

2025

World Health Summit Regional Meeting 2025 Report – Building Competencies for the In-Service Healthcare Workforce



WHS
Regional
Meeting

2025
25-27 April
New Delhi

Building Competencies for the In-Service Primary Healthcare Workforce



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Index

Section	Page
1. Acknowledgement	3
2. Executive Summary	4
3. About WHS	6
Background and Context	
4. HSTP	8
5. Humans Resources for health vertical at HSTP	9
6. Role of HRH at WHS	11
7. Rationale for Panellist selection	12
8. Introduction to Panel	13
9. Guiding Pillars: Building Competencies in the In-Service PHC Workforce Addressing Challenges in Competency Assessment	14
10. Core Discussion Highlights: Strengthening HRH	15
11. Event Highlights-Release of CHO manuals	18
12. About CBT based CHO manuals	19
13. Way Forward	21
14. Conclusion	23
15. Annexures	24
Photos	
Agenda	

Acknowledgement

HRH Session at the World Health Summit 2025 – Regional Meeting

The Health Systems Transformation Platform (HSTP) extends its heartfelt gratitude to all individuals and institutions whose contributions made our participation in the World Health Summit 2025 – Regional Meeting a meaningful and impactful experience.

We are deeply thankful to our donors and partners for their continued trust and support which empowers us to explore and implement innovative approaches to strengthening India's primary healthcare workforce. Your unwavering commitment to systemic transformation remains the foundation of our work. We acknowledge the leadership of the World Health Summit Secretariat for providing a global platform that highlights regional priorities and encourages meaningful cross-sectoral engagement.

We are deeply grateful to **Ms. Aswathy S., Commissioner & Secretary, Department of Health & Family Welfare, Government of Odisha**, for graciously chairing the session. Her policy vision and commitment to health systems development and competency-based education anchored the dialogue with strategic clarity.

Our sincere thanks to **Dr. Sudha Chandrashekar, Advisor, HSTP**, for her thoughtful moderation, which framed the discussion around equity, evidence, and systems-level reform with compassion and insight.

We extend heartfelt appreciation to our esteemed panellists for enriching the session with their domain expertise and diverse perspectives:

- **Mr. Ibadat Dhillon (WHO-SEARO)**: Offered a global lens on competency frameworks and underscored the importance of systems thinking in primary healthcare.
- **Dr. Santosh Patel (Ministry of Electronics & IT)**: Highlighted the role of digital innovation and interoperable platforms in enabling a responsive health workforce.
- **Dr. Santosh Matthew (Bill & Melinda Gates Foundation)**: Shared insights on performance-linked learning ecosystems and scalable capacity-building models.
- **Dr. Sitaram Budaraju (Advisor, Tata Trusts)**: Emphasised the value of field-based, community-anchored approaches to workforce development.
- **Ms. Evelyn (TNAI)**: Represented the nursing fraternity, advocating for inclusive, practical, and context-specific standards.
- **Ms. Manjiri (Indian Pharmaceutical Association)**: Articulated the critical role of pharmacists in primary care and the need for role clarity and structured training.

We also acknowledge **Satyabhama College of Nursing, SIST, Chennai**, for their valuable contribution in developing the CHO CBT manuals.

This session was brought to life by the unwavering commitment and collaboration of the **HSTP team**. Our sincere gratitude to:

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A special note of appreciation to **Dr. Deepti Sobti Tiwari** for her outstanding leadership in conceptualising and anchoring the session with intellectual rigour, strategic depth, and purpose. Her efforts were instrumental in shaping and steering this initiative from start to finish.

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Mr. Vibhu Tomar for coordination behind the scenes. The contributions of the **HSTP administration and finance teams** were equally vital to the session's success.

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- **Dr. Nilabh Tirpude** and **Mr. Prince Chugh**, for managing communications and logistics with precision.

Lastly, we thank our engaged audience for their active participation and reflections. Together, we reaffirm our shared commitment to strengthening the primary healthcare workforce and advancing Universal Health Coverage

Executive Summary

The World Health Summit (WHS) 2025 Regional Meeting, hosted in New Delhi, brought together leaders from government, academia, civil society, and the private sector to address pressing health system challenges. Among the core themes was the strengthening of Human Resources for Health (HRH) — an area central to achieving Universal Health Coverage (UHC). In this context, the Health Systems Transformation Platform (HSTP) conducted a high-impact session on “Building Competencies of the In-Service Primary Healthcare Workforce.”

The transition to Competency-Based Medical Education (CBME) in India signals a progressive shift; however, real-world gaps in diagnostic accuracy, adherence to treatment protocols, and leadership persist—especially in underserved regions. Evidence shows only 30–50% adherence to standard treatment guidelines among frontline providers. HSTP, in collaboration with government and technical partners, has piloted scalable and structured competency-building programs aimed at remedying these gaps.

The panel brought together a unique blend of perspectives from state leadership (Odisha), international bodies (WHO-SEARO), digital governance (Ministry of Electronics & IT), philanthropy (Gates Foundation, Tata Trusts), nursing leadership (TNAI) and allied health (Indian Pharmaceutical Association). This diverse group illuminated the multi-sectoral collaboration needed for systemic HRH reform. This multi-sectoral representation underscored the need for collaborative reform in health workforce development.

