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REVIEW ARTICLE

Advancing Rural Healthcare in Asia: A Scoping Review on the Application and Implementation of Artificial Intelligence

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ABSTRACT

Background: Artificial Intelligence (AI) has become a transformative tool in healthcare, with applications ranging from diagnostics to resource management. Despite its potential to revolutionize rural healthcare by improving access, quality, and efficiency, significant challenges remain in its implementation in these underserved areas. This scoping review aims to explore the applications, benefits, and challenges of AI in rural healthcare settings within the Asia region and to identify research gaps for future study. **Methods:** The review followed Arksey and O'Malley's five-stage framework and adhered to the PRISMA-ScR. Relevant studies were identified through database searches (Science Direct, Scopus, ProQuest) focusing on application or implementation of AI in rural healthcare settings in Asian countries. Articles published between 2020 and 2024 were included, with a systematic selection process ensuring relevance and quality. **Results:** A total of fourteen studies conducted in Asia were included. The studies primarily examined AI application such as remote patient monitoring, diagnostic support, telehealth enhancements, and disease surveillance. Overall, AI demonstrated potential in improving healthcare access, diagnostic capabilities, and patient outcomes. However, challenges including data limitations, ethical concerns, infrastructure constraints, high costs, and inadequate workforce training were identified as barriers to successful implementation.

Discussion: AI offers significant opportunities to address healthcare disparities in rural areas, but its potential is hindered by persistent challenges. The findings highlight the need for robust digital infrastructure, ethical frameworks, cost-effective solutions, and capacity-building initiatives. Collaborative efforts among stakeholders are crucial to overcoming these barriers and ensuring equitable healthcare delivery. **Conclusion:** AI holds significant promise for strengthening rural healthcare systems in Asia. Addressing infrastructural, ethical, and capacity-related barriers through context-specific and collaborative approaches is essential to support equitable and sustainable AI implementation in rural healthcare settings.

INTRODUCTION

Artificial intelligence (AI) refers to computational systems capable of performing tasks that typically require human intelligence, including pattern recognition, prediction, and decision-making (Wolff et al., 2021). In healthcare, AI technologies such as machine learning, natural language processing, and computer vision are increasingly used to support diagnostics, clinical decision-making, and health system management (Chomutare et al., 2022). Despite increasing adoption in urban and high-resource healthcare systems, the application of AI in rural healthcare settings remains limited. Rural health systems face distinct challenges, including shortages of healthcare professionals, geographic isolation, and constrained infrastructure, making them potential high-impact settings for AI-enabled solutions (Cossy-Gantner et al., 2018).

METHODS

A scoping review was conducted following the five-stage framework outlined by Arksey and O'Malley (2005), ensuring a systematic approach to identifying and synthesizing relevant literature. The reporting of results adhered to the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) checklist (Page et al., 2021), providing transparency and comprehensiveness in the review process.

Stage 1: Identifying the Research Question

The research question of this study:

1. How is the application or implementation of AI in rural healthcare?
2. What are the benefits and challenges associated with AI implementation in these settings?
3. What are the potential gaps to address for future study?

Stage 2: Identifying Relevant Studies

Articles related to AI utilization in rural healthcare were searched online through Science Direct, Scopus, and ProQuest databases. Search results were limited to peer-reviewed articles published between January 2020 and December 2024 and written in English.

Although no geographical limits were applied during the initial database search, only studies conducted in Asian countries were included during the screening and eligibility assessment stages to reflect the contextual relevance of rural healthcare systems in Asia.

Search Strategy

A systematic search was conducted in ScienceDirect, Scopus, and ProQuest databases. The final search was executed on 15 January 2025. The following search string was used with database-specific adaptations:

("artificial intelligence" OR AI OR "machine learning") AND (rural OR "rural health" OR "remote area") AND (healthcare OR health system OR medical).

