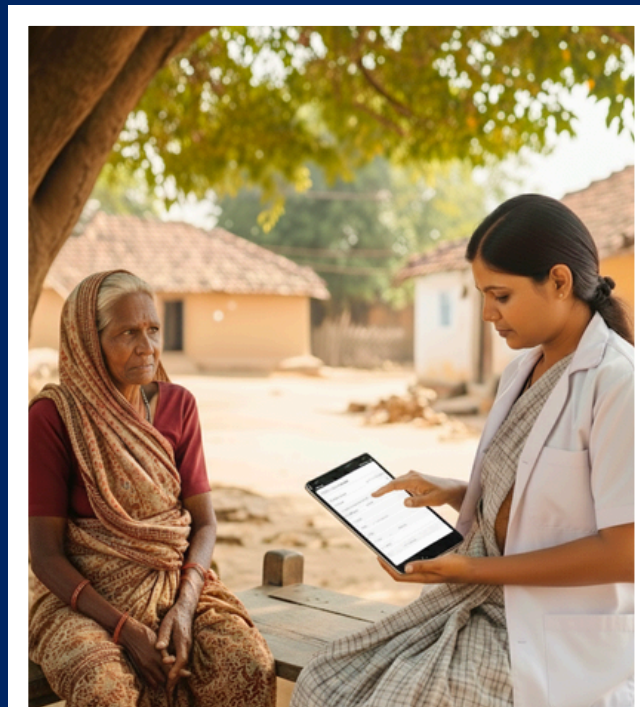


UNLOCKING PUBLIC HEALTH IMPACT

THROUGH PHARMA'S USE OF RURAL HEALTH DATA

In the evolving landscape of healthcare, data has become the cornerstone of effective public health strategies. While urban centers have seen rapid digitization, rural areas; home to a significant share of the global population, often remain data-dark zones. However, this is beginning to change with the rise of structured rural health apps which are digitizing screening, consultation, and diagnostic information in real-time, even in low-resource settings.¹

For pharmaceutical companies, these platforms offer an unprecedented opportunity to align business goals with meaningful public health impact. With the right approach, rural health data can be transformed into actionable insights that improve health outcomes, optimize clinical development, and shape smarter outreach programs.¹