Key thematic areas of the panel discussion on “*Building Competencies in the In-Service Primary Healthcare Workforce*.”

1. Competency Assessments Aligned with Emerging Health Needs

The discussion emphasized evolving public health demands from non-communicable diseases to mental health and the necessity of routine, role-specific competency assessments. Odisha's commitment exemplified by allocating 8% of its total budget to health.

2. Third-Party Partnerships and Tech-Driven Learning

The panel outlined how NGOs, academia and technical bodies can co-create modular, adaptable training programs. Digital innovations—AI-driven assessments and virtual platforms offer cost-effective and scalable solutions for real-time learning and upskilling.

3. Empowering Pharmacists and Nurses

Pharmacists and nurses were recognized as critical, yet underutilized pillars of primary care. The call to adopt HSTP's 24-key competencies framework for pharmacists and to integrate digital skills into nursing education resonated strongly.

4. Leveraging India's Digital Health Ecosystem-

The digital health journey from Digital India to ABHA and Mission Karmayogi was presented as a transformative force. Platforms for competency tracking and personalized learning are now essential components of a responsive HRH strategy.

5. Regional Best Practices and Global Insights

WHO-SEARO shared the value of context-specific skills mapping, referencing models like Indonesia's local competency frameworks. These insights highlighted the importance of adapting global standards to India's unique public health landscape.

The panel presented five core strategic directions:

1. Institutionalize Competency Assessments:

Embed standardized assessments linked to incentives and career paths.

2. Expand Third-Party Partnerships:

Enable flexible, localized training models, particularly in resource-limited settings.

3. Harness Digital Tools:

Leverage AI/ML for adaptive training, certification, and real-time competency tracking.

4. Align Global Best Practices with Local Needs:

Customize international models to fit India's service delivery realities.

5. Enable Policy and Regulatory Coherence:

Promote integrated national HRH policies and inter-departmental coordination.

Embedding Human Values in Learning: A Call for Empathy and Excellence

Dr. Sudha Chandrashekar's closing remarks powerfully emphasized embedding human values—autonomy, mastery, and altruism within competency-building, not only technical excellence but also empathy, resilience, and ethical integrity among its workforces.

[Spotlight on Odisha](#)

Odisha was showcased as a policy innovator, with its structured approach to digitally enabled upskilling for ASHAs, ANMs, and CHOs offering a scalable model for other states.

Collective Call to Action- Release of CHO Competency manuals-technical guide, pocket guide, capsule for CHO Captains

About World Health Summit (WHS), 2025: A Landmark Event in Global Health Collaboration.



The World Health Summit 2025, a regional Meeting was held from April 27-30, 2025, hosted at the world-class Bharat Mandapam. The meeting created an unparalleled environment for high-level dialogue and the exchange of transformative health solutions by bringing together a distinguished cohort of leaders

from government, academia, civil society and the private sector to catalyse action on critical global health challenges. It emphasized on collaborative efforts for advancing health systems, innovations and equity with particular focus on the South Asian context.

It brought together over 1,500 global health leaders from more than 50 countries under the central theme of “*Finding Solutions for Global Health.*” The regional meeting focused on pivotal topics such as *digital health, AI in healthcare, pandemic preparedness, health equity, and climate and planetary health.* This landmark gathering provided a powerful platform for collaboration, innovation and the exchange of knowledge to address the world’s most pressing health challenges. At its core, the summit aimed to generate actionable solutions by fostering innovation, strengthening partnerships across sectors and building health systems that are resilient, equitable and sustainable. By aligning scientific expertise with policymaking and

practical implementation, the event helped bridge the critical gap between knowledge and impact.

India's role as host underscored the country's rising influence in global health.

From its leadership in vaccine equity and digital health innovation to large-scale programs like Ayushman Bharat and the National Digital Health Mission, India's contributions were a central feature of the meeting. These initiatives demonstrated how transformative health policies can improve access, efficiency and outcomes offering valuable models for other nations setting benchmarks for health transformation. *A Platform for Action-Oriented Dialogue, Strong Legacy of Collaboration and Sustainability.*

Under the central theme of “*Finding Solutions for Global Health*”, key sessions throughout the summit explored the transformative power of digital tools and artificial intelligence in healthcare delivery, especially in low-resource environments. Discussions also focused on embedding equity into healthcare systems and confronting the growing health threats posed by climate change. The meeting emphasized the importance of regional and global partnerships in driving systemic change and achieving sustainable health goals. Demonstrating its commitment to sustainability, summit extended its “*Trees for WHS Participants*” initiative, planting one tree for every attendee in Nakaseke District, Uganda. This effort supported both environmental restoration and local health adaptation by empowering community health workers with knowledge and tools for climate resilience

The WHS 2025 Regional Meeting left a strong legacy of collaboration and commitment. By convening key voices from science, policy and practice, the event reinforced India's leadership and laid the groundwork for global cooperation in advancing health equity. India has played a central role in achieving the UN Sustainable Development Goals was highlighted throughout the summit. It represents a new chapter in India's health leadership, reinforcing the country's commitment to advancing health equity and strengthening health systems across South Asia and beyond. Through collective action and sustained collaboration, the WHS 2025 Regional Meeting has undoubtedly laid the groundwork for a healthier, more equitable world. It provided a critical platform for countries to exchange knowledge, build relationships and co-create scalable solutions to improve health outcomes worldwide.