Stage 3: Study Selection

The study selection process was conducted systematically to ensure the inclusion of relevant and high-quality studies for this scoping review. Initially, all records identified

through database searches were imported into a reference management tool for organization and duplicate removal. Titles were screened for relevance based on predefined eligibility criteria, excluding studies unrelated to healthcare, artificial intelligence (AI), or rural contexts. Abstracts of shortlisted studies were then reviewed to evaluate their alignment with the review objectives. Inclusion criteria focused on studies exploring AI applications in rural healthcare settings, specifically in areas like remote patient monitoring, diagnostic support, telehealth, and disease surveillance. Studies addressing non-healthcare AI applications, urban contexts, or research published before 2010 were excluded.

Full-text articles of potentially relevant studies were retrieved and assessed for eligibility using a structured checklist to ensure alignment with the review's aims. Reasons for exclusion at this stage, such as lack of focus on rural settings or insufficient discussion of AI applications, were documented for transparency. To enhance reliability, two independent reviewers evaluated a subset of articles, resolving any discrepancies through discussion or consultation with a third reviewer. This rigorous selection process resulted in a final set of studies that comprehensively addressed AI applications in rural healthcare, ensuring relevance and quality to inform the review findings. The selection process is summarized in a PRISMA flow diagram detailing records identified, screened, excluded, and included in the final review.

All retrieved records were imported into Mendeley reference management software, where duplicate records were identified and removed prior to screening.
Title and abstract screening were conducted independently by two reviewers. Full-text screening was also performed independently by the same reviewers. Discrepancies were resolved through discussion, with involvement of a third reviewer when consensus could not be reached. Given the exploratory nature of this scoping review, inter-rater reliability statistics such as Cohen's kappa were not calculated, consistent with common scoping review practice.

Stage 4: Charting the Data

The data from the included studies were systematically extracted and organized into a structured framework using Microsoft Excel. The following headings were used to ensure a comprehensive and consistent approach to data extraction:

- Author and Year: Details of the authors and publication year.
- Title: Title of the study.
- Aim: The purpose and objectives of the study.
- Country: The geographical location of the study.
- AI Applications in Healthcare: Specific AI tools and applications utilized in rural healthcare settings.
- Acceptability, Perceptions, Needs, and Preferences: Insights into how AI applications were received and utilized.
- Limitations: Challenges and constraints identified in the study.

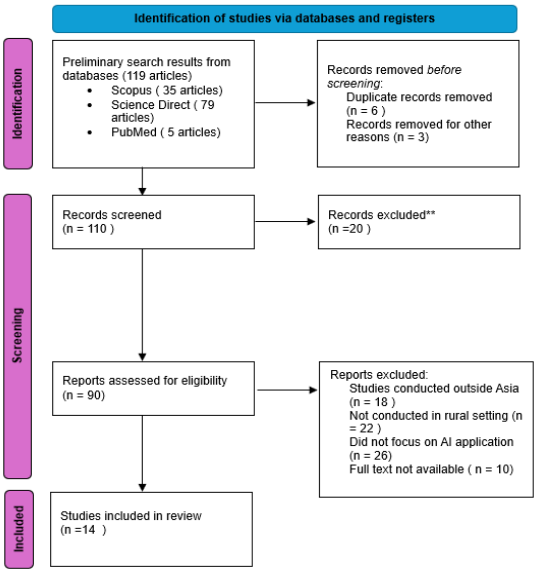

Figure 1: PRISMA flow diagram illustrating the identification, screening, eligibility assessment, and inclusion of studies on AI applications in rural

RESULT

Stage 5: Summarizing, and Reporting Results
The study selection process is summarised in Figure 1.

Study Characteristics

A total of 14 studies were included, confined to geographical regions which is Asia region for this study. The majority focused on AI applications in diagnostic support, telehealth, and remote patient monitoring. The characteristics of the 14 included studies are summarised in Table 1.

A. AI Applications in Rural Healthcare.

The scoping review identified several pivotal applications of artificial intelligence (AI) in rural healthcare settings. These innovations are transforming the delivery and accessibility

Table 1: Characteristics of included studies.

