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Towards a library consortium in Assam's health-science institutions affiliated to SSUHS: Should SSUHS launch its own consortium like RGUHS, Karnataka?

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Abstract

The evolving landscape of health-sciences education requires equitable and cost-effective access to quality digital information resources. This paper assesses the feasibility of establishing a collaborative library consortium under the Srimanta Sankaradeva University of Health Sciences (SSUHS), Assam, inspired by the successful HELINET (Health Science Library and Information Network) consortium model of Rajiv Gandhi University of Health Sciences (RGUHS), Karnataka. Through a descriptive-analytical approach based on secondary data from institutional websites, official notifications, and consortium documentation, the paper outlines the digital access readiness of SSUHS-affiliated institutions and compares their infrastructure with that of HELINET. The findings reveal significant disparities in digital preparedness and consortium participation among Assam's health-science institutions. Only 26 institutions show documented digital access, with fragmented membership in national networks such as NML-ERMED, DELNET, and DAE consortium. Despite these inconsistencies, sufficient infrastructural potential exists to develop a unified digital library network. The paper proposes a three-tier consortium framework for SSUHS encompassing centralised coordination, zonal hubs, and institutional nodes to facilitate shared licensing, equitable access, and collaborative capacity building. Policy and implementation recommendations include phased rollout, hybrid funding mechanisms, and interoperability with national consortia. The proposed SSUHS Library Consortium represents a scalable, cost-efficient, and inclusive strategy to enhance information equity and research visibility across Assam's health-science education ecosystem, positioning SSUHS as a regional digital knowledge hub in Northeast India.

Keywords: Assam; Digital Access; Health-Science Education; Information Equity; Library Consortium; SSUHS

1. Introduction

The modern age of health-sciences education and research necessitates access to information resources of high quality such as peer-reviewed journals, e-books, databases and other digital assets. These are necessary for universities to support teaching, learning and research activities. India's health-science educational institutions face acute challenges: many medical colleges, health-science universities, and peripheral institutes face budget constraints, poor infrastructure (particularly in rural and remote areas), and increased demand for current evidence-based information. To address these difficulties, one effective solution has been the development of library consortia—collaborative networks of libraries that cooperatively acquire, share and disseminate digital and print resources. Library consortia allow economies of scale, broaden access, and facilitate effective resource-sharing among member institutions [1]. The HELINET (Health Sciences Library and Information Network), which was established in 2002 and launched in 2003 by Rajiv Gandhi University of Health Sciences (RGUHS), Karnataka, is a prime example in the realm of health sciences. HELINET provides all affiliated institutions under RGUHS integrated access to e-books, e-journals, and databases through centralised licensing, authentication, and training services [2]. As the only affiliating university for all health-science institutions in Assam, the Srimanta Sankaradeva University of Health Sciences (SSUHS) is the only health-

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science university in the entire northeastern region of India. As of June 9, 2025, SSUHS has approximately 100 affiliated institutions in both government and private sectors, including medical, dentistry, nursing, pharmacy, ayurveda, homeopathic, paramedical, and allied health institutions and colleges [3].

1.1. Rationale

SSUHS currently lacks a visible or documented centralised library or consortium framework, despite its pivotal academic significance. This absence stands in contrast to the university's strategic potential as an umbrella institution for Assam's health-science education network. SSUHS could ensure fair access to knowledge resources for its affiliated medical colleges and other health-science institutions, promote research culture, and minimise costly subscription duplication by establishing an interconnected digital library consortium. Moreover, the creation of a library consortium would align SSUHS with the national trajectory of digital health education initiatives such as the National Medical Library's Electronic Resources in Medicine (ERMED) consortium [4], and state-led models like HELINET in Karnataka. Such collaboration would not only enhance the visibility and academic competitiveness of Assam's health-science institutions but also help bridge the information divide between government and private health-science institutions. Hence, the establishment of a SSUHS-based digital library consortium represents both a strategic and moral imperative in advancing equitable access to medical knowledge in Assam.

Objectives

The paper is guided by the following objectives

- To review the consortium model HELINET launched by RGUHS, Karnataka.
- To map the institutional network of SSUHS and determine digital access readiness and consortium participation status of affiliated institutional libraries.
- To assess the institutional and policy feasibility of setting up collaborative library network under SSUHS.
- To suggest a conceptual framework and recommendations for implementation.

Scope

The scope is limited to secondary data collected from official websites, institutional notifications and online academic databases. The coverage focuses on health-science institutions affiliated with SSUHS in Assam, comparing their situation with RGUHS and its HELINET model. The paper adopts a conceptual and descriptive approach to understand whether establishing a collaborative, SSUHS-led library consortium would be practical and beneficial for health-science education in Assam.

2. Methodology

The paper employs a qualitative and descriptive analytical approach based on secondary data gathered from official websites of RGUHS, SSUHS, their affiliated institutions and consortium documents related to HELINET. Publicly available institutional data are also included. Document analysis is utilised to interpret institutional data and the structure of the HELINET consortium is compared to see how it might apply to SSUHS. Finally, the paper presents a conceptual framework and offers policy recommendations aimed at establishing a collaborative digital library network under SSUHS.

