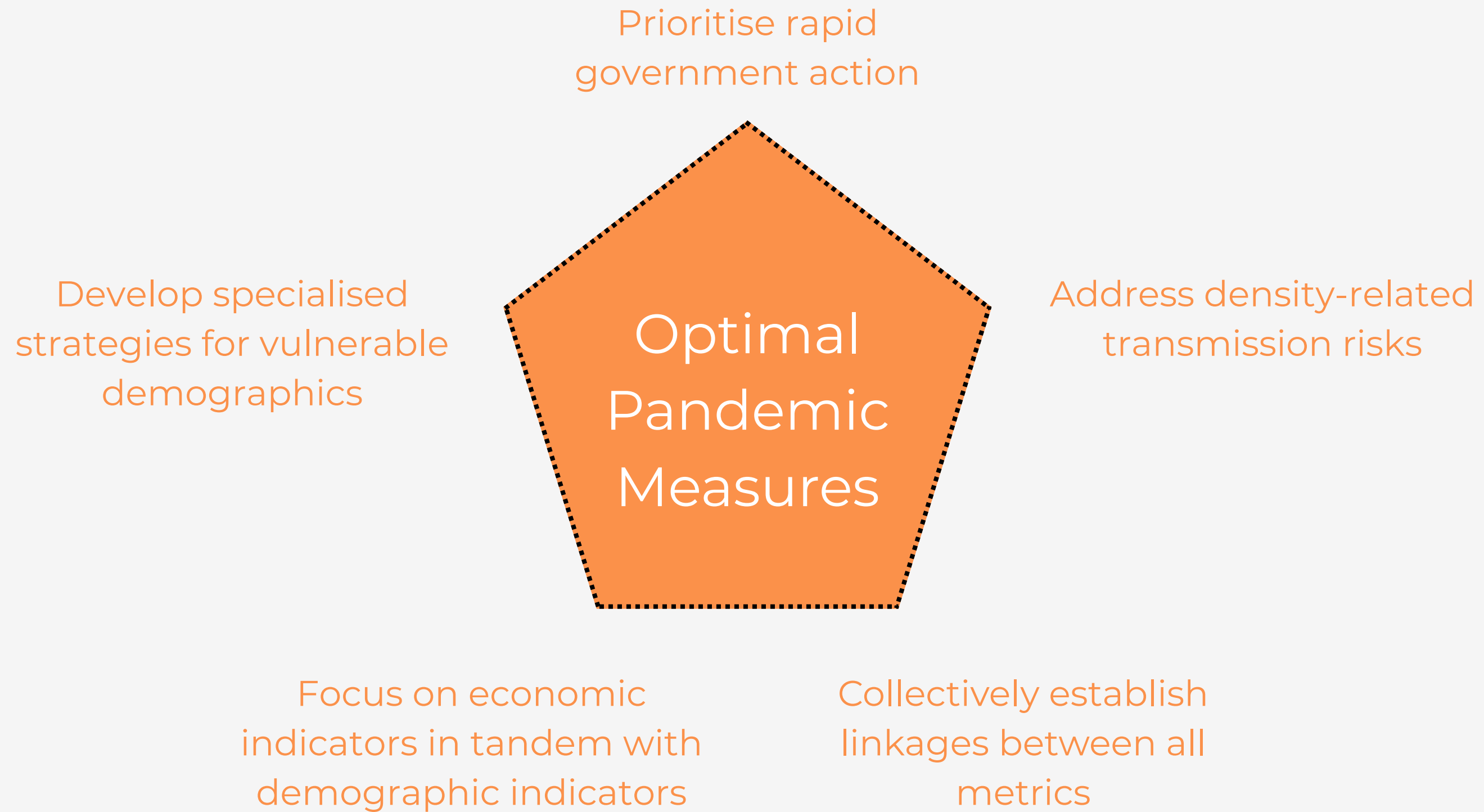


R-squared: 0.92

Key Findings

Rank	Feature	Importance
1	Stringency Index	0.422433 (42.2%)
2	GDP Per Capita	0.233479 (23.3%)
3	Hospital Beds Per Thousand	0.095572 (9.6%)
4	Aged 65 Older	0.095916 (9.6%)
5	Population Density	0.083601 (8.4%)
6	Human Development Index	0.064998 (6.5%)

- Limited predictive power of basic models: The low R-squared values (around 9.8) for linear models indicated that simple GDP and age relationships cannot adequately explain COVID-19 mortality patterns
- Complex factor interplay: The superior performance of the Random Forest model (R-squared 0.92) suggests that mortality prediction requires accounting for complex, non-linear interactions between multiple factors
- Policy matters most: The high importance of the stringency index (42.2%) suggests that government policy responses were the single most influential factor in determining mortality outcomes
- Age vulnerability confirmed: The substantial importance of the aged 65+ population (23.3%) aligns with clinical observations of higher COVID-19 risk in older demographics
- Economic factors are less critical than expected: GDP per capita's relatively modest contribution (9.6%) challenges assumptions that economic development was a primary protective factor



Limitations

Temporal
Dynamics

Variable
Selection

Geographic
Factors

Model
Exploration

Causality vs.
Correlation

**Thank
You**