Author (Year)	Country	Study Design	Study Population / Setting	AI Application	Key Outcomes / Findings
Kerketta & Balasundaram (2024)	India	Conceptual paper	Rural healthcare systems in India	Remote patient monitoring; AI-enabled decision support	AI tools demonstrated potential to improve access to care, early detection of disease, and continuity of care in underserved rural areas, though infrastructural and workforce limitations remained significant barriers.
Kumar & Tiwari (2022)	India	Conceptual / System design study	Rural primary healthcare settings	AI-based e-Health ATM; Remote monitoring	Proposed AI-driven e-health systems could improve healthcare accessibility and reduce dependence on specialist availability in rural communities.
Pahune (2023)	India	Narrative review	Rural healthcare sector	Diagnostic support; Disease prediction	AI applications showed promise in supporting early diagnosis and disease prediction in rural settings, particularly where specialist access is limited.
Guo & Li (2018)	China	Review article	Rural areas in developing countries	Medical AI applications	Highlighted AI's role in reducing healthcare inequities in rural regions, emphasizing diagnostics, monitoring, and health system efficiency.
Nwankwo et al. (2024)	Asia (multi-country focus)	Review	Rural and underserved communities	AI-integrated telemedicine	AI-enhanced telemedicine improved healthcare access and service delivery, but implementation was constrained by infrastructure and digital literacy challenges.
Emeihe et al. (2024)	Asia	Observational / Review	Rural populations	AI-assisted early diagnosis	AI tools improved early detection of chronic diseases in rural areas; challenges included data quality and workforce readiness.
Chavez-Cano (2023)	Asia	Narrative review	Rural healthcare settings	AI-powered telemedicine	AI applications enhanced teleconsultations, automated administrative processes, and improved patient engagement in remote areas.
Rao et al. (2020)	India	Descriptive / Conceptual study	Rural healthcare facilities	AI-based e-healthcare systems	AI-supported systems improved clinical decision-making and efficiency in rural healthcare delivery.

Yadav (2021)	India	Conceptual study	Rural communities	AI-assisted remote patient monitoring	AI-enabled RPM systems improved disease monitoring and healthcare access for rural populations.
Rahimi et al. (2021)	Asia (subset of global review)	Scoping review	Community-based primary healthcare	AI in primary care	Identified benefits of AI in decision support and monitoring but noted limited real-world implementation in rural contexts.
Olugboja & Agbakwuru (2024)	Asia	Conference paper	Rural healthcare systems	AI for equitable access	AI applications demonstrated potential to bridge healthcare disparities, though cost and scalability remained concerns.
Wahl et al. (2018)	Asia-focused LMICs	Review	Resource-poor and rural settings	AI diagnostics and surveillance	AI contributed to improved diagnostics and disease surveillance in rural settings, with ethical and governance challenges highlighted.
Okolo et al. (2021)	India	Qualitative study	Community health workers	AI-enabled mobile health applications	Community health workers perceived AI tools as supportive but insufficient to replace human judgment, emphasizing the need for contextual adaptation.
Chomutare et al. (2022)	Asia (subset analysis)	Review	Healthcare systems	AI implementation barriers and facilitators	Identified infrastructural, ethical, and organizational barriers influencing AI adoption in rural and low-resource settings.

Table 2: AI Applications in rural healthcare.

Category	Findings	Citation
Remote Patient Monitoring (RPM)	• Utilizes wearable sensors, mobile devices, and telehealth platforms to collect and analyze patient data remotely. • Enables continuous monitoring of vital signs, disease progression, and medication adherence. • Facilitates early detection of health deteriorations, proactive interventions, and reduces hospital readmissions.	Kerketta and Balasundaram (2024) Kumar and Tiwari (2022)
Diagnostic Support	• Analyzes medical images, electronic health records, and patient-reported symptoms using AI algorithms. • Assists healthcare professionals in making accurate and timely diagnoses, particularly in areas with limited access to specialists. • Identifies patterns, predicts disease risk, and recommends further investigations.	Nwankwo et al. (2024) Chavez-Cano et al. (2023)
Disease Surveillance and Prediction	• Analyzes health records, environmental data, and demographics to predict disease outbreaks. • Offers early warning capabilities, enabling timely public health interventions, resource allocation, and prevention strategies.	Pahune (2023)

of medical services in underserved areas. Major AI applications identified across studies are summarised in Table 2.