3. Consortium Model of RGUHS and Institutional Landscape of SSUHS

3.1. RGUHS and the HELINET Model

Rajiv Gandhi University of Health Sciences (RGUHS) in Karnataka, established in 1996, has developed into one of India's major health science universities, affiliating more than 600 colleges in fields like medicine, dentistry, nursing, pharmacy, physiotherapy, and allied health sciences. To improve fair and affordable access to global medical literature, RGUHS initiated the Health Sciences Library and Information Network (HELINET) in 2002 and officially launched it in 2003 through its Digital Library and Information Centre (DLIS). HELINET became the first consortium in India focused solely on health sciences information [5]. The primary mission of HELINET is to foster e-learning and digital preparedness across all affiliated institutions by ensuring uninterrupted 24x7 access to scholarly electronic resources such as biomedical literature thereby strengthening educational quality, clinical practices, and research activities. Through the integration of e-journals, e-books, bibliographic databases, and digitized dissertations within a unified platform, HELINET reduces duplication and facilitates cost-effective licensing for its member institutions [6]. The Digital Library

and Information Centre (DLIS) at RGUHS serves as the principal operational unit of HELINET, tasked with identifying, acquiring, and managing premium health sciences resources through consortium subscription frameworks. The platform provides comprehensive access to over 600 essential international e-journals, more than 2,000 e-books, and upward of 1,500 instructional videos from distinguished publishers such as Elsevier, Springer, Wiley-Blackwell, BMJ, Lippincott Williams and Wilkins, and Oxford University Press [7]. A significant indicator of HELINET's success is the substantial rise in user engagement from approximately 21,000 full-text downloads in 2003 to over 800,000 annually in recent years highlighting strong academic utilisation and commendable return on investment [6]. The table below outlines the major e-resources and their key providers along with sample content:

Table 1 Overview of HELINET e-Resource providers under RGUHS

Category	Major Providers/ Platforms	Sample Content/Services
E-Journals	Elsevier (ScienceDirect), BMJ, Wiley Online Library, Lippincott Williams and Wilkins, Oxford University Press	Core medical, dental, nursing, and pharmacy journals
E-Books	Jaypee, Springer, MD Consult	Full-text health-science textbooks and reference works
Databases	MD Consult, International Pharmaceutical Abstracts (IPA), Lippincott's Nursing Procedures and Skills	Evidence-based databases for medicine, nursing, and pharmacy
Institutional Repositories	RGUHS Digital Repository	PG dissertations, UG/PG courses, faculty publications, and exam question papers

HELINET currently provides service to over 660 health sciences colleges in Karnataka [6]. Its user base includes diverse disciplinary groups [8], as indicated in Table 2, followed by a bar chart shown in Figure 1. Data were unavailable for colleges related to Ayurveda and BNYS. The percentage for each discipline has been derived by dividing the number of colleges by 660 (the approximate total) and multiplying by 100. Nursing colleges account for the highest proportion of users, followed by paramedical institutions, demonstrating the consortium's extensive reach beyond traditional medical establishments.

Table 2 HELINET user base (colleges) by discipline

Discipline	Number of Colleges	Percentage (%)
Medicine	50	7.3
Dental	40	5.8
Ayurveda	-	-
Homeopathy	11	1.6
Unani	5	0.7
BNYS	-	-
Nursing	354	51.7
Pharmacy	78	11.4
Physiotherapy	42	6.1
Paramedical	104	15.2
Total	684	99.8

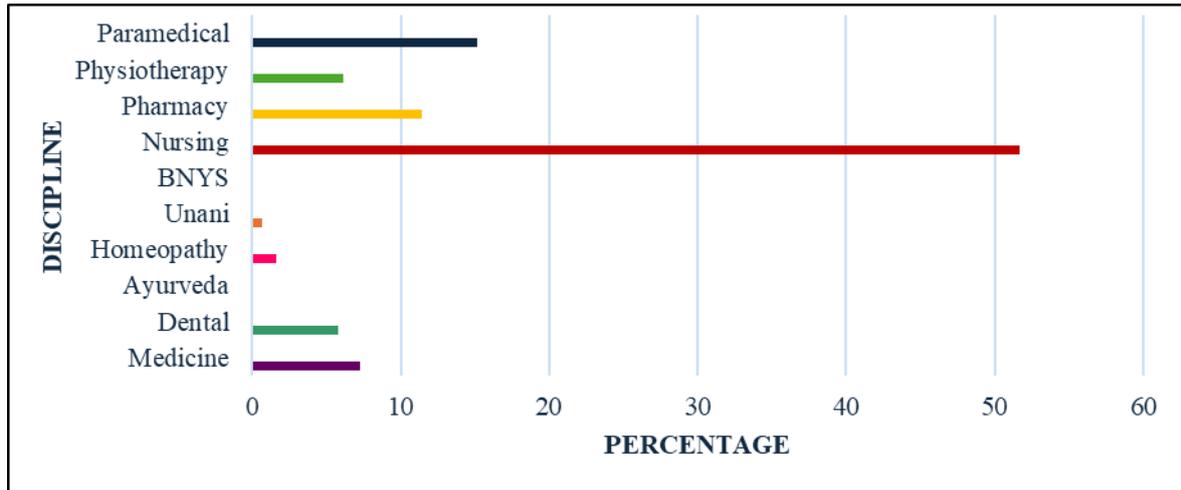


Figure 1 HELINET User Base by Discipline (Percentage Distribution)