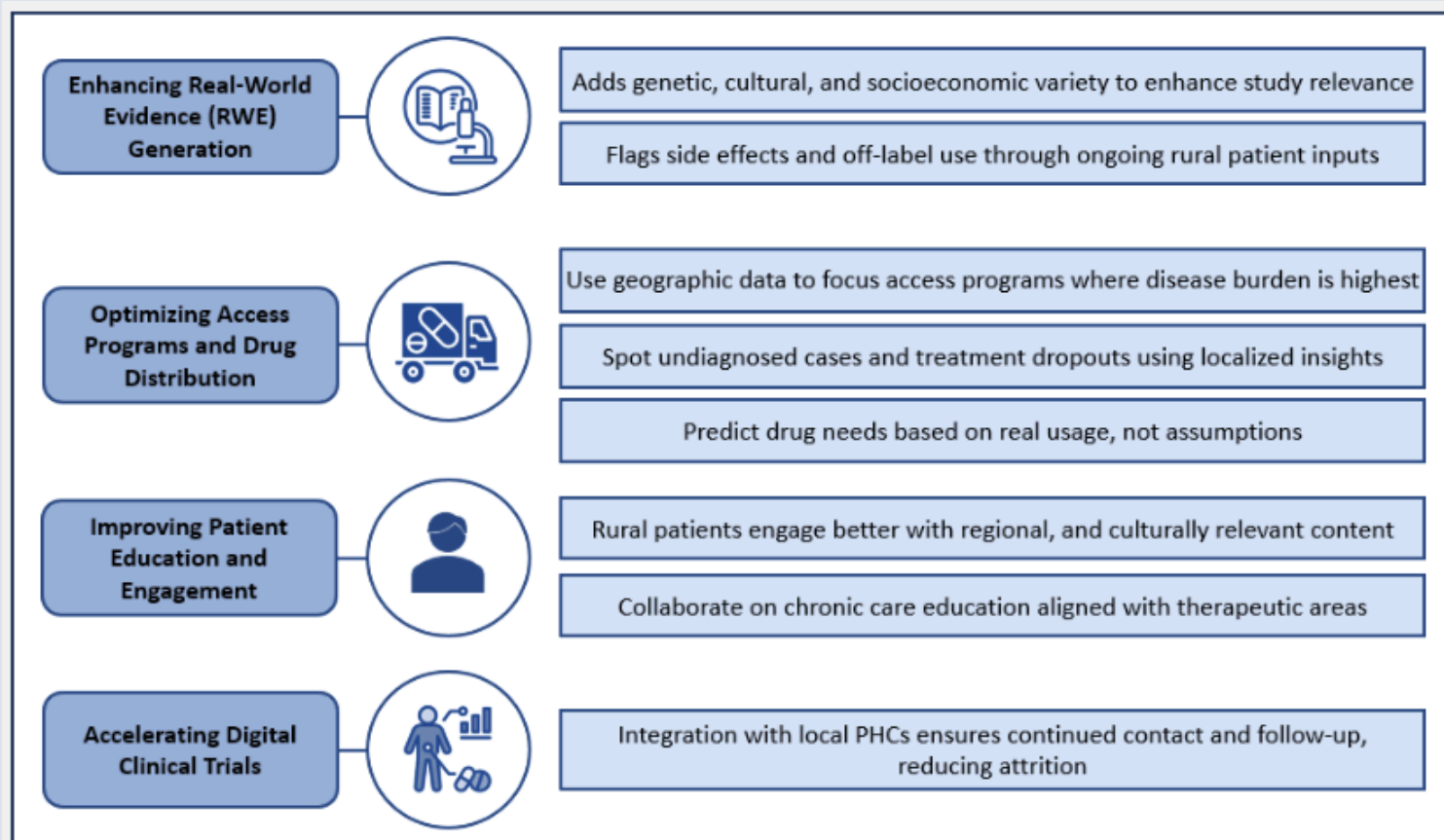


THE UNTAPPED POTENTIAL OF RURAL HEALTH DATA

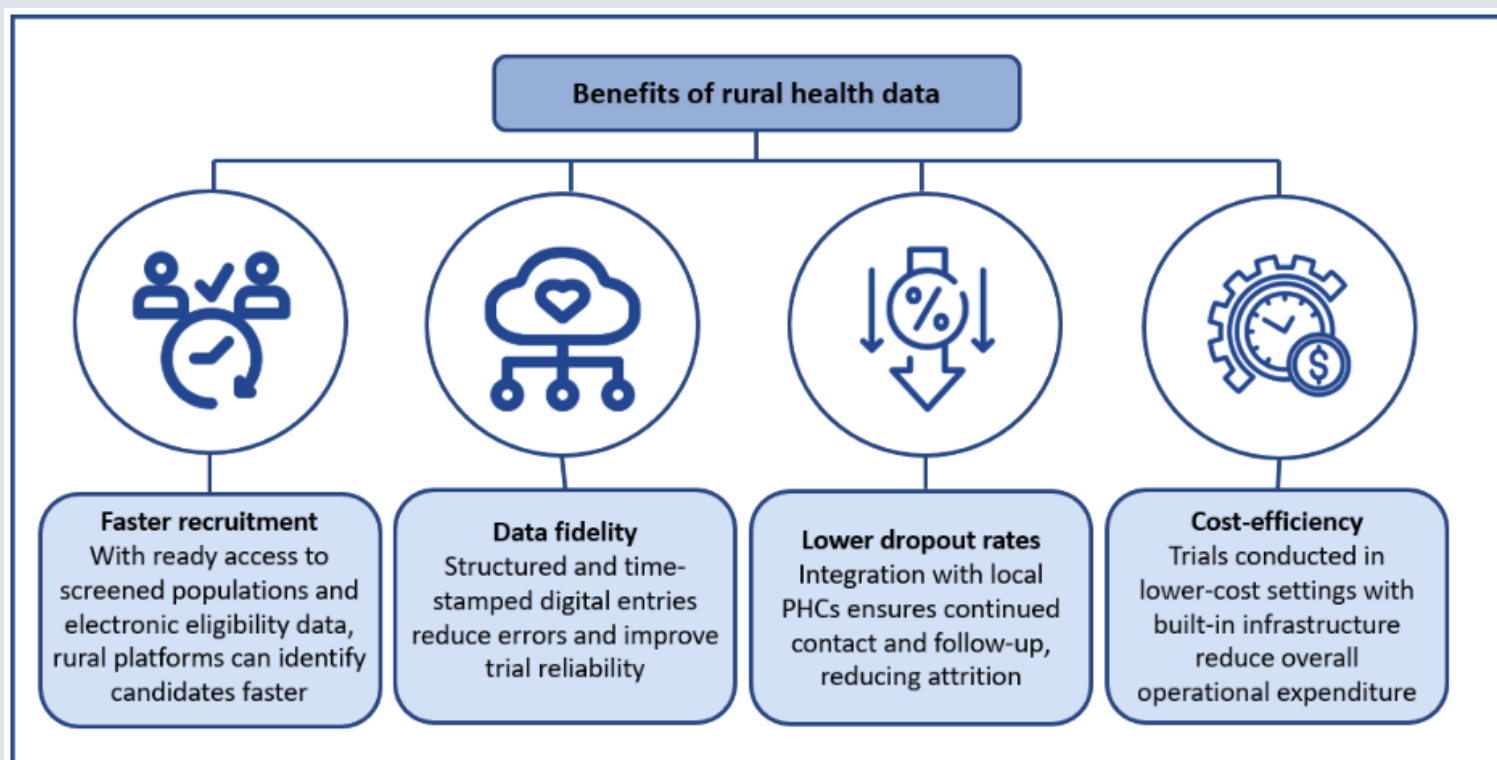
India, for example, has more than 65% of its population living in rural areas.² Yet, a vast majority of health data collected from these populations is either unstructured, missing, or logged in paper-based formats. This not only limits the effectiveness of rural healthcare delivery but also restricts broader stakeholders including pharma from designing targeted interventions.

