

View Point

Restructuring of Rural Healthcare System through National Institute of Rural Health

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A B S T R A C T

India's rural areas account for over 65% of the population, yet they face severe shortages in medical facilities, specialised care, and health awareness. There is several pieces of evidence available highlighting high maternal and infant mortality rates, prevalence of communicable diseases, and the lack of preventive healthcare measures in rural areas.¹⁻³

The reasons for the significant healthcare disparities are limited access to quality medical services, infrastructure, and trained professionals.^{4,5}

Hence, to bridge these gaps through research, innovation, training, and policy advocacy, a central institute, that is the National Institute for Rural Health (NIRH) is envisioned.¹ The institute will serve as a centre of excellence, fostering sustainable healthcare solutions tailored to rural communities. The objectives of the institute are as below:

- Conduct cutting-edge research on rural health challenges and solutions.
- Develop scalable healthcare models for remote and underserved regions.
- Train healthcare professionals with a rural-focused curriculum.
- Advocate for policy changes to improve rural healthcare
- Develop public-private partnerships to enhance rural healthcare.
- Implement technology-driven solutions such as telemedicine and mobile health units.

The hub & spoke model is widely used in telemedicine to improve healthcare access, especially in rural and underserved areas. Utilising the same model, NIRH as a central hub to be connected with multiple spokes, enabling remote consultations and specialised care. The spokes to be established in key rural districts of different regions in India. The governance to be taken care of through collaboration between government agencies, healthcare experts, academic institutions, and NGOs.

Establishing this system requires a well-structured plan implementation in a phased manner. The first phase, i.e., the initial 1-2 years, includes infrastructure setup, expert recruitment, and pilot project launches in select rural districts. Here's a breakdown of the key steps:

Infrastructure Setup

- **Site Selection:** Identification of rural districts with high unmet needs in healthcare and ease of accessibility for the institute.
- **Facility Development:** Revamping of facilities in the form of hospitals, research centres, and telemedicine hubs with the installation of modern equipment..
- **Technology Integration:** Implementation of electronic health records, telehealth platforms, and mobile health units.
- **Sustainability Measures:** Ensure the provision of water, electricity, and internet connectivity for uninterrupted operations.

Recruitment of Experts

- **Healthcare Professionals:** Deputation of doctors, nurses, and specialists with experience in rural healthcare on revamped sites.
- **Public Health Researchers:** Engagement and collaboration of epidemiologists and policy experts to study rural health challenges.
- **Administrative & Technical Staff:** Recruitment of personnel for hospital management, IT support, and logistics.

Launch of Pilot Projects

- **Telemedicine Clinics:** Establish virtual consultation centres to connect rural patients with specialists.
- **Mobile Health Units:** Deploy medical vans equipped with diagnostic tools to serve remote areas.
- **Preventive Health Programmes:** Implement vaccination drives, maternal health initiatives, and chronic disease management.
- **Data Collection & Analysis:** Monitor health trends to refine strategies before full-scale implementation.

Key Benefits:

- **Expanded Reach:** Patients in remote areas can access expert medical advice without travelling long distances.
- **Capacity Building of Service providers:** Rural healthcare providers receive training and support from specialists at the hub.
- **Telemedicine Clinics:** Telemedicine clinics equipped with telemedicine devices (e.g., electronic stethoscopes, ECG monitors) for real-time consultations, to be established in spokes.
- **Chronic Disease Management:** Remote monitoring helps patients manage conditions like hypertension, diabetes, and cardiovascular diseases.
- **Case- based guidance to experts:** Specialists at the hub provide guidance to local healthcare providers at the spokes, optimizing expertise.

The National Institute for Rural Health is expected to have a transformative impact on healthcare accessibility and quality in underserved regions by strengthening the healthcare workforce with specialised rural expertise. The use of technology will act as a key in combating geographical barriers and lead to improved healthcare access and outcomes for millions of rural populations. This institute will act as a repository to create and maintain data to enable evidence-driven policies for long-term rural health improvement.

References

1. Kumar A, Karotia D, Singh R, Kishore J. National Institute of Rural Health for India: Need of the Hour. *Epidemiology International* (E-ISSN: 2455-7048). 2020;5(4):12-5. [Google Scholar]
2. https://censusindia.gov.in/2011-prov-results/paper2/data_files/india/paper2_1.pdf.
3. Jaysawal DN. Rural health system in India: A review. *International Journal of Social Work and Human Services Practice*. 2015 Feb 2:29-37. [Google Scholar]
4. Khan HM. A comparative study of superstition in urban and rural areas. *International Journal of Indian Psychology*. 2020;8(2). [Google Scholar]
5. Kishore J. National health programs of India: national policies and legislations related to health. Peer-reviewed, Official Publication of the Indian Academy of Geriatrics. 2010:165. [Google Scholar]