The HELINET system presents several strengths that could be useful if SSUHS plans to establish its own consortium:

- Through unified negotiations with publishers, HELINET ensures cost-efficient acquisition of resources and prevents subscription duplication among affiliated colleges.
- All member institutions, irrespective of their scale or financial capacity, benefit from uniform access to high-quality academic resources, promoting institutional parity.
- HELINET incorporates remote-access mechanisms that enhance digital literacy and facilitate effective use of scholarly materials.
- Through formal university notifications (e.g., Notification No. RGUHS/SYN/ULIC/WS/14/05-06, 2006), RGUHS prescribes minimum library standards and mandates HELINET participation, ensuring sustained compliance and engagement [9].

These features have established HELINET as a national benchmark in health-science information consortia. For SSUHS, this model provides a validated template for developing a state-level digital library consortium capable of integrating Assam’s dispersed institutional resources, fostering equitable access to information, and supporting academic and clinical advancement across its 100 affiliated institutions.

3.2. SSUHS and its institutional network

Established in 2009 by the Government of Assam, the Srimanta Sankaradeva University of Health Sciences (SSUHS) is the primary affiliating and regulatory body for health sciences education in the state. It is responsible for overseeing various health institutions including medical, dental, nursing, pharmacy, paramedical, ayurvedic, homeopathic, and allied health institutions throughout Assam [3]. The centralised nature of SSUHS allows for the coordination of collaborative resource-sharing initiatives like a library consortium to address accessibility issues related to scholarly and clinical information in different institutions across the state. As of June 2025, SSUHS has 100 affiliated institutions in both government and private sectors, showcasing a diverse range of disciplines and ownership models that support network-based collaboration. The following table shows the ownership category, disciplines (sub-category), number of institutions for each discipline and example

Table 3 Institutional Landscape of SSUHS-Affiliated Institutes/Colleges (as of 9 June 2025)

Sl. No.	Category	Sub-Category	No. of Institutions	Example(s)
1	Government	Medical (allopathy)	14	Assam Medical College and Hospital Dibrugarh; Guwahati Medical College and Hospital, etc.
		Dental	3	Regional Dental College Guwahati; Govt. Dental College Dibrugarh, Govt. Dental College Silchar
		Homeopathy	1	SJN Homeopathic Medical College, Panjabari, Guwahati
		Ayurvedic	1	Govt. Ayurvedic College, Jalukbari, Guwahati
		Nursing	5	B.Sc Nursing College Silchar; B.Sc Nursing College Jorhat, etc.
		Pharmacy	3	Institute of Pharmacy-Gauhati Medical College, etc.
		Paramedical	6	Institute of Paramedical Sciences Barpeta; Institute of Paramedical Sciences Tezpur, etc.
2	Private	Nursing	23	Assam Oil College of Nursing Digboi; Pratiksha College of Nursing Guwahati, etc.
		Pharmacy	20	Ayush Institute of Pharmacy Jorhat; Goalpara Pharmacy Institute, etc.
		Allied Health Sciences	23	Dr. B. Barooah Cancer Institute Guwahati; Assam Paramedical Institute Jorhat, etc.
		GNM (General Nursing and Midwifery)	1	Hapjan Institute of Nursing and Paramedical Sciences, Tinsukia

The number of affiliated institutions and examples present the broad scope of SSUHS's authority in different disciplines and ownership types. This diverse institutional foundation has the potential to support the establishment of a library consortium, especially if existing resources are effectively merged. To assess the present digital preparedness of libraries of these health-science institutions, information available on their websites was reviewed (Table 4), which revealed the presence of e-library, availability of computers with internet facility, and membership in national library consortiums such as the National Medical Library's Electronic Resources in Medicine (NML-ERMED) or DELNET (Developing Library Network) [10].

Table 4 Digital access facility in library and Consortium membership of selected SSUHS-affiliated institutions (as of June 2025)

Sl. No.	Institution Name	Type	Digital Access Facility in library	Consortium Membership	Source
1	Assam Medical College and Hospital, Dibrugarh	Govt.	e-Library	NML-ERMED	https://amch-dibrugarh.assam.gov.in
2	Dhubri Medical College and Hospital	Govt.	Computer with Internet Facility only	-	https://dhubri-mch.assam.gov.in
3	Diphu Medical College and Hospital, Karbi Anglong	Govt.	e-Library	-	https://diphumch.assam.gov.in