Health Systems Transformation Platform (HSTP)

The Health Systems Transformation Platform (HSTP) is a not-for-profit organization formally registered as the Forum for Health Systems Design and Transformation under Section 8 of the Indian Companies Act, 2013. Established in May 2018 with support from the Tata Trusts, HSTP was created to advance health policy and systems research (HPSR) and drive public health improvements across India.

Vision and Mission

HSTP envisions a healthier and more equitable India driven by resilient, responsive, and evidence-informed health systems. Its mission is to empower policymakers, practitioners, and researchers to co-create and implement strategic, evidence-based solutions for better health outcomes and equity.

Strategic Approach

HSTP's approach is systemic, collaborative and implementation- focused. It combines research with deep field engagement and emphasizes:

- Evidence generation and research translation
- Co-designing solutions with governments
- Capacity building
- Knowledge dissemination and policy advocacy

Key Focus Areas

HSTP works across priority areas such as *Human Resources for Health, health financing and strategic purchasing, urban primary healthcare, health systems governance and non-communicable disease (NCD) management*. It also supports national research capacity-building through the *Health Policy and Systems Research Fellowship*.

Geographic Focus with Flagship Initiatives

HSTP operates in *Odisha, Madhya Pradesh, Meghalaya, and Karnataka*, co-developing and piloting innovations with state governments and stakeholders that are scalable nationwide.

Major projects include competency-based training for paramedical staff, leadership programs for medical officers, urban primary healthcare strengthening, support to the Gopabandhu Jan Arogya Yojana in Odisha, SAMAGRA-Mother and Child Project in Mysuru and the Healthy City Action Plan in Bhopal. HSTP also supports digital health capacity-building for the NP-NCD program.

Human Resources for Health (HRH) at HSTP:

Strengthening Systems through Skilled and Supported Health Workforces.

A strong and resilient health system starts with its people. In India, the availability of a well-distributed, skilled and motivated healthcare workforce is foundational to achieving UHC and meeting the growing demands of equitable healthcare delivery. However, challenges such as shortages, inequitable deployment, skill gaps and weak governance structures continue to affect health workforce performance, particularly in underserved regions.

Recognizing this, the Human Resources for Health (HRH) vertical at the Health Systems Transformation Platform (HSTP) works to strengthen the foundations of the health system by supporting the development of sustainable, evidence-informed and equity-driven workforce strategies. Our goal is to move away from fragmented and reactive approaches to a future where health workforce planning and management are strategic, proactive and rooted in system-wide reforms to deliver with excellence, compassion, and resilience laying the foundation for health systems that can adapt, endure, and thrive.

We collaborate with state governments, national institutions, and development partners to co-design policies and implementation mechanisms that ensure frontline health workers, supervisors, and administrators are well-equipped and adequately supported to deliver quality care.

Strategic Alignment and Approach: Our work is aligned with the *National Health Policy (NHP) 2017*, which emphasizes the need for robust HRH planning and the creation of a *Public Health Management Cadre*. We also support states in implementing the *Indian Public Health*

Standards (IPHS), which provide clear guidelines on human resource norms for various levels of the health system.

Workforce Planning & Governance: Helping states establish data-driven HRH strategies that align with service delivery goals.

Capacity Building & Competency Development: Designing competency frameworks and training systems tailored to local service contexts.

Leadership Development: Equipping public health managers with essential skills for planning, supervision, and team management.

Technical Assistance & Policy Support: Providing contextualized, on-the-ground support to states for policy design and implementation.

Our Key Areas of Work

1. Policy Development and Workforce Governance

HSTP has played a critical role in shaping state-specific HRH policies. In Meghalaya, for example, we supported the development of Specialist and Public Health Cadre policies. We also contributed to drafting transfer and posting guidelines, which promote transparency and equitable workforce distribution—key components for building trust and accountability within public health institutions.

2. Competency-Based Training and Assessment

Recognizing that technical knowledge alone is insufficient for quality care delivery have developed *competency frameworks and assessment tools* for roles such as Community Health Officers (CHOs), Pharmacists and Laboratory Technologists. These frameworks are tailored to real-world challenges faced by health workers and have been piloted in collaboration with state training institutions. Our work enables health systems to transition from input-based to outcome-based training approaches.

3. Leadership and Management Capacity Building

We have designed and implemented leadership development programs targeting in-service medical officers and health managers. In Odisha, HSTP led the development of a structured curriculum focused on enhancing supervisory, planning and decision-making skills. Partnering with academic institutions like *IIM Calcutta*, we have supported two leadership cohorts and continue to expand this model across states.

4. State-Level Technical Support

Our HRH team actively supports multiple states—*Meghalaya, Odisha, Chhattisgarh, Karnataka and Madhya Pradesh* in institutionalizing HRH reforms. This includes developing comprehensive HRH strategies and roadmaps, supporting induction and in-service training programs and advocacy for recruitment, retention, and workforce planning systems.

5. Knowledge Products and Systemic Capacity Support

We continuously generate knowledge products that inform practice and policy, including competency lists and assessment rubrics for mid-level providers, toolkits and policy briefs to guide states through HRH reform processes, publications analysing recruitment and retention in remote areas. These tools are designed to be practical, scalable, and easily adapted by state institutions to suit their unique contexts.

