



| BACKGROUND

The rapid advancement of digital health technologies, including artificial intelligence (AI), telemedicine, mobile health, and data analytics, is transforming healthcare delivery worldwide. These technologies hold immense potential to improve efficiency, quality, and access to care, especially in resource-limited settings. This transformation necessitates a corresponding evolution in the skills and competencies required of the entire health workforce, from specialists in urban centers to community health workers (CHWs) in remote areas.

Community health workers, who play a vital role in delivering primary healthcare and preventive services, have proven to be indispensable, especially during public health emergencies like the COVID-19 pandemic. Empowering CHWs with digital tools and knowledge is crucial to extending the reach of healthcare systems and achieving universal health coverage (UHC). Additionally, ensuring that all health workers are equipped to leverage technology for patient-centered care, professional development, and data-driven decision-making is essential for maximizing the impact of these innovations.

The emergence of large language models (LLMs) and other AI tools presents a unique opportunity to not only revolutionize health workforce training but also to raise the overall standard of care by democratizing access to specialized knowledge and decision support. By leveraging AI, we can potentially equip health workers at all levels with tools that augment their skills, enhance their decision-making capabilities, and enable them to deliver more consistent, high-quality care, even in resource-constrained settings.

| OBJECTIVES

Objectives:

- To identify the evolving skill sets needed by the entire health workforce, with a particular focus on the unique needs of CHWs, to effectively utilize and integrate digital health technologies into their practice.
- To discuss the strategies for massively scaling up upskilling and reskilling efforts for the health workforce across all levels, leveraging Al-powered tools and platforms to meet the demands of the digital health era, achieve equitable access to training resources, and raise the overall standard of care.
- To explore the potential of LLMs and other Al tools to empower individuals with personalized health information and guidance, fostering a culture of self-care and preventive health.
- To highlight innovative approaches to training and education, such as Al-powered tutoring, mentorship platforms, and personalized health assistants, that democratize healthcare knowledge and skills and promote continuous professional development.
- To facilitate dialogue between stakeholders, including policymakers, educators, health workers, technology developers, and ethicists, to foster collaboration and address challenges in workforce development at all levels, ensuring that the integration of AI is ethical, equitable, and patient-centered.
- To identify key metrics and indicators to measure and monitor the impact of Al-powered tools on health worker performance, patient outcomes, and overall health system strengthening, ensuring the sustainability and effectiveness of these interventions.

Additional points

- burnout intervention? counseling/mental health application
- Platform to communicate between healthcare workers (including PHC)

migration of workforce





Speaker

Nelson K Sewankambo

Professor Emeritus

Makerere University Medical School Uganda

Nelson Sewankambo MBChB, MSc, M.MED, FRCP, LLD (HC) is a Professor Emeritus, a former Dean of Makerere University Medical School, and a past Principal of Makerere University College of Health Sciences in Uganda. His professional career in the field of global health (GH) as we know it today was ushered in by the urgent need in Uganda in 1981/1982 to investigate and define a new devastating disease named "Slim" disease by the local people. Through a global research partnership, the disease was identified as what later came to be known as HIV/AIDS in Uganda and was published in the Lancet (Serwadda, et al. 1985). His academic progress has been informed by many GH partnership experiences in research, development of education programs for indigenous and foreign health professionals and in health service delivery. Dr. Sewankambo's 40+ year track record in these activities has enriched the understanding of the complexities in GH. This has been strengthened by developments and implementation of the Millenium development goals and now the sustainable development goals. He co-authored one of the most frequently cited definitions of GH (Koplan, J. P. et al. 2009) and has a long-standing commitment to improving equity in GH partnerships.