4	Gauhati Medical College and Hospital	Govt.	e-Library	NML- ERMED	https://gmch.assam.gov.in
5	Jorhat Medical College and Hospital	Govt.	e-Library	-	https://jorhatmch.assam.gov.in
6	Lakhimpur Medical College and Hospital	Govt.	e-Library	-	https://lakhimpur-mch.assam.gov.in
7	Nagaon Medical College and Hospital	Govt.	Computer with Internet Facility only	-	https://nagaonmch.assam.gov.in
8	Nalbari Medical College and Hospital	Govt.	e-Library	-	https://nalbarimch.assam.gov.in
9	Regional College of Nursing, Guwahati	Govt.	(digitization process ongoing)	-	https://www.rcnguwahati.ac.in
10	Regional Dental College, Guwahati	Govt.	Computer with Internet Facility only	-	https://rdc.edu.in
11	Silchar Medical College and Hospital	Govt.	e-Library	NML- ERMED	https://smcassam.org
12	Tinsukia Medical College and Hospital	Govt.	e-Library	(applying for NML-ERMED membership)	https://tinsukiamch.assam.gov.in
13	Asian Institute of Nursing Education, Guwahati	Private	Computer with Internet Facility only	-	https://www.aine.org.in
14	Ayush Institute of Pharmacy, Jorhat	Private	Computer with Internet Facility only	-	https://ayushpharmajrt.in
15	College of Nursing, NEMCARE Foundation, Mirza	Private	Computer with Internet Facility only	-	https://ngiguwahati.in
16	Dr. B. Barooah Cancer Institute, Guwahati	Private	e-Library	DAE (Department of Atomic Energy) consortium [27]	http://www.bbcii.in
17	Krishnaguru Adhyatmik Visvavidyalaya, Barpeta	Private	e-Library	-	https://www.kav.ac.in
18	NEF College of Health Sciences, Guwahati	Private	Computer with Internet Facility only	-	https://www.nefcohs.org
19	NEF College of Pharmaceutical Education and Research, Nagaon	Private	Computer with Internet Facility only	-	https://nefcper.org
20	NEF College of Pharmacy, Guwahati	Private	Computer with Internet Facility only	-	https://www.nefcop.org

21	NEPEDS College of Pharmaceutical Sciences, Guwahati	Private	Computer with Internet Facility only	-	https://nepeds.in
22	NEPNI College of Allied Health Sciences, Guwahati	Private	e-Library	-	https://nepniinstitutions.in
23	NEPNI Group of Institutions, Hajo Road	Private	e-Library	-	https://nepniinstitutions.in
24	NETES Institute of Pharmaceutical Sciences, Mirza	Private	Computer with Internet Facility only	-	https://ngiguwahati.in
25	Pratiksha Institute of Pharmaceutical Sciences, Guwahati	Private	e-Library	DELNET	https://pips.pratiksha-edu.in
26	Rahman Institute of Pharmaceutical Sciences and Research, Guwahati	Private	e-Library	DELNET	https://ripsr.org

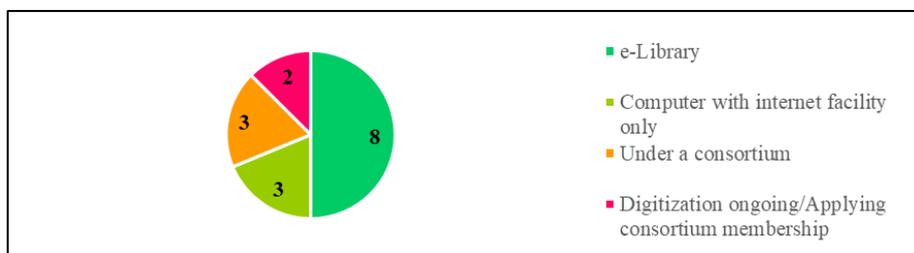


Figure 2 Digital access facility in libraries of government health institutions affiliated to SSUHS (out of 12 institutions)

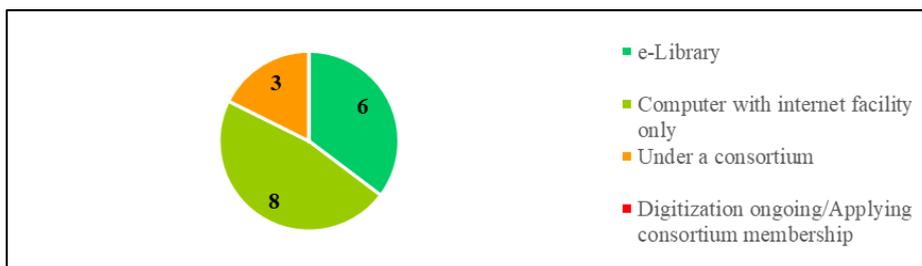


Figure 3 Digital access facility in libraries of private health institutions affiliated to SSUHS (out of 14 institutions)

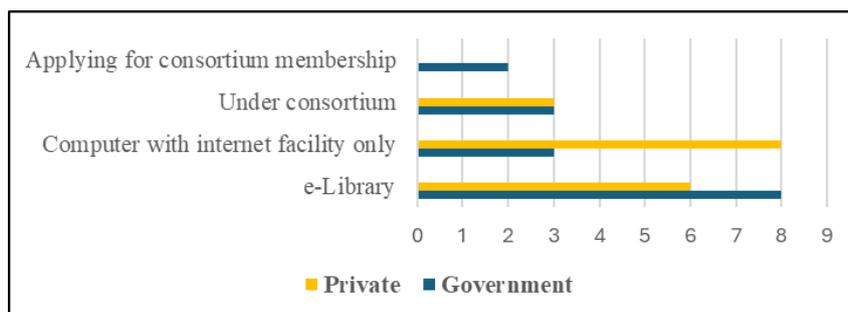


Figure 4 Comparative distribution of digital facility and consortium membership in libraries among government and private institutions (out of 12 govt. and 14 pvt. institutions)