Through these multi-level interventions, the HRH vertical at HSTP is facilitating a shift from ad hoc, reactive HRH management to structured, strategic, and data-informed systems. We envision a health workforce that is not only present and available but also empowered, well-

trained, and responsive to the dynamic needs of the communities they serve. Our work is made possible through strong partnerships with state governments, public health institutions and donor agencies who share our vision of transforming India's health system through its most asset is its people.



Role of Human Resources of Health session in WHS, 2025-"Building Competencies in the In-Service Primary Healthcare Workforce."

As part of the World Health Summit 2025, Regional Meeting, the Health Systems Transformation Platform (HSTP) is proud to be able to host a panel discussion under the theme *Digital Health and AI Futures*, titled "*Building Competencies in the In-Service Primary Healthcare Workforce.*" This session addresses a critical challenge in India's healthcare landscape for the persistent competency gaps among frontline healthcare providers that impede effective service delivery, particularly in primary care settings. With only 30–50% of providers adhering to standard treatment protocols and widespread inconsistencies in clinical skills, there is an urgent need for structured, scalable and context-relevant training programs. HSTP's session brings together policymakers, digital health innovators and public health leaders to explore how competency-based frameworks, digital technologies—including AI and machine learning and leadership development can collectively transform workforce capacity in low-resource environments. Drawing on real-world insights from HSTP's field interventions across multiple Indian states, the discussion highlighted practical pathways to embed competency-based approaches within public systems and scale innovations that improve the quality, equity and efficiency of primary healthcare services.

Background

Competency gaps among in-service healthcare providers significantly impede effective primary healthcare delivery across India. A Harvard School of Public Health study (Yip et al., 2022) revealed that only 40% of providers could correctly diagnose tuberculosis, highlighting severe clinical knowledge and skill deficiencies. National data further reflects poor adherence

to standard treatment guidelines, weak triage and referral systems. These gaps particularly prevalent in rural and low-resource settings, compromise care-quality and patient safety. Structured, competency-based training for frontline health workers is essential to bridge these deficits, enhance service delivery and accelerate progress toward achieving universal UHC.

Rationale and Relevance to Policy:

India's transition to competency-based medical education (CBME) is an important step toward building a resilient, skilled healthcare workforce. However, large-scale studies indicate persistent gaps in the diagnostic, treatment and leadership capacities of in-service primary healthcare providers. Alarming, adherence to standard treatment guidelines remains between 30–50% and the lack of structured, needs-based training contributes to widespread inefficiencies.

Evidence from recent state-level surveys has underscored these challenges particularly in low-resource areas where diagnostic accuracy and treatment compliance are inconsistent. In response, HSTP has partnered with government stakeholders to initiate a structured competency-building program. This includes a robust assessment framework and pilot training models tested across selected districts. Early results demonstrate the feasibility of this approach and its potential for national scale-up.

Crucially, emerging technologies like AI and machine learning offer transformative potential. These tools can track performance trends, predict learning needs, personalize training content and support real-time decision-making. Digital innovations can also reduce the burden on trainers and enhance learning outcomes at scale.

To fully realize this potential, *five key policy actions* are necessary:

1. *Competency Assessment Frameworks*: Develop standardized tools to evaluate healthcare providers' knowledge, skills, and attitudes.
2. *Structured Training Programs*: Establish scalable, modular training initiatives aligned with core competencies.
3. *AI/ML-Driven Training Solutions*: Leverage technology for personalized learning and predictive analytics.
4. *Referral System Optimization*: Introduce competency-linked referral protocols.
5. *Faculty Development*: Build capacity of trainers to deliver CBME effectively.

These interventions can transform India's primary healthcare delivery landscape by aligning workforce skills with evolving public health demands.

Rationale for Panellist Selection for World Health Summit 2025, Regional meeting session on 'Building Competencies of the In-Service Primary Healthcare Workforce':

The panel for this session has been thoughtfully curated to bring together diverse and complementary perspectives critical to strengthening the competencies of the in-service primary healthcare workforce in India. Each panellist represents a key domain that directly

contributes to this agenda—*policy, innovation, implementation, training and international best practices.*



- [Ms. Aswathy S., IAS, Commissioner and Secretary, Odisha, India](#), serving as *Chair*, brings deep administrative insight into the governance and execution of public health policies at the state level. Her leadership ensured a grounded understanding of systemic challenges and opportunities.
- [Dr. Sudha Chandrashekhar](#), as *Moderator and Advisor at HSTP*, brought decades of experience in health systems reform and capacity-building, ensuring the dialogue is both visionary and rooted in practical relevance.
- [Dr. Santhosh Matthew](#) represented the *Gates Foundation*, India offering a strategic perspective on global health investments, capacity-building initiatives and evidence-based policy support that impact primary care delivery with an expertise on public finance, health systems design and human resources in health.
- [Dr. Sitaram Budaraju](#), as *Medical Advisor at Tata Trusts*, contributed from a practitioner's lens on grassroots health interventions and philanthropic support models that scale healthcare innovations effectively.
- [Dr. Santosh Patel](#), *Additional Director, Ministry of Electronics & IT*, provided critical insights into how digital health technologies and e-governance tools can be harnessed to strengthen the knowledge and monitoring systems supporting healthcare workers.
- [Ms. Evelyn Kannan](#), *Secretary-TNAI*, brought the essential perspective of nursing leadership, ensuring that the unique training needs, infrastructure for competency-based

skill training and systemic roles of nursing staff are effectively integrated into workforce strategies.

