



Concept Note

Background and Rationale

Digital health innovations and AI are reshaping triage, diagnosis, and population health management. Yet impact in primary health care (PHC) depends on whether frontline workers across cadres can adopt tools safely and effectively. In India and other LMIC settings, providers already navigate high caseloads, rolling digitization, and evolving data systems - creating risks that AI could widen urban–rural divides, increase worker burden, and reduce trust if workforce development is not deliberate and equity-centered.

Purpose of the Discussion

This panel will identify what it takes to build an AI-ready PHC workforce, using a pragmatic workforce-development framework. It will move the conversation from ad-hoc, software-specific training toward structured, role-based learning pathways spanning pre-service to in-service education and supportive supervision.

Core Framework

The panel will centre discussion on six linked components:

- **Organizational entities engaged:** Ministries (ICT/IT, Health, Education), public/private universities, medical/nursing/dental/allied associations, private education companies, software vendors, external technical support agencies.

- **Types of personnel:** Service providers (doctors, dentists, nurses, midwives), allied health professionals, policymakers, IT professionals/tech support, data-entry professionals and data managers.
- **Competency-based training (from basic ICT upward):** Basic computer skills/ICT awareness; data protection & cybersecurity; data management & analysis; leadership/management for ICT transformation; change management and software-specific training.
- **Modalities of training:** Pre-service integration; in-service training; cascaded and peer-led models; digital and hybrid platforms; accredited certification pathways.
- **Equity considerations:** Gender-sensitive training policies and targeted outreach to women; intergenerational learning (pair younger/older staff); geographic equity by deploying ICT professionals to underserved areas.
- **Barriers to advancing a digital workforce:** Need to change culture; fragmented vertical training initiatives; poor digital literacy among older workers; insecure communication tools (e.g., WhatsApp for patient data); limited integration of training into formal education.

Target Audience

Government policymakers, program managers, medical/nursing educators, digital health implementers, AI/healthtech developers, donors/technical agencies and researchers.

Expected Outcomes and Deliverables

Post-panel summary note including:

- A shared, practical definition of AI readiness in PHC across cadres
- A draft competency-and-training pathway
- 5–7 actionable recommendations for India + transferable insights for Global South settings
- A shortlist of policy levers (governance, financing, accreditation, partnerships) to sustain workforce transformation
- Key takeaways and next steps for collaboration/centres of excellence