Out of 100 affiliated institutions under SSUHS, only 26 institutions (12 government and 14 private) had accessible information regarding library infrastructure and digital access facilities on their websites (as of June 2025). Eight government institutions have established e-libraries, while three rely solely on computers with internet access and do not have dedicated digital collections. Three government medical colleges are part of the NML-ERMED consortium, with one in the process of applying for membership. Among private institutions, six have setup e-libraries, eight depend on basic computer and internet access, and three are members of other national consortia such as DELNET and the DAE (Department of Atomic Energy) consortium [27]. According to Figures 2–4, there is a digital gap noted: government institutions have slightly higher adoption of consortium-based access, while private institutions have wider internet connectivity but inconsistent e-resource integration. These trends highlight the lack of a cohesive digital library structure among SSUHS affiliates. The data reveal a fragmented landscape of digital readiness—sufficiently advanced to support the foundation of a state-level collaborative library network, yet lacking centralised coordination, shared licensing, or consistent digital policy direction.

3.3. The Institutional Opportunity for Assam

The review of SSUHS-affiliated institutions (Table 4) shows a heterogeneous digital landscape within Assam's health sciences education system. Out of the 100 affiliated institutions, only 26 (12 government and 14 private) show some form of digital access provision or involvement in consortia on their official websites. Among these, 8 government and 6 private institutions have setup e-library, while 3 government and 8 private colleges have basic computer with internet facility (CIF), indicating limited but foundational digital integration. Notably, five institutions, including three government and two private colleges, have indicated active or potential participation in digital resource-sharing networks like NML-ERMED, DELNET, or DAE consortium, suggesting an early adoption of collaborative digital practices. One government nursing college also reported ongoing digitization of its library, a further indicator of gradual library infrastructural transition. A comparative analysis of these results (Figures 2-4) demonstrates that government medical colleges in Assam have higher engagement with national networks such as NML-ERMED, while private institutions are making moderate yet varied efforts towards digital connectivity through general consortia like DELNET or independent digitization initiatives. The data reveals a system in the early stages of e-resource development, where there is scattered infrastructure readiness but a lack of strategic coordination, inter-institutional connectivity, and policy-level support to unify digital access and resource-sharing. The gap between infrastructure potential and collaborative implementation presents a significant opportunity for SSUHS. As the leading health sciences university in Assam, SSUHS could act as a central facilitator for a digital library consortium at the state level, drawing inspiration from successful models such as RGUHS's HELINET [6]. With many affiliated colleges already equipped with some form of digital infrastructure, the transition from isolated e-libraries to a connected consortium seems technically feasible and strategically sound. This move would not only address existing disparities in digital access among health sciences institutions in Assam but also improve information access equality. Additionally, in Assam's geographically dispersed context, a consortium model could serve as a cost-effective tool for knowledge sharing, promoting collaborative resource acquisition, shared repository development, and standardised digital capacity building under the stewardship of SSUHS. The health science institutional ecosystem in Assam already possesses foundational elements like digital infrastructure, initial consortium involvement, and administrative affiliation with SSUHS, laying a solid foundation for the establishment of a collaborative library network under SSUHS. The following section, therefore, presents a potential structure, mechanisms, and implementation framework for such a consortium.

4. Potential for a collaborative library network under SSUHS

The assessment of institutional preparedness at SSUHS-affiliated health science institutions reveals both the potential for infrastructure and the presence of systemic fragmentation. Due to the lack of a centralised digital access system, there have been instances of duplicated subscriptions, unequal access to electronic resources, and limited collaboration between institutions—a situation reminiscent of the circumstances in Karnataka before HELINET was established [1, 5]. Therefore, the introduction of a collaborative library network within SSUHS presents an opportunity to unify Assam's health science institutions within a cohesive digital knowledge environment.

4.1. Conceptual Framework

The proposed library consortium of SSUHS can be envisioned as a federated model drawing structural parallels from HELINET [6], while adapting to the socio-institutional realities of Assam. The framework would consist of three functional tiers.

Table 5 The three functional tiers of the conceptual framework

Tier	Level	Core Functions	Key Components
Tier I	Central Coordination (Srimanta Sankaradeva University of Health Sciences)	Strategic planning, policy formulation, budgeting, vendor negotiations, licensing of e-resources, and quality assurance.	Central digital repository; authentication server; subscription management system.
Tier II	Zonal Nodes (Upper Assam, Central Assam, and Lower Assam clusters)	Regional coordination for resource-sharing, training, and maintenance; ensuring equitable distribution of access.	Zonal coordinators; institutional library liaisons; e-resource access logs.
Tier III	Institutional Libraries (affiliated colleges and other institutes)	Local-level access, user services, and contribution to shared repositories (e.g., theses, dissertations, open-access publications).	Institutional digital libraries; librarian training modules; institutional repositories.