- [Mr. Ibadat Dhillon](#), [Director](#) at [WHO-SEARO](#), offered a global and regional perspective on health workforce policies, WHO guidelines and how regional cooperation can enhance national competencies and standards.
- [Dr. Manjiri Gharat](#), [Ex-Vice President](#) at [the Indian Pharmaceutical Association](#), added the pharmaceutical and community pharmacy dimension often an underleveraged ally in primary healthcare with emphasis on skill-building and patient education.

Together, this panel reflected the cross-sectoral collaboration required to build a responsive, skilled and resilient primary healthcare workforce one of the most vital pillars in achieving Universal Health Coverage in India.

Guiding pillars for deliberation of dialog for the panel discussion- “Building Competencies in the In-Service Primary Healthcare Workforce.”

1. Key challenges in assessing and improving competencies

Systemic and operational barriers are being encountered in the assessment and enhancement of competencies among the primary healthcare workforce in India. These include variability in provider education, the absence of standardized evaluation frameworks, limited access to training infrastructure and challenges in supervision and accountability.

2. Scaling competency-based training in low-resource settings

Scalable models for continuous professional development are being considered with emphasis on modular training design, peer learning mechanisms, blended learning strategies and integration within public systems to ensure feasibility and sustainability.

3. Leveraging AI and machine learning in training and assessment

AI and machine learning-based digital tools are being explored for their potential to assess workforce performance, personalize training content, optimize training schedules and address skill gaps in primary healthcare delivery through adaptive learning, real-time assessments and data-driven workforce management.

4. Policy interventions for institutionalizing competency framework

Policy-level interventions are being emphasized to institutionalize competency frameworks within the primary healthcare system in India. This includes the establishment of enabling governance structures, financing mechanisms, regulatory mandates and alignment with national standards to ensure long-term adoption and sustainability.

Critical Discourse Points of the panellists: Strengthening Human Resources for Health (HRH) through Competency-Based Approaches.

In the dynamic landscape of public health, particularly in low and middle-income countries like India, the human resource crisis remains a critical bottleneck to achieving Universal Health Coverage (UHC). Amidst the ongoing decentralization of healthcare delivery and increasing demand for services, it is essential to not only increase the quantity of health workers but also to significantly enhance their quality through continuous competency development.

The session underscored the need for integrated, inclusive and innovative approaches to human resource development in health. This section highlights key perspectives and recommendations shared by leading experts and practitioners during the summit, focusing on competency-based training, digital transformation, policy integration, and regulatory oversight.



Odisha's Commitment to Health Workforce Development.

Ms Ashwathy S., representing the state of Odisha emphasized the growing complexity of health challenges in the region ranging from aging populations and urban health risks to the increasing burden of mental health conditions. She elaborated upon the effects of climate change due to rapid urbanisation in the context of the state. It risks the populations in different ways to different types of disasters like hailstorm whereas two-third of the region is predicted to experience heat waves. There is a triple burden of diseases in the state as 60% population is again and structure of family is changing impacting mental health, leading to communicable and non-communicable diseases. Odisha has responded to these shifts with an unprecedented allocation of 8% of its total state budget toward health marking a strategic prioritization of health systems strengthening. In this context, it was highlighted the urgent need for regular competency assessments and targeted upskilling of frontline health workers, including ASHAs, ANMs, and Community Health Officers (CHOs). Odisha's investment in competency-based approaches represents a

The Role of Third-Party Partners in Building Sustainable Careers



Dr Sitaram BudaRaju, shared that in today's evolving public health landscape, traditional notions of job security are increasingly threatened by reduced public funding and the proliferation of contractual positions. "Competency is part of Puzzle not a whole piece." In this context, third-party partners including NGOs, technical support organizations and academic institutions can play a transformative role in strengthening health workforce capabilities. These entities can facilitate competency-based upskilling programs that align with national and state health goals while providing career

resilience for health workers. By designing inclusive learning models and offering mentorship, third-party partners enable health professionals to remain relevant across public, private and not-for-profit health sectors. This cross-sectoral portability of skills enhances workforce flexibility and job satisfaction particularly for mid-level providers and frontline workers operating in underserved regions forward-looking strategy to equip its workforce with adaptive skills suited for emerging healthcare demand.

Regional Perspectives on Competency Localization



Mr. Ibadat Dhillon of WHO-SEARO underscored a critical regional trend, the quantitative growth of the health workforce does not automatically translate into better health outcomes unless accompanied by qualitative improvements. As per WHO's 2006 framework, SEARO countries have witnessed a steady increase in qualified healthcare professionals, yet competency gaps remain persistent. It was called for a localized approach to competency development, tailored to specific local community health needs and resource contexts. He cited Indonesia's success in adopting a

competency-driven training ecosystem as a model for other countries in the region. This approach not only bridges skill gaps but also enhances system responsiveness and community trust in health services.