Digitization makes it possible to analyze demographic trends, risk factor clusters, treatment adherence, and health outcomes in real-time. For pharma, this translates to insights that were previously unavailable or inaccessible.¹





Above image depicts how pharma can harness rural health data:^{1,3}



Rural health data accelerates clinical trials by enabling faster recruitment, reliable insights, lower dropout rates, and cost-effective operations.³

This opens new avenues for conducting trials in populations historically excluded from research which is a step toward equity and expanded market insights.

CHALLENGES TO OVERCOME

While the potential is immense, pharma must proceed with caution and accountability:¹

- **Data privacy and consent:** Any data sharing or use must follow local laws and ethical standards, especially in vulnerable populations.
- **Digital divide:** Even with digital platforms, tech literacy remains a barrier. Interventions must be human-centric and context-aware.
- **Infrastructure variation:** Not all rural areas have the same level of readiness. Flexibility in deployment models is essential.

The key lies in collaborative design that is working with digital health innovators, local governments, and civil society to ensure interventions are ethical, scalable, and impactful.

THE WAY FORWARD

Rural platforms like **ARHA** are more than digital tools they are ecosystem enablers. By digitizing the last mile, they create visibility into populations long excluded from data-driven healthcare. For pharma, they offer a dual win; expanding business opportunities while improving community health.

By embracing structured data from such platforms, pharma companies can move beyond traditional models to one that is adaptive, inclusive, and evidence-based. **It's not just about gathering data, it's about acting on it to create real change.**

The screenshot displays the ARHA mobile application interface on a tablet. The top status bar shows the time as 2:24 on Wednesday, February 5. The app header includes the ARHA logo, a 'Demo' label, and a date range of '5 Feb 2025 - 5 Feb 2025'. A dropdown menu shows 'Dr. Apama Lahoti'. Below the header, a patient selection bar shows 'Ajay Kumari' with a close button and a plus icon. The patient's details include 'Ajay Kumari', 'AK', '58, F', 'Aadhaar ID', 'High Risk Factors', and 'Present'. A 'Close patient records' button is visible. The main section is titled 'Medical History' and 'Case Sheet'. It features a 'Chief Complaints' section with a search icon, a 'Select complaints' dropdown, and buttons for 'Onset of complaints' (None, Gradual, Sudden) and 'Duration of complaints' (Day(s)). There are also buttons for 'Add chief complaint' and 'Add data'. Below this, there are buttons for 'Cold', 'Cough', 'body pain', and 'Cyst At back'. The 'Vitals' section includes fields for 'Blood Pressure' (mmHg), 'Heart Rate (beats)' (bpm), 'Respiratory Rate (breaths)' (bpm), 'Height' (cm), 'Weight' (kg), and 'Body Mass Index' (kg/m²). At the bottom, there is a 'Select case sheet' dropdown set to 'General OPD' and a 'Finish consultation' button. On the right side, there is a 'Past Visits' section with a table showing visit details, including 'Tab:DOMSTAL 10 MG domperidon', '0 - 0 - 0 - 0 | 3 Day(s) Daily', '7 January 2025', 'Advise/Route Oral', and 'Tab:Ondem MD', '306', '7 January 2025', 'Advise/Route 1 Tablet, Can be taken additionally as and when needed if Vomiting or Nausea persists, 12 hourly'. The bottom right corner shows a list of doctors: 'Dr. Vaibhav Patil' and 'Dr. Vaibhav Patil' with dates '31 December 2024' and '30 December 2024'.

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3. Roy, Adrija & Mitra, Arun & Soman, Biju. (2023). Public health in India: Leveraging technology for a brighter future. 1. e23014.