B. Addressing the Rural Healthcare Gap

A significant portion of the articles focused on the potential of AI to address the healthcare gap in rural areas as mentioned in table 3.

C. Challenges of AI Implementation in Rural Settings

While the potential of AI in rural healthcare is substantial, several implementation challenges are outlined in Table 4.

Overview of Key Findings.

Among the 14 included studies, six focused on remote patient monitoring, five examined AI-assisted diagnostic support, four explored telehealth enhancement, and three addressed disease surveillance and prediction. Several studies addressed more than one application domain.

Table 3: Addressing the rural healthcare gap.

Category	Findings	Citation
Improving Healthcare Access	• Facilitates telehealth services and connects patients to specialists remotely. • Bridges geographical barriers and ensures equitable access to diagnostic and treatment facilities.	Kerketta and Balasundaram (2024)
Enhancing Diagnostic Capabilities	• AI algorithms provide specialized expertise and ensure accurate, timely diagnoses for complex conditions.	Yadav et al,.(2021)
Supporting Decision-Making	• Provides evidence-based recommendations, clinical guidelines, and personalized treatment plans. • Enhances the quality of care delivery in resource-limited settings.	Rao et al. (2020)
Enabling Remote Monitoring	• Tracks patient health status, detects early signs of deterioration, and supports proactive healthcare delivery in remote areas.	Kerketta and Balasundaram (2024) Kumar and Tiwari (2022)

Table 4: Challenges of AI implementation in rural settings.

Category	Findings	Citation
Data Issues	• Limited availability, quality, and standardization of data in rural settings hinder the development and deployment of effective AI algorithms.	Kerketta and Balasundaram (2024) Wahl et al. (2018)
Ethical Considerations	• Concerns about data privacy, algorithmic bias, transparency, and public trust must be addressed. • Requires adherence to ethical principles to maintain integrity and social acceptance of AI systems.	Kerketta and Balasundaram (2024)

Infrastructure Limitations	• Inadequate internet connectivity and computing resources restrict the adoption of AI solutions. • Rural areas often face unreliable power supplies, further complicating implementation.	Nwankwo et al. (2024)
Cost and Implementation	• High upfront costs of AI systems may be prohibitive for resource-constrained settings. • Practical challenges in deployment, maintenance, and scaling of AI technologies require careful evaluation.	Olugboja and Agbakwuru (2024)

Across the 14 included studies, AI was applied in rural healthcare settings primarily to address challenges related to limited access to healthcare services, shortages of healthcare professionals, and geographical barriers. Most studies originated from South and Southeast Asia, reflecting regions where rural populations experience persistent disparities in healthcare availability and quality.

The predominant AI applications identified included remote patient monitoring, diagnostic decision support systems, telehealth enhancement tools, and disease surveillance models. These applications were largely designed to support frontline healthcare workers, improve early detection of disease and facilitate timely clinical decision-making in settings with constrained resources. Overall, the findings suggest that AI-enabled solutions have the potential to improve healthcare access, enhance diagnostic accuracy, and optimise service delivery in rural settings. However, the extent of implementation varied considerably, with most studies reporting pilot-level or early-stage deployment rather than large-scale integration into routine healthcare systems.

DISCUSSION

This scoping review addressed three objectives: to map AI applications in rural healthcare, to identify associated benefits and challenges, and to highlight research gaps. The findings indicate that AI applications in rural Asian settings are primarily oriented toward improving access to care, diagnostic support, and continuity of services, while facing persistent infrastructural and workforce challenges. These findings align with previous scoping reviews on AI and digital health in resource-limited settings, which similarly report telehealth, monitoring, and decision support as dominant applications (Rahimi et al., 2021; Cossy-Gantner et al., 2018). However, this review highlights that infrastructure and workforce constraints are particularly pronounced in rural Asian contexts.