Pharmacists as Key Actors in UHC



Ms. Manjuri M. brought attention to the overlooked but critical role of pharmacists in public healthcare delivery. Traditionally seen as dispensers or traders of medicines, pharmacists have the potential to act as essential healthcare providers capable of supporting disease prevention, medication adherence and chronic disease management. However, the lack of a national competency framework limits their integration into primary healthcare teams. It was advocated for the adoption of the 24-competency model developed by HSTP for Odisha and its alignment with global standards for pharmacy

practice. Institutionalizing such frameworks would not only elevate the role of pharmacists but also strengthen their contributions toward achieving UHC. She emphasized that public health infrastructure has four pillars- Doctors, nurses, dentists and Pharmacists.



Credible Certification and Soft Skills Integration.

Dr. Santosh Mathew addressed the structural challenges in implementing competency-based training. He emphasized the importance of developing reliable and valid assessment tools to ensure the credibility of certifications. Without standardization and quality assurance mechanisms, certifications risk being perceived as bureaucratic formalities rather than indicators of genuine these humanitarian values into training and evaluation

frameworks, arguing that technical expertise must be complemented by emotional intelligence for holistic care delivery.



Digital Tools for Competency Tracking and Personalized Learning

Dr. Santosh Patel presented an overview of India's digital health evolution, tracing key initiatives such as the *Digital India Mission (2015)*, the *Karmayogi initiative (2020)* and the rollout of *ABHA IDs*. With the Ministry of Electronics and IT (MeitY) as the lead agency, India has developed a robust ecosystem of digital platforms for health service delivery and professional training. Patel emphasized that these platforms can be leveraged to create personalized learning environments, track competency development in real-time and provide targeted support for continuous improvement. This digital infrastructure not only

enhances training efficiency but also democratizes access to knowledge across geographically diverse and resource-constrained settings.



Enhancing Nursing Capacities Through Strategic Upskilling and Digital Innovation

Ms. Evelyn highlighted the pivotal role that nurses play not only in providing essential primary healthcare but also in delivering specialized services that are critical to a well-functioning health system. She underscored the necessity of conducting *Training Needs Assessments (TNA)* to systematically identify existing skill gaps among nurses. Such assessments enable healthcare institutions to tailor upskilling initiatives that are both relevant and effective. With the ongoing digital transformation in healthcare, there is a growing potential to leverage technology for professional development. She pointed to the benefits of modular, self-paced, and adaptive learning platforms,

which can offer flexible and accessible training opportunities for nurses across diverse settings. According to her, strengthening the nursing workforce through targeted training is vital to improving outcomes in key healthcare areas such as maternal and child health, chronic illness care, and the growing demand for geriatric services. This becomes increasingly urgent in the Indian context, where the burden of non-communicable diseases is rising and the healthcare system must adapt to meet these evolving challenges.

The Need for a National Regulatory Network



Dr. Sudha discussed broader systemic challenges in *HRH governance* particularly the fragmented regulatory environment. She proposed the establishment of a national network of health regulators to standardize training norms, accreditation processes and professional conduct. Dr. Sudha also reflected on the intrinsic motivators that drive learning and performance—*autonomy, mastery, and altruism*. These elements are essential not only for personal fulfilment but also for creating a culture of excellence and accountability in the health sector. By fostering a supportive and ethically grounded learning environment. The *competency-based approaches* can yield both social and clinical dividends. healthcare model has evolved drastically since the British model and a network of regulators is needed for primary

healthcare.

The deliberations at the World Health Summit highlighted the pressing need for systemic, scalable and sustainable approaches to competency development in India's healthcare workforce. The HRH vertical at HSTP continues to advocate for these principles through its work across multiple Indian states, reinforcing the idea that a competent, motivated and supported workforce is the cornerstone of a resilient health system.

Unveiling Competency-Based Training Manuals: Advancing CHO Excellence in India's Primary Health Workforce

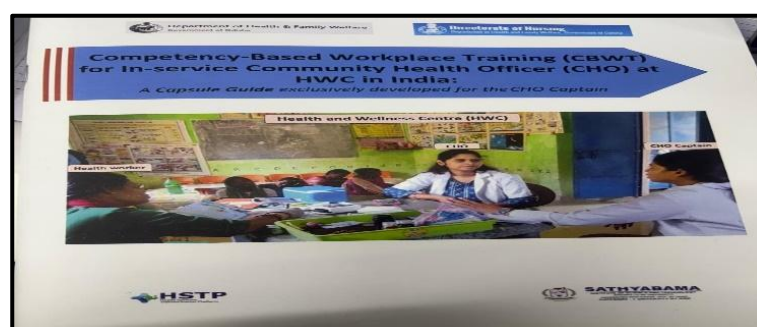
A landmark moment in the session “*Building Competencies in the In-Service Primary Healthcare Workforce*” was the ceremonial release of three foundational manuals for Community Health Officers (CHOs). This event represented the culmination of months of collaborative effort, shaped by rigorous field engagement, research-backed identification of competency gaps and a shared vision to enhance the quality and consistency of primary healthcare service delivery at the last mile. The release of these manuals marked a strategic milestone in the ongoing transformation of the Ayushman Arogya Mandir–Health and Wellness Centres (AAM-HWCs) into vibrant hubs of comprehensive primary healthcare at the sub-centre level.