A schematic representation of this three-tier consortium model could be depicted as a networked pyramid (as shown in Figure 5), emphasizing bidirectional knowledge flow and shared resource circulation. The figure illustrates a hierarchical yet networked consortium framework with SSUHS as the apex coordinating authority, zonal nodes as intermediary facilitators, and member institutions as the primary service points, enabling bidirectional flow of digital resources, expertise, and governance.

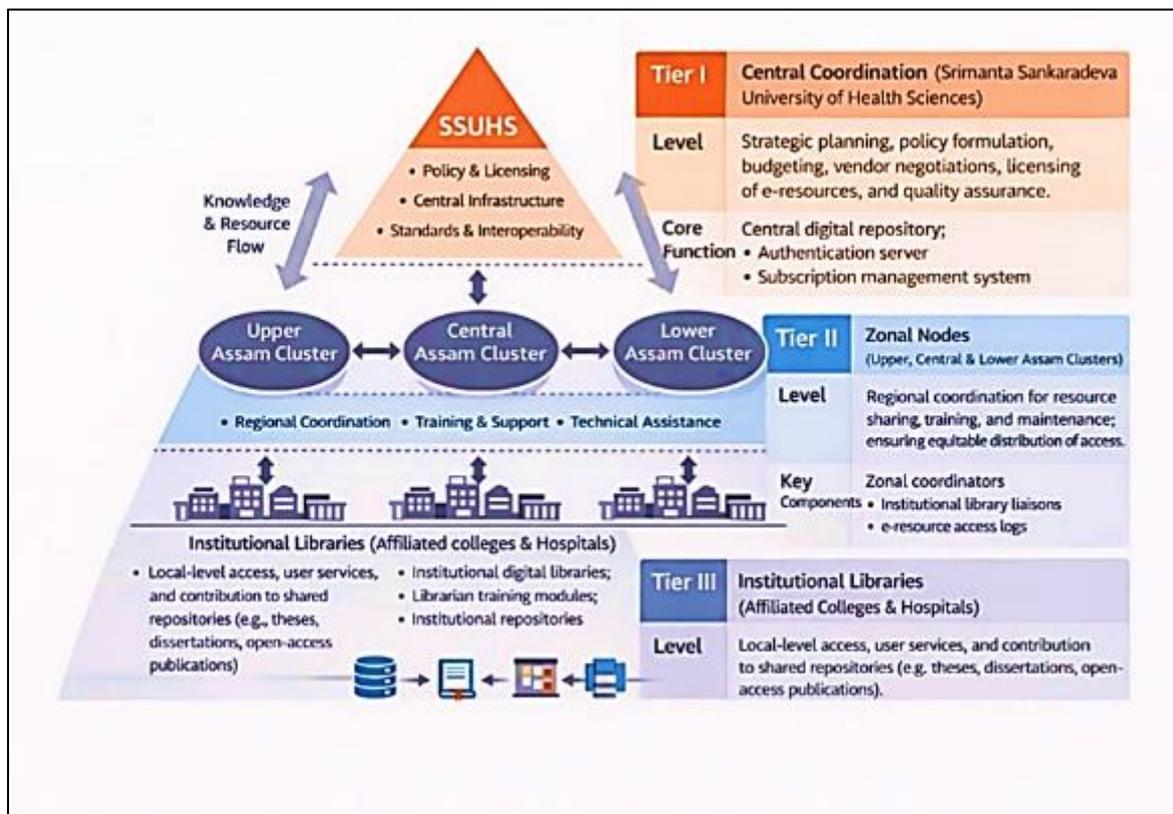


Figure 5 Proposed Three-Tier model for SSUHS Library Consortium

4.2. Strategic Potential and Benefits

The SSUHS library consortium has the potential to revolutionise the digital learning environment in Assam by producing measurable academic, infrastructural, and financial outcomes:

4.2.1. Resource Optimization and Cost Efficiency

Collaboration on subscriptions to expensive e-journals, medical databases, and digital learning tools can lead to cost efficiency similar to those achieved under HELINET [7].

4.2.2. Equitable Information Access

Implementing an authentication and access system based on consortium membership can bridge the digital divide between government and private institutions, as well as between medical colleges and peripheral institutions [11].

4.2.3. Capacity Building

Offering regular training and e-literacy workshops through the consortium can enhance librarians' digital skills and support faculty research output [11].

4.2.4. Research Visibility and Knowledge Sharing

Institutional repositories linked through SSUHS could create an Assam Health Sciences Knowledge Portal, enhancing local research visibility and citation impact.

4.2.5. Policy alignment and sustainability

Ensuring alignment with national digital initiatives will facilitate interoperability and make the consortium eligible for funding from governmental and international grants [11].