This review identified several key applications of AI being explored and implemented in rural healthcare settings. Remote Patient Monitoring (RPM) systems enable continuous health monitoring, facilitating early detection of health deteriorations and reducing hospital admissions. Diagnostic support tools powered by AI enhance diagnostic accuracy and timeliness, filling gaps caused by the limited availability of specialists. Telehealth services are significantly improved by AI through automation, real-time support, and patient education, thereby increasing accessibility and efficiency. Furthermore, AI's capabilities in disease surveillance and outbreak prediction allow for the early identification of disease patterns and timely public health

interventions.

Despite these promising applications, significant challenges hinder the successful implementation of AI in rural healthcare. Limited availability, quality, and standardization of data impede the development of effective algorithms. Ethical concerns, including data privacy, algorithmic bias, and transparency, require urgent attention to foster public trust. Infrastructure constraints, such as inadequate internet connectivity, unreliable power supply, and insufficient computing resources, remain critical barriers in rural areas. Additionally, high costs associated with implementing AI and the lack of capacity-building programs for healthcare professionals further limit its adoption. These challenges must be addressed to harness the full potential of AI in transforming rural healthcare delivery.

The findings of this review also contribute to theoretical and practical knowledge. Theoretically, the insights inform frameworks for understanding the factors influencing AI implementation and adoption in rural contexts. Practically, they underscore the need for collaborative efforts among policymakers, healthcare providers, technology developers, and researchers to overcome identified challenges and develop tailored AI solutions for rural communities.

LIMITATIONS

This scoping review has several limitations. First, the review was confined to studies conducted in Asian countries, which may limit generalisability to other regions. Second, only English-language publications were included. Third, as a scoping review, methodological quality of included studies was not formally assessed. Nevertheless, this review provides a comprehensive overview of AI applications and implementation challenges in rural healthcare settings in Asia.

RECOMMENDATIONS

To catalyse the integration of Artificial Intelligence (AI) in rural healthcare, innovative and actionable strategies are essential to ensure transformative and sustainable impact. Redesigning digital infrastructure for inclusivity should be prioritized by leveraging renewable energy sources such as solar-powered networks to address power constraints and exploring satellite internet technologies to overcome geographic barriers, ensuring consistent access to AI-enabled services. Creating a dynamic ecosystem for data sharing goes beyond standardization; it should incorporate decentralized blockchain technologies to enhance data security and integrity while fostering trust among stakeholders. Additionally, embedding ethical principles into AI systems requires a proactive approach, such as developing participatory frameworks that include community input in designing privacy policies, algorithms, and decision-making processes, ensuring AI aligns with the unique cultural and social dynamics of rural populations. Empowering the rural healthcare workforce should involve hybrid training models that combine virtual reality simulations with localized workshops, enabling healthcare professionals to practice AI tool utilization in realistic scenarios while addressing local challenges. Finally, accelerating research and development with a community-centric focus can ensure AI solutions are not only cost-effective but also co-designed with input from rural communities and healthcare providers, increasing adoption and relevance. Collaborative public-private partnerships must champion scalable pilots that test innovative AI tools in real-world rural settings, creating pathways for broad implementation and advancing rural healthcare equity.

CONCLUSION

Artificial Intelligence holds significant promise for bridging healthcare disparities and improving health outcomes for rural

populations. Key applications such as remote patient monitoring, diagnostic support, telehealth enhancements, and disease surveillance can address longstanding challenges in rural healthcare delivery. However, realizing this potential requires overcoming data and infrastructure barriers, ensuring ethical implementation, and investing in cost-effective solutions and workforce training.

A collaborative approach involving policymakers, healthcare providers, technology developers, and researchers is essential to maximize the benefits of AI in rural healthcare. By addressing these challenges and fostering innovation, AI can transform healthcare delivery in rural areas, making quality healthcare accessible to underserved populations.

Future research should prioritise pragmatic trials evaluating AI-supported interventions in routine rural healthcare, mixed-methods implementation studies examining acceptability and sustainability, and economic evaluations assessing cost-effectiveness and scalability. These approaches are essential to inform policy decisions and support equitable and sustainable adoption of AI in rural healthcare systems.

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