“Competency-Based Training (CBT) Manual for In-Service Community Health Officers at AAM-HWCs in India”

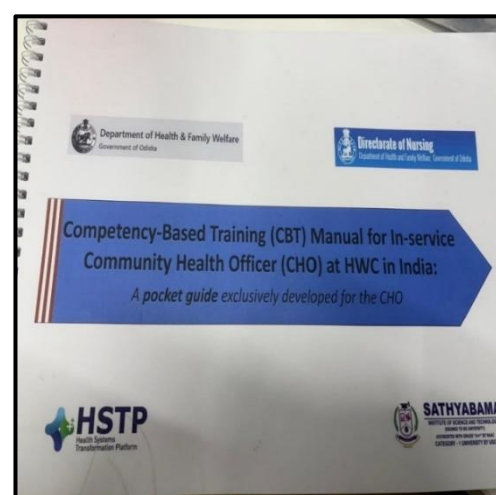
This comprehensive *technical guide* developed exclusively for in-service CHOs, was presented by *Mr. Rajeev Sadanan, Founder Ex-CEO of HSTP* and *Dr Sudha Chandrashekhar, Advisor, HSTP* to *Ms. Aswathy S., and Dr Santosh Matthew* to jointly release the manual. The explicit aim of equipping them with context-relevant competencies essential for delivering person-centred, preventive, promotive and curative care.



Complementing the main manual are *two additional resources* designed to support ongoing capacity development and performance enhancement of CHOs.



The first is a *Pocket Guide for CHOs*, presented by *Dr Deepti, Senior Specialist, HSTP* to *Ms. T. Shashi Prabha, Additional Director, Directorate of Nursing for the release*; featuring a curated set of 53 practical, scenario-based activities aimed at reinforcing clinical and public health competencies in real-time settings.



Portable and action-oriented, this guide serves as a daily reference tool supporting CHOs in applying best practices across a range of service areas. It serves as both a training reference and an implementation companion, enabling health systems to align daily service delivery with the broader objectives of Universal Health Coverage.



The second resource, presented by *Ms Y. Swarnlata, Dean, Satyabhama Institute* to *Ms. Annie, President, TNAI & Mr George, Ex-President, TNAI* to jointly release *the Competency-Based Workplace Training (CBWT) Capsule Guide*, specifically crafted for *CHO Captains*—supervisory personnel responsible for mentoring and supporting CHOs at the field level. The CBWT guide outlines a structured approach to on-the-job training, mentoring and performance

monitoring, fostering a supportive environment for skill reinforcement and professional growth.

The development of these manuals was the result of a strategic collaboration between the team at *HSTP, the Satyabhama Institute of Science and Technology, the Directorate of Nursing and the Department of Health and Family Welfare, Government of Odisha*. The content and structure of the manuals reflect a blend of academic rigour, field-based insights, and policy relevance ensuring their applicability across diverse state context.

Charting the Path Ahead: Catalysing Competency-Driven Transformation in Primary Healthcare

The session on “*Building Competencies in the In-Service Primary Healthcare Workforce*” underscored the urgent and strategic imperative of reimagining how India develops, supports and empowers its frontline health workers. As India strives to realize the vision of UHC and strengthen the resilience of its health systems, it becomes increasingly clear that health workforce transformation must be competency-driven, equity-oriented and future-ready. Drawing from the deliberations of policymakers, technical experts and institutional leaders during the session, this section outlines a roadmap for embedding competency-based approaches into the core of human resource development in the health sector.

A central pillar of this transformation is *the institutionalization of periodic, role-specific competency assessments*. These assessments must move beyond pilot efforts and become an integral component of state and national human resource information systems (HRIS). Designed in alignment with India’s shifting epidemiological profile including the rising burden of non-communicable diseases, mental health conditions and geriatric care competency assessments should inform decisions around career progression, targeted training, and deployment. Odisha's example, with its strategic allocation of 8% of the state budget toward health and a clear focus on workforce development, serves as an inspiring precedent. Embedding structured competency assessments for cadres such as Community Health Officers (CHOs), pharmacists, and lab technologists across states would ensure that frontline workers remain equipped to meet evolving healthcare demands.

To achieve scale and sustainability, India *must actively leverage partnerships with third-party technical organizations*, academic institutions, and civil society actors. These partners bring much-needed agility, contextual knowledge and innovation capacity that can complement public sector efforts. In today’s resource-constrained and often contractual workforce ecosystem such collaborations can facilitate the development of tailored curricula, delivery of high-quality mentorship and deployment of digital learning solutions. Initiatives like HSTP’s co-development of competency-based training modules for CHOs exemplify how such ecosystems can fill systemic gaps and drive scalable, localized capacity building. Unlocking this potential requires an enabling policy environment that encourages public-private partnerships, supports flexible financing models and ensures accountability through quality assurance frameworks.

Another foundational step is *the development and nationwide adoption of standardized competency frameworks for key health cadres*. The current lack of harmonized standards leads to fragmentation in training quality and content. A central repository of validated competency frameworks developed by the Ministry of Health and Family Welfare in collaboration with professional councils and aligned with World Health Organization (WHO) guidelines would provide coherence and ensure interoperability across states. Odisha's pharmacist 24-competency framework, piloted by HSTP offers a benchmark for a replicable model. National rollout of such frameworks would also enhance portability, professional recognition and career mobility positioning India's health workforce to meet both domestic and global service needs.

