India highlights major expansion of medical, nursing and allied healthcare workforce; reaffirms commitment to equitable access to specialized care for rural, tribal and underserved populations at WHO RC79

Union Health Minister Shri J.P. Nadda Addresses Ministerial Roundtable at 79th WHO Regional Committee Session

Medical Colleges More Than Double Since 2014; MBBS and PG Seats Rise by Over 175%: Shri J.P. Nadda

WHO South-East Asia Region Adopts Dili Declaration on Equity in Specialized Care

WHO Recognises India's Sustained Leadership in Maternal Health and Noncommunicable Disease Management; honoured with Two WHO South-East Asia Regional Awards

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Union Minister for Health and Family Welfare, Shri Jagat Prakash Nadda, participated in the Ministerial Roundtable on "Human Resources for Health: Equity in Specialized Care" held during the 79th Session of the WHO Regional Committee for South-East Asia (RC79) in Timor-Leste. The Roundtable brought together Health Ministers and senior representatives of Member States of the WHO South-East Asia Region to deliberate on strengthening health workforce capacity and ensuring equitable access to specialized healthcare.

Addressing the Roundtable, Shri J.P. Nadda emphasized that equitable access to specialized care is integral to achieving Universal Health Coverage (UHC) and requires a comprehensive approach encompassing education and training, deployment, retention and continuing professional development of the healthcare workforce.

The Union Health Minister highlighted India's significant progress in expanding its health workforce capacity and strengthening access to specialized healthcare, particularly for people living in rural, tribal, underserved and hard-to-reach areas.

Shri Nadda highlighted that the Government of India has significantly expanded medical education infrastructure through the establishment of new medical colleges and upgradation of existing Government Medical Colleges, resulting in a substantial increase in undergraduate and postgraduate medical seats.

Since 2014, the number of medical colleges in the country has more than doubled from 387 to 858, registering an increase of 121.71 per cent. During the same period, MBBS seats have increased from 51,348 to 1,42,464, an increase of 177.45 per cent, while postgraduate seats have risen from 31,185 to 86,287, an increase of 176.69 per cent.

The Minister also highlighted the targeted expansion of postgraduate capacity. The schemes for increasing medical seats were extended in September 2025, with a target of creating 10,000 additional postgraduate seats by 2028–29, with priority accorded to underserved areas and shortage specialities such as Emergency Medicine, Geriatrics, Psychiatry and Family Medicine.

Highlighting the importance of a strong and diversified healthcare workforce, Shri Nadda stated that 157 new nursing colleges are being established co-located with existing medical colleges. These institutions are expected to add approximately 15,700 nursing graduates annually, with particular emphasis on improving access to quality and affordable nursing education in underserved districts and States/Union Territories.

He further noted that Nurse Practitioner Programmes have been introduced in 10 critical specialities, supported by the National Nursing and Midwifery Commission Act, 2023.

The Union Minister also highlighted India's efforts to expand the allied and healthcare workforce. The Government has announced the creation of 1,00,000 allied and healthcare professionals over five years, supported by the National Commission for Allied and Healthcare Professions Act, 2021 and the establishment of the National Commission in 2024. The Commission brings 57 diverse allied and healthcare professions within a structured regulatory framework.

Shri Nadda highlighted the role of Ayushman Arogya Mandirs in providing comprehensive primary healthcare, including screening, early identification and referral services. Ayushman Arogya Shivirs further extend screening and specialist consultations to underserved communities.

He also highlighted the role of Community Health Centres and First Referral Units in providing specialist and referral services. To improve the availability and retention of specialists in difficult areas, India is adopting flexible mechanisms including competitive remuneration, difficult-area allowances, in-sourcing of speciality services, performance-based incentives and fixed-tenure postings.

The Union Minister emphasized that India is leveraging digital health technologies to overcome geographical barriers and extend access to specialist services. Platforms such as eSanjeevani and ABHA-enabled digital health records are facilitating teleconsultation, referrals and continuity of care, particularly for populations in remote and underserved areas.

Shri Nadda underscored that India's approach is moving towards building a larger, more diverse and geographically well-distributed health workforce, with sustained emphasis on underserved areas and shortage specialities. He highlighted that these measures reflect a team-based and continuum-of-care approach to advancing equity in specialized care.

A key outcome of RC79 was the adoption of the “Dili Declaration on Human Resources for Health: Equity in Specialized Care” by the Health Ministers of Member States of the WHO South-East Asia Region.

Through the Declaration, