

Health for all: Reimagining Inclusive Healthcare Marketing for Rural India

Dr. Roopam Jain¹, Dr. Ayan Hazra²

¹Assistant Professor, Deptt. MSBS, MATS University, Raipur, Chhattisgarh, India, 492004

Cite this paper as: Dr. Roopam Jain, Dr. Ayan Hazra, (2025) Health for all: Reimagining Inclusive Healthcare Marketing for Rural India. *Journal of Neonatal Surgery*, 14 (14s), 786-793.

ABSTRACT

The large rural population of India still faces major inequalities in accessing high-quality healthcare because of infrastructure, socioeconomic, and geographic constraints. This study investigates how inclusive healthcare marketing can be a game-changing strategy to eliminate these disparities and guarantee "Health for All" in rural India. The study uses a multidisciplinary approach to analyse existing healthcare outreach models, pinpoint the shortcomings of traditional marketing strategies, and suggest an inclusive framework that is community-driven, culturally aware, and technologically flexible. Low health literacy, the digital divide, affordability, and mistrust of official healthcare institutions are some of the major issues addressed in this article, which draws upon case studies, government reports, and healthcare marketing trends. It highlights how crucial it is to employ localized communication tactics, collaborate with grassroots groups, and speak in vernacular languages in order to establish relevance and trust. The potential of digital tools to democratize healthcare information and services is examined, including telemedicine, social media platforms, and mobile health applications.

The study also identifies promising approaches that have demonstrated potential in improving healthcare delivery in rural areas, such as Accredited Social Health Activists (ASHAs), mobile health vans, and public-private partnerships. To guarantee long-term engagement and behaviour change, the suggested inclusive marketing strategy incorporates behavioral insights, sympathetic storytelling, and community co-creation.

In the end, the study promotes a change from transactional marketing to transformative healthcare engagement, putting rural communities at the forefront of the development and application of strategies. In rural India, this rethought strategy may promote health equity and bring the goal of universal health coverage to life.

Keywords: Healthcare marketing, rural health, digital health, digital divide, government initiatives

1. INTRODUCTION

Background and Context

In recent decades, India, a nation of more than 1.4 billion people, has achieved significant strides in the healthcare sector. A more robust healthcare ecosystem is the result of greater public health spending, technological developments, and the growth of private healthcare providers (NITI Aayog, 2021). But this development hasn't been consistent. Rural India still experiences systemic and structural health disparities, whereas metropolitan areas have the advantages of high health literacy, contemporary medical facilities, and improved access to care (Srinivasan, 2002; Bhan & Rao, 2022). Although roughly 65–70% of Indians live in rural regions, access to high-quality healthcare services is still a major issue (Press Information Bureau, 2024; The Hindu, 2023). Inadequate rural health infrastructure is frequently characterized by a lack of medical professionals, poorly furnished facilities, and inadequate networks for communication and transportation (Mukherji, 2010; Meit & Knudson, 2009).

The absence of efficient health communication is a major factor causing health disparities in rural areas, in addition to infrastructure constraints. Community health outcomes are greatly influenced by how health-related information is communicated, interpreted, and used (Bhan & Rao, 2022; Gilbert et al., 2018). Conventional healthcare marketing methods generally fail in rural India, where traditional beliefs often impact health behaviors and educational levels vary greatly (Rajaram & Bockrath, 2014; Heard et al., 2020). They are unable to make an impactful, approachable, and culturally sensitive connection with rural consumers.

Inclusive Healthcare Marketing- Concept & Scope

In its widest definition, healthcare marketing is the process of developing, disseminating, and providing health-related

²Assistant Professor, Hidayatullah National Law University, Raipur, Chhattisgarh, India, 493661

communications, goods, and services that enhance the health and wellbeing of the general public (Estabrooks, Brownson, & Pronk, 2018). Healthcare marketing has always been commercial in character, promoting hospitals, insurance plans, and pharmaceuticals (Porter, 2001). Particularly in rural areas, healthcare marketing needs to expand to become a tool for social transformation (Doogan et al., 2018; Chinman et al., 2017). The phrase "inclusive healthcare marketing" refers to strategies that are socially conscious, linguistically accessible, culturally appropriate, and economically viable. It aims to spread health messages that empower diverse populations, especially those on the periphery of society, rather than marginalize them (Bennett et al., 2019; James, 2014).