Digital transformation must be strategically harnessed to support this agenda. India's leadership in digital public goods, including the Ayushman Bharat Digital Health Mission (ABDM), provides a solid foundation for embedding digital learning platforms within workforce training systems. Adaptive learning tools powered by artificial intelligence (AI) and machine learning (ML) can deliver personalized content, real-time feedback and performance analytics. Mobile-first microlearning modules, simulation-based training and gamified content can significantly enhance knowledge retention and engagement. Moreover, digital dashboards and e-mentorship platforms can be integrated into routine supervision and performance review processes, facilitating just-in-time learning and lifelong professional development.

India's progress must also be informed by *international best practices and grounded in local realities for local innovations*. While the South-East Asia Region has made commendable strides in improving workforce availability, challenges related to skill alignment and distribution persist. Countries like Indonesia offer useful models in local context-based skill mapping, which tailor training to regional health system needs. India can adapt such practices by investing in localized labor market analysis, curriculum contextualization and region-specific training design. This would ensure that competency-based interventions are responsive not only to disease burden and service delivery needs but also to socio-demographic and infrastructural diversity.

At the heart of this transformation lies *the human dimension of healthcare*. As emphasized by Dr. Sudha Chandrashekhkar during the session, competency-building must go beyond technical knowledge to cultivate values such as autonomy, mastery, and altruism. These human-centered principles are essential to nurturing compassionate, ethical and emotionally intelligent healthcare providers. Future training efforts must embed behavioural competencies including communication skills, teamwork, cultural sensitivity and community engagement into learning frameworks. Such a shift would mark a transition from transactional instruction to transformational learning with the potential to create a workforce that is not only clinically competent but also socially responsive and emotionally resilient.

Lastly, sustained change requires an *enabling policy and regulatory ecosystem*. National and state governments must prioritize the formulation and implementation of comprehensive Human Resources for Health (HRH) policies that explicitly integrate competency-based frameworks, certification mechanisms and continuous professional development protocols. Cross-sectoral collaboration with ministries responsible for education, skill development, labor

and information technology will be essential to align health workforce reforms with broader national agendas such as Digital India, Skill India, and Mission Karmayogi.

In conclusion, advancing competency-based training is not a standalone reform—it is a systemic transformation that touches all aspects of health service delivery, equity, and workforce wellbeing. As India moves forward, sustained political commitment, strategic investment, and inclusive partnerships will be critical to ensuring that every health worker is not only present but prepared, protected, and empowered to deliver care with excellence and dignity.



India must evolve from ad-hoc training models to a systemic, competency-oriented approach that nurtures a responsive, resilient and respected healthcare workforce. This requires a concerted effort from government, technical partners, academia and frontline providers themselves. With the foundation laid by state-level innovations and the vision echoed at the World Health Summit, the opportunity now lies in scaling what works, investing where it matters and leading with empathy. By anchoring reforms in competency, embracing digital innovation and upholding the dignity of every health worker, India can unlock a new elf health equity and system resilience. The future of India’s healthcare system hinges on the strength of its workforce. Investing in their skills, confidence, and sense of purpose is not just a programmatic need is a moral imperative. The insights from this session reinforce a shared resolve: to build a competent, compassionate and future-ready primary healthcare workforce through sustained investment, multisectoral collaboration and unwavering commitment.

Annexure-1

Few glimpses from the session



Annexure-2

Agenda

TIME	AGENDA ITEMS	SPEAKERS
<u>5:00-5:05 PM</u>	<i>Opening & Introduction</i>	<u>Speaker</u> <i>Dr. Deepti Sobat Tiwari, HRH Head, HSTP</i>
<u>5:05-5:10 PM</u>	<i>Introduction of Key themes & Speakers of the session</i>	<u>Moderator</u> <i>Dr. Sudha Chandrashekhar, Advisor, HSTP</i>
<u>5:10-5:15 PM</u>	<i>Opening Remarks</i>	<u>Chair</u> <i>Ms. Aswathy S, IAS, Commissioner Cum Secretary, Department of Health & Family Welfare</i>
<u>5:15-6:00 PM</u>	<i>Pannel Discussion</i>	<u>Moderator</u> <i>Dr. Sudha Chandrashekhar</i> <u>Panel</u> <ol style="list-style-type: none"> 1) <i>Dr. Santhosh Matthew, Bill & Melinda Gates Foundation</i> 2) <i>Dr. Sitaram Budaraju, Medical Head, Tata Trusts</i> 3) <i>Dr. Santosh Patel, Ministry of Electronics & IT (MeitY)</i> 4) <i>Mr. Ibadat Dhillon, Director, WHO-SEARO</i> 5) <i>Dr. Manjiri Gharat, Indian Pharmaceutical Association</i> 6) <i>Mrs. Evelyn P. Kannan, Secretary General of the Trained Nurses' Association of India</i>
<u>6:00-6:15 PM</u>	<i>Manual Release</i>	
<u>6:15-6:30 PM</u>	<i>Concluding Remarks</i>	<u>Speaker</u> <i>Dr. Deepti Sobat Tiwari</i>