4.2.6. Implementation Phases

The establishment of the SSUHS library consortium may proceed in the following phased approach as shown in Table 6:

Table 6 Phase, Timeline, and Major Activities of Implementation

Phase	Timeline	Major Activities
Phase I: Assessment and Policy Formation	Year 1	Mapping existing infrastructure, forming steering committee, framing consortium policy document.
Phase II: Pilot Implementation	Year 2	Selecting 5–7 pilot institutions (mix of government and private), integrating them via SSUHS digital gateway, providing authentication-based access.
Phase III: Full-scale Rollout	Year 3-4	Extending consortium services to all affiliated institutions; negotiating collective subscriptions; establishing e-repository.
Phase IV: Capacity Building and Evaluation	Year 5 onward	Periodic evaluation, advanced training, and technology upgradation cycles.

4.3. Governance and Sustainability

The SSUHS library consortium's governance should follow a collaborative yet hierarchical approach, including the establishment of a University Library Advisory Committee (ULAC) as the top governing body [11]. The institutional librarians will form the Library Consortium Coordination Council (LCCC) to ensure feedback-driven operations. Financial sustainability could be achieved through a hybrid funding model, which includes annual membership fees from affiliated institutions, state-level grants from the Medical Education and Research Department (MERD) [12] and Directorate of Medical Education (DME) Assam [13], and potential partnerships with national consortia such as NML-ERMED for shared licensing.

4.4. Challenges and Mitigation

Possible obstacles consist of varied levels of readiness for digital technology, low internet bandwidth in some places, and unequal distribution of funds. These challenges could be addressed by setting up regional hubs for digital access with high-speed internet connection, introducing training programmes for library staff, and gradually implementing cost-sharing methods to ensure that even peripheral health-science colleges and institutes (e.g. paramedical institutions, pharmaceutical science colleges, etc.) can be included.

The proposed SSUHS consortium framework thus represents a scalable, cost-efficient, and equitable strategy to modernise Assam's health-science information infrastructure. The next section outlines specific recommendations and an actionable implementation roadmap to translate this conceptual framework into a viable policy initiative.

5. Recommendations and Implementation Framework

After reviewing the existing institutional landscape of SSUHS and the successful implementation of the HELINET model at RGUHS, the subsequent recommendations provide a multi-level strategy for establishing the SSUHS Library Consortium. These recommendations are divided into policy-level, institutional, and technical/operational tiers to ensure holistic and sustainable implementation.

5.1. Policy-Level Recommendations:

5.1.1. Formulation of a library consortium policy document

SSUHS should constitute a Consortium Steering Committee comprising representatives from its affiliated colleges, librarians, IT experts, and policymakers, which can draft the "SSUHS Digital Library and Information Network Policy," defining objectives, membership criteria, funding models, and governance mechanisms. RGUHS issued a similar directive in 2006 to standardise library resources and ensure HELINET access across institutions [9].

5.1.2. Government and Regulatory Alignment

The policy must be endorsed by the Medical Education and Research Department (MERD) and Directorate of Medical Education (DME), Government of Assam to ensure long-term budgetary support. Further, alignment with the Indian Council of Medical Research (ICMR) and National Medical Library (NML) digital initiatives will enable interoperability and recognition under national consortium frameworks such as ERMED [14].

5.1.3. Mandating minimum digital library standards

SSUHS may issue a regulation akin to RGUHS's Library Standards Notification (2006) that mandates each affiliated institution to maintain a functional computer-networked library, reliable broadband connectivity, and access credentials to the consortium portal. This ensures baseline readiness and institutional accountability.

5.2. Institutional-Level Recommendations:

5.2.1. Pilot implementation in affiliated institutions

A pilot project involving 5–7 institutions, representing different regions of Assam (Upper, Central, Lower Assam) and ownership types (government and private), should be launched. These institutions will serve as proof-of-concept sites for digital resource integration and staff training.

5.2.2. Capacity Building and Professional Development

Regular workshops and certification programmes on digital resource management, metadata standards, and online research tools should be organised for librarians and library staff.

5.2.3. Inter-institutional resource sharing agreements

Memoranda of Understanding (MoUs) should be established among affiliated institutions to promote intra-state resource exchange including access to subscribed databases, institutional repositories, and course materials.

5.3. Technical and Operational Recommendations

Table 7 Major focus areas, action points, and expected outcomes for library consortium development

Focus Area	Action Points	Expected Outcomes
Consortium Portal Development	Setting up a centralised web portal, like https://library.ssuhs.in , enabling single-sign-on (SSO) authentication, access to e-resources, repositories, and usage analytics.	Seamless access and performance tracking.
Digital Repository and Metadata Standards	Creation of an open-access institutional repository for theses, faculty publications, and conference papers following Dublin Core metadata schema.	Enhanced research visibility and compliance with open-access norms.
E-Resource Acquisition and Licensing	Negotiation with publishers (Elsevier, Wiley, Springer, Jaypee Digital, etc.) for state-wide licenses.	Cost efficiency and expanded coverage.
Interoperability with National Consortia and research repositories	Integration with NML-ERMED and ICMR’s medical-shodhganga [15] for access to medical e-journals, postgraduate medical theses and related resources.	Broader knowledge ecosystem participation.
Monitoring and Evaluation System	Deployment of analytics dashboard to track usage, access patterns, and ROI.	Evidence-based policy refinement.

5.4. Funding and sustainability model

A hybrid funding structure should be implemented, which includes basic grant support from the Government of Assam for infrastructure and central licensing, annual membership fees from affiliated medical colleges and other health-science institutions based on student enrollment numbers, project-specific funding from national initiatives like the National Medical College Network (NMCN), Indian Council of Medical Research (ICMR) and National Mission on Education through ICT (NMEICT), and joint cost-sharing with national consortia (NML-ERMED, DELNET, etc.). This approach promotes both financial stability and shared responsibility among the consortium members.

5.5. Evaluation and Feedback Mechanism

To maintain accountability and continuous improvement, annual audits should be conducted of digital resource usage and satisfaction surveys among faculty and students. Consortium review meetings are to be organised under SSUHS Library Advisory Committee. Feedback loops need to be incorporated for adaptive subscription management, training, and user-interface upgrades.

5.6. Proposed Implementation Flow

Potential steps shall be undertaken in the following manner as shown in Figure 6.

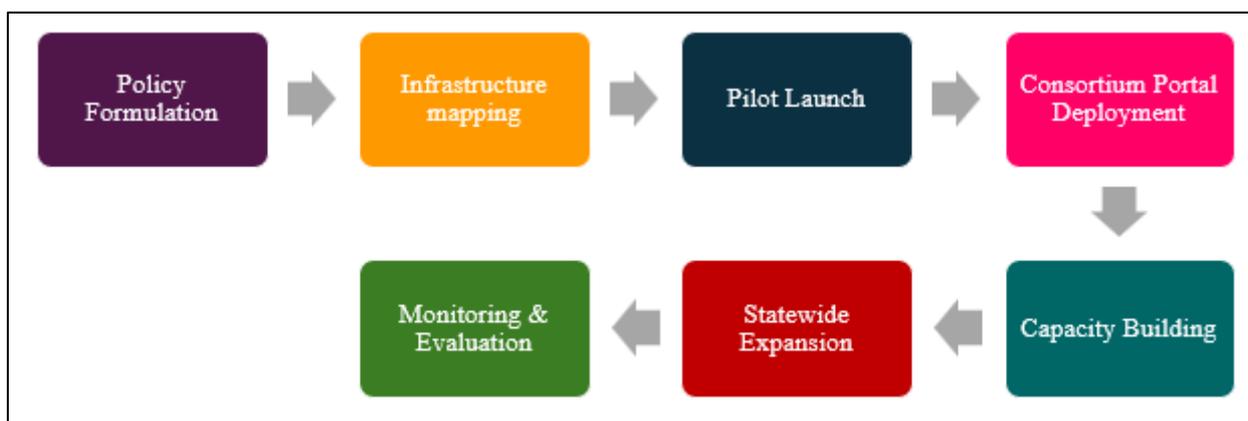


Figure 6 Implementation flow of SSUHS Library Consortium

6. Conclusion

Given the successful implementation of the HELINET model at Rajiv Gandhi University of Health Sciences (RGUHS), Karnataka, the current analysis looked into the viability and strategic potential of setting up a collaborative library consortium under the Srimanta Sankaradeva University of Health Sciences (SSUHS), Assam. The analysis revealed notable differences across SSUHS-affiliated institutions in terms of consortium membership, computer facilities, and access to e-resources through a comparative review of institutional infrastructure, library accessibility, and digital preparedness. The majority of allied health-science institutions (both government and private) lack institutionalised digital access systems, while a few medical colleges have integrated services through NML-ERMED consortium membership. This results in a fragmented information environment that hinders the advancement of evidence-based medical science education and research in Assam. The findings show that a state-level library consortium under SSUHS is both prospective and crucial, drawing on insights from RGUHS's HELINET. By standardising digital access across Assam's medical, dental, nursing, pharmaceutical, and paramedical education institutions, the interconnected network would minimise duplication, ensure equitable resource distribution, and improve the visibility of research.

Should SSUHS launch its own consortium? The findings indicate that the answer is a potential yes—but strategically and in phases. A library consortium under Srimanta Sankaradeva University of Health Sciences Assam would contextualise the HELINET consortium model of RGUHS Karnataka to Assam's health-science educational institution realities, drawing on existing national consortia such as NML-ERMED, DELNET, etc. The proposed SSUHS Library Consortium provides a scalable framework adaptable to the diverse health-science educational institutions in different districts of Assam. Its viability and long-term sustainability are further strengthened by the possibility of association with national health-science library consortiums like NML-ERMED and research repositories like Medical Shodhganga. The recommendations provided emphasize phased implementation, capacity building, and policy standardisation, with effective government and inter-institutional collaboration as the driving forces. Beyond improving digital access, the proposed consortium holds broader implications it represents a strategic investment in the state's academic health-science infrastructure, positioning SSUHS as a knowledge hub for Assam and fostering a culture of digital scholarship, collaboration, and open access in medical education. Ultimately, the development of the SSUHS library consortium would not merely modernise information management but symbolise a collective stride towards knowledge equity and digital transformation in Assam's health-science education ecosystem.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

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