Inclusive healthcare marketing in rural India refers to developing campaigns that consider socioeconomic disparities, literacy levels, and local beliefs (Bhan & Rao, 2022; The Hindu, 2023). It involves using traditional media such as folk art, community radio, and street dramas, speaking the local languages, and collaborating with trustworthy local influencers such as ASHA staff, village leaders, and school teachers (Huttlinger et al., 2014; Meit & Knudson, 2009). Instead, then merely distributing information, the goal is to reframe healthcare marketing as a participatory, caring, and educational activity (Tremblay & Richard, 2014; Gilbert et al., 2018). It is essential that marketing materials and communication channels are simple enough for persons with different needs and abilities, like those who have cognitive, visual, or hearing impairments, to use and comprehend (Doogan et al., 2018; Over & Belon, 2019). Acknowledging and honouring the target audience's varied cultural backgrounds, values, and customs while adjusting messaging and content appropriately (Heard et al., 2020; Rajaram & Bockrath, 2014).

Reaching a range of populations, including different age groups, ethnicities, socioeconomic backgrounds, and individuals with disabilities, is essential, according to inclusive healthcare marketing, if we talk about the scope of this strategy. Creating easily understood and culturally sensitive content for a range of consumers, such as brochures, films, social media posts, and website copy, and reaching a broad audience through a variety of channels, such as social media, online platforms, local events, and partnerships with reputable organizations (NHM, 2020). To make sure that marketing initiatives are successful and pertinent, data must be gathered and analysed to comprehend the requirements and preferences of various demographics. collaborating to reach a variety of demographics and foster trust with healthcare providers, community organizations, and other stakeholders. To make sure that inclusive marketing initiatives are satisfying the requirements of diverse communities, they should be regularly assessed for efficacy and modified as necessary.

Objectives of the Study

In order to reimagine healthcare marketing in rural India from an inclusive perspective, this paper aims to critically analyse the existing state of the field. The following are the main objectives:

- 1. Identifying the shortcomings and gaps in rural India's present healthcare marketing tactics.
- 2. Exploring creative and culturally sensitive approaches to inclusive healthcare communication.
- 3. Analyzing case studies of effective international and Indian rural health marketing initiatives.
- 4. Making recommendations for practical tactics and legislative changes to promote inclusive outreach

Barriers to Conventional Healthcare Marketing in Rural India

Healthcare marketing in rural India has historically been less successful due to a number of limitations:

Absence of Local Contextualization: Most marketing campaigns are written in Hindi or English and are primarily directed towards urban areas, ignoring the linguistic and cultural conventions of rural communities.

Digital Divide: Many rural areas still lack reliable internet connectivity, despite the growing use of mobile phones. As a result, campaigns that are only digital miss out on a sizable audience.

Low Health Literacy: Campaigns that use complicated medical terminology or westernized imagery can fall flat with rural audiences, causing mistrust or confusion.

Trust Deficit: Rural populations are suspicious of government programs because of their past medical neglect and poor performance. Without reliable middlemen, marketing messages are frequently disregarded.

Insufficient Market Research: In rural areas, a lack of thorough market research results in a restricted comprehension of consumer preferences and demands.

A one-size-fits-all strategy: The great diversity found in India's rural areas is overlooked by homogenized advertisements. In Chhattisgarh or Uttar Pradesh, what works in Tamil Nadu could not work.

Low Income and literacy rate: Most of the people in rural areas earns less than Rs 10,000 per month, it becomes very impossible for them to afford basic healthcare for their large families. Hence, Poverty is the main reason along with ill literacy rate, the importance of health-related issues is less.

Infrastructural problems: Most of the villages in India are not having adequate healthcare infrastructure, significant shortage of Primary health centres across the country, Limited Ambulance service in rural areas, villagers have to walk miles to reach the nearest health centre.

Shortage of Medical Staff: According to an estimate 70% of the India's population is rural and only 35% of the Doctor's work in the villages. Due to lack of basic facilities most of the doctor's doesn't want to work in rural areas.

These drawbacks highlight the necessity of rethinking healthcare marketing as a community-focused, inclusive, and culturally sensitive undertaking.

Strategic Solutions for Strengthening Primary Healthcare in Rural Areas

1. Bridging the Gap- The Rural Urban Health Divide

India's health disparity between rural and urban areas is severe and complex. The Ministry of Health and Family Welfare (MoHFW) reports that only 26% of India's doctors work in rural areas, where almost two-thirds of the population lives, but 74% of the country's doctors are concentrated in metropolitan areas. In addition, Primary Health Centres (PHCs), which are the foundation of rural healthcare delivery, are frequently understaffed or excessively remote from many villages. Non-communicable diseases (NCDs), nutrition, sanitation, and maternal and child health are major issues in rural regions. The lack of preventative care, misunderstandings, and low health-seeking behaviour exacerbate these problems. By supporting prompt care-seeking behaviors, clearing up misconceptions, and increasing health knowledge, an inclusive healthcare marketing strategy could be transformative in these circumstances. To do this, however, marketing campaigns must use more than just billboards and pamphlets; they must also tap into the emotional and cultural fabric of rural communities (Grier et al., 2005).

2. The Need to Adopt Inclusive Practices

Rethinking healthcare marketing in rural India is not merely a communication strategy; it is a moral and developmental imperative. In order to guarantee that health interventions actually reach the unreached, inclusive communication is crucial. Universal health care is based on the principle of health equality. Social determinants of health, such as geography, caste, gender, income, and education, are becoming more and more important in the global health discourse. Because of this, an inclusive marketing strategy needs to take into account these realities and craft messages that speak to a range of life experiences and health views. Furthermore, communication becomes crucial as India works to achieve the Sustainable Development Goals (SDGs), particularly SDG 3: "Ensure healthy lives and promote well-being for all at all ages." Public engagement is crucial to government programs like Ayushman Bharat, Swachh Bharat Abhiyan, and Jan Aushadhi Yojana, and it cannot be accomplished without inclusive, well-planned outreach.

3. Empowering Rural Health through Technology and Innovation

There are opportunities as well as challenges associated with the digital divide. Remote locations can be reached with the use of SMS-based health alerts, community-based telemedicine, and mobile health (mHealth) projects. Low-cost innovations that can improve the inclusion of health communication include AI-powered chatbots, WhatsApp-based health updates, and IVR (interactive voice response) systems in local languages. Furthermore, rural populations—especially young people—are using social media platforms more frequently. The opportunity to spread health information in interesting ways, such as animated movies, testimonies, or professional Q&As, is enormous on regionally language-specific platforms like YouTube and Facebook.

Additionally, creative offline tactics are still very important. For example, street theatre, puppet shows, mobile health vans, and village health camps all blend education and entertainment (edutainment), which helps people relate to and remember health messages.

4. Activating the Grassroots: Health communication from Within

Marketing for inclusive healthcare cannot be done in a top-down manner; community members must co-create it. Because they are already established in rural communities, ASHA, ANMs, and Anganwadi workers are reliable sources of health information. Creating and implementing health initiatives in collaboration with them guarantees community trust and contextual correctness. The impact of health campaigns can be increased and ownership can be fostered through participatory methods including local health champions, health storytelling circles, and community focus groups (H Mander, 2024). Instead of being a transactional message delivery, healthcare marketing becomes a communal adventure when the focus is shifted from the "target audience" to the "community stakeholders."

5. Healthcare at fingertips through Telemedicine

In rural India, where infrastructure, labour shortages, and topographical obstacles present major obstacles, Telemedicine has emerged as a game-changing alternative to close the healthcare access gap. Telemedicine reduces the need for in-person travel and eases the strain on rural healthcare institutions by utilizing digital technologies to facilitate remote consultations,

diagnosis, and treatment.

- Telemedicine can reduce the travelling cost by 85%
- It cuts down on travel time, which is crucial for a patient.
- By providing teleconsultations to patients in rural areas, the Ayushman Bharat Digital Mission seeks to integrate digital health care throughout India.

6. Public-Private Collaborations and coherent policies

Government agencies, non-governmental organizations, healthcare providers, and the private sector must work together to promote inclusive healthcare in rural areas. Through public-private partnerships (PPPs), private organizations' resources can be combined with the legitimacy and reach of public health infrastructure. Telecom businesses, for example, can facilitate SMS-based public health messages, and pharmaceutical corporations can promote awareness campaigns about chronic conditions. Government programs can ensure greater scope and impact by incorporating corporate social responsibility (CSR) efforts into community outreach programs (JS Tabrizi, 2020)

Additionally, integration at the policy level is essential. As a crucial component of health planning, healthcare communication has to be recognized and supported with specific funds, qualified staff, and evaluation instruments. Integration with programs pertaining to gender, education, nutrition, and sanitation can further expand the accessibility and relevance of health messaging.

7. Training of rural healthcare workers

In the quickly evolving rural healthcare landscape, frontline healthcare personnel such as multifunctional health workers, auxiliary nurse midwives, and accredited social health activists (ASHAs) are crucial in bridging the gap between rural inhabitants and healthcare services. These staff members need to be trained in rural healthcare marketing in order to increase community awareness, trust, and utilization of easily accessible health services.

Training consists of lessons on how to successfully convey health advantages and services through narrative, interpersonal communication, and the use of regional dialects. In order to convey messages in a courteous and approachable way, employees are trained to comprehend local customs and beliefs (H V Nair, 2024). As the use of digital devices increases, training involves leveraging social media, SMS services, and mobile apps to spread health reminders and messages. In order to promote important health programs (such as immunization, maternity health, and sanitation), workers are trained in the organization of community outreach events, health camps, door-to-door visits, and group meetings. Training places a strong emphasis on hearing community input and modifying tactics appropriately, which fosters trust and promotes long-term health-seeking behaviour. Encouraging people to view government and non-profit health services as trustworthy, easily available, and advantageous can boost their involvement in programs like the Janani Suraksha Yojana or free teleconsultation platforms (SS Lim, 2010)

8. Development of private healthcare facilities

Although the private healthcare industry has long played a significant role in India's healthcare system, its presence in rural areas is still quite limited in comparison to urban areas. In addition to enhancing healthcare access, the establishment of private healthcare facilities in rural areas is essential for promoting efficient healthcare marketing, which can increase rural communities' knowledge, trust, and use of services.

Building a Brand and Differentiating Services: Private facilities can employ healthcare marketing techniques to create powerful brand identities centered on care, affordability, quality, and trust that are appropriate to the rural culture. **Campaigns for Awareness and Outreach**: Through campaigns, camps, and digital marketing, the private sector may educate people in rural areas about early diagnosis, preventive care, and the whereabouts of local services.

Technology-Driven Engagement: Patients can stay informed and involved by using mobile apps, SMS notifications, and telemedicine platforms. This will increase patient retention and satisfaction.

Community Involvement: Many successful rural healthcare models assist in localizing marketing strategies and building trust by collaborating with panchayats, self-help groups, and local influencers.

Public-Private Partnerships (PPPs) allow private providers to collaborate with government programs like Ayushman Bharat to deliver subsidized services and expand their reach through state-sponsored promotion.

9. Enhanced use of Digital Healthcare in Rural India

Digital healthcare encompasses a wide range of technologies, including wearables, telemedicine, electronic health records (EHRs), mobile health (mHealth) apps, and AI-powered diagnostic tools. Telemedicine services have made it possible for patients in remote locations to see doctors without having to travel. People may now plan visits, obtain health information,

and monitor their health with the use of mHealth apps. Increasing health awareness and enabling prompt interventions have been made possible by apps like Aarogya Setu and other regional telehealth platforms. To deliver precise, real-time health data, digital instruments such as glucometers, IoT-enabled blood pressure monitors, and AI-based diagnostic tools are being implemented in rural health centres (A Haleem,2021). Diabetes, high blood pressure, and other chronic illnesses can be detected early with the help of these technology. In underprivileged communities, mobile vans with diagnostic equipment are being sent out. These vehicles guarantee early disease detection by offering free health examinations and digital reports (C Rodriguez-León, 2021).

Prominent Initiatives of the Indian Government

The Indian government has started a number of programs that combine the provision of healthcare with efficient marketing and communication techniques to make sure that people living in rural areas are aware of, trust, and make use of the health services that are available. These programs seek to improve service usage, encourage preventative health behaviour, and close the gap between rural and urban health.

Ayushman Bharat (Centres for PM-JAY and Health and Wellness)

Ensure that people have access to high-quality healthcare and financial protection.

Method of Marketing:

- Extensive multi-channel outreach efforts that include community radio, mobile vans, wall paintings, and IEC (information, education, and communication) initiatives at the village level.
- To raise awareness of free health insurance and Health and Wellness Centres (HWCs), local language resources and health workers at the village level are used.

Impact

- Increased enrollment and knowledge of cashless care at hospitals that have partnered have had an impact.
- People in rural areas are increasingly more aware of the lifestyle counselling and preventive tests that HWCs offer.

Marketing Strategy for eSanjeevani (Telemedicine Service)

Use telehealth to enable doctor consultations in remote locations.

Method of Marketing

- promoted through integration with Ayushman Bharat's digital push, awareness campaigns for Gram Panchayats, and rural ASHA and ANM staff.
- Posters, infographics, and digital IEC resources were distributed in rural health facilities.

Impact

- Enabled remote doctor consultations for patients in distant areas, particularly during the COVID-19 pandemic.
- increased confidence in digital health services in rural areas.

National Health Mission (NHM)

Improve public health system pertaining to maternity and Childcare

Method of Marketing

- ASHAs and ANMs are employed for Behaviour Change Communication (BCC).
- outreach to the community via initiatives like Mission Indradhanush (for immunization).
- Health literacy can be promoted through wall art, school initiatives, and street performances.

Impact

- Higher rates of vaccination, community involvement, and institutional delivery.
- In the fight against sickle cell anaemia, TB, and other illnesses, the NHM has made significant progress.
- Infant mortality rates (IMRs) have decreased more quickly as a result of the NHM than they did earlier.
- The Ministry of Health and Family Welfare claims that the NHM has greatly accelerated India's progress toward accomplishing the health-related Sustainable Development Goals (SDGs).

Poshan Abhiyaan (National Nutrition Mission)

Dr. Roopam Jain, Dr. Ayan Hazra

It is a program that aims to eradicate malnutrition, especially in children, teenage girls, pregnant women, and nursing mothers. It was started in 2018 with the goals of enhancing their nutritional status, lowering childhood stunting and wasting, and encouraging healthy eating and holistic development.

Method of Marketing

- celebrations such as Pakhwada and Poshan Maah to foster participation.
- use of community gatherings, rallies, and folk media.
- collaborating with SHG and Anganwadi employees to spread the message.

Impact

• decreased incidence of SAM/MAM; better nutrition for mothers; better feeding practices for infants and children; and a decrease in the prevalence of stunting, wasting, and underweight

Jan Aushadhi Yojana

• "Jan Aushadhi" refers to the "Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP)," a government program that uses "Janaushadhi Kendras" to provide high-quality generic medicine at affordable rates.

Method of Marketing

- Jan Aushadhi stores are branded as dependable and economical in rural areas.
- local radio commercials, PHC posters, and doctor support.

Impact

- With more than 15,000 PMBJKs operating in every district, the program has greatly increased access to affordable medicines, particularly in underprivileged areas.
- The program has given patients significant financial relief, enabling them to purchase necessary prescription drugs and enhance their health without worrying about excessive expenses.

Swachh Bharat Abhiyan (Clean India Mission)

The government of India launched the Swachh Bharat Abhiyan, also known as the Clean India Mission, on October 2, 2014, with the goal of eradicating open defecation, enhancing solid waste management, establishing Open Defecation Free (ODF) communities, and enhancing rural sanitation and hygiene standards.

Method of Marketing

- Use of behavioral and emotional messaging (e.g., health hazards, women's dignity).
- Community-driven initiatives for complete cleanliness.
- Including local leaders, influencers, and kids

Impact

• The mission has contributed to a decline in the spread of diseases and an improvement in general hygiene habits by enhancing sanitary facilities and promoting cleanliness. Communities get healthier as a result, and the cost of healthcare is reduced.

2. CONCLUSION

The implementation of inclusive, culturally relevant, and community-driven marketing techniques is just as important to the transformation of rural healthcare in India as policy and infrastructure changes. India has made great strides in implementing effective healthcare programs like Ayushman Bharat, eSanjeevani, NHM, Poshan Abhiyaan, Jan Aushadhi Yojana, and Swachh Bharat Abhiyan, but how well these programs connect with and are accepted by rural communities will determine their actual success.

Healthcare marketing needs to change from a top-down, urban-centric model to a more participatory, empathetic, and localized communication framework immediately. The difficulties include everything from infrastructure inadequacies and health illiteracy to sociocultural hurdles and trust deficits. By ensuring that no group is excluded from the use of health services, inclusive healthcare marketing is more than just a tactic; it is a societal necessity.

Developments in telemedicine, digital health, and AI-powered communication technologies have opened up new avenues for outreach. These have worked especially well when combined with more traditional media outlets like street plays, local

radio, and grassroots influencers. The healthcare system can be made more accessible, relatable, and responsive by empowering ASHAs, ANMs, and local leaders and encouraging public-private collaborations.

Ultimately, adopting an inclusive perspective on rural healthcare marketing can help achieve health equity, improve health-seeking behaviors, and further India's Sustainable Development Goals (SDGs), particularly SDG 3—ensuring healthy lives and promoting well-being for all at all ages. The community should be at the forefront of healthcare communication since they are not just recipients but also active contributors to the development of a healthier, more knowledgeable rural India.

REFERENCES

- [1] Arora, N. K., & Kannan, S. (2021). Telemedicine in India: A tool for transforming health care in the era of COVID-19 and beyond. Indian Pediatrics, 58, 958–964. https://doi.org/10.1007/s13312-021-2273-z
- [2] Bennett, K. J., Borders, T. F., Holmes, G. M., Kozhimannil, K. B., & Ziller, E. (2019). What is rural? Challenges and implications of definitions that inadequately encompass rural people and places. Health Affairs, 38(12), 1985–1992.
- [3] Bhan, N., & Rao, K. D. (2022). Can inclusive communication improve health systems responsiveness in India? Health Policy and Planning, 37(1), 50–58. https://doi.org/10.1093/heapol/czab078
- [4] Broussard, M., Blackwell, R., Caillouet, L. P., Nichols, K. H., & Shipman, M. (2003). Connecting our resources: Louisiana's approach to community health network development. Journal of Rural Health, 19(Suppl.), 372–383.
- [5] Chinman, M., Woodward, E. N., Curran, G. M., & Hausmann, L. R. M. (2017). Harnessing implementation science to increase the impact of health equity research. Medical Care, 55(Suppl. 2), S16–S23.
- [6] Das, J., Holla, A., Mohpal, A., & Muralidharan, K. (2016). Quality and accountability in healthcare delivery: Audit-study evidence from primary care in India. American Economic Review, 106(12), 3765–3799. https://doi.org/10.1257/aer.20151138
- [7] Doogan, N. J., Roberts, M. E., Wewers, M. E., Tanenbaum, E. R., Mumford, E. A., & Stillman, F. A. (2018). Validation of a new continuous geographic isolation scale: A tool for rural health disparities research. Social Science & Medicine, 215, 123–132.
- [8] Estabrooks, P. A., Brownson, R. C., & Pronk, N. P. (2018). Dissemination and implementation science for public health professionals: An overview and call to action. Preventing Chronic Disease, 5, E162.
- [9] Gilbert, P. A., Laroche, H. H., Wallace, R. B., Parker, E. A., & Curry, S. J. (2018). Extending work on rural health disparities: A commentary on Matthews and colleagues' report. Journal of Rural Health, 34(2), 119–121.
- [10] Grier, Sonya & Bryant, Carol. (2005). Social Marketing in Public Health. Annual review of public health. 26. 319-39. 10.1146/annurev.publhealth.26.021304.144610.
- [11] Heard, E., Fitzgerald, L., Wigginton, B., & Mutch, A. (2020). Applying intersectionality theory in health promotion research and practice. Health Promotion International, 35(4), 866–876.
- [12] Huttlinger, K., Schaller-Ayers, J. M., Kenny, B., & Ayers, J. W. (2014). Research and collaboration in rural community health. Online Journal of Rural Nursing and Health Care, 4(1), 22–36.
- [13] James, W. L. (2014). All rural places are not created equal: Revisiting the rural mortality penalty in the United States. American Journal of Public Health, 104(11), 2122–2129.
- [14] Markides, C. (1997). Strategic innovation. Sloan Management Review, 38(3).
- [15] Markides, C. (1999). A dynamic view of strategy. Sloan Management Review, 40(3), 55–63.
- [16] Meit, M., & Knudson, A. (2009). Why is rural public health important? A look to the future. Journal of Public Health Management and Practice, 15(3), 185–190.
- [17] Ministry of Health and Family Welfare. (2023). Rural Health Statistics 2022–23. Government of India. https://main.mohfw.gov.in
- [18] Mukherji, S. (2010). Vaatsalya Hospitals: Affordable healthcare in proximity (GIM Case Study No. B098). United Nations Development Programme.
- [19] Mueller, K. J., Coburn, A. F., Knudson, A., Lundblad, J. P., MacKinney, A. C., & McBride, T. D. (2020). Considerations for defining rural places in health policies and programs. Rural Policy Research Institute.
- [20] Nidumolu, R., Prahalad, C. K., & Rangaswamy, M. R. (2009). Why sustainability is now the key driver of innovation. Harvard Business Review.
- [21] NITI Aayog. (2021). Reimagining healthcare in India through PPPs. https://niti.gov.in/sites/default/files/2021-

Dr. Roopam Jain, Dr. Ayan Hazra

03/PPP-Health-Systems.pdf

- [22] Over, D. C., & Belon, A. P. (2019). The health equity measurement framework: A comprehensive model to measure social inequities in health. International Journal for Equity in Health, 18, 36.
- [23] Porter, M. E. (2001). Strategy and the internet. Harvard Business Review, 79(3), 62–78.
- [24] Press Information Bureau. (2024, January 18). Telemedicine services reduce rural-urban health divide. Government of India. https://pib.gov.in
- [25] Probst, J., Zahnd, W., & Breneman, C. (2019). Declines in pediatric mortality fall short for rural US children. Health Affairs, 38(12), 2069–2076.
- [26] Rajaram, S. S., & Bockrath, S. (2014). Cultural competence: New conceptual insights into its limits and potential for addressing health disparities. Journal of Health Disparities Research and Practice, 7(5), 82–89.
- [27] Srinivasan, S. (2002). Disease burden in India, public health infrastructure: What we need and what we have. NCMH Background Paper.
- [28] The Hindu. (2023, August 10). Digital health: India's rural push. https://www.thehindu.com
- [29] Tremblay, M. C., & Richard, L. (2014). Complexity: A potential paradigm for a health promotion discipline. Health Promotion International, 29(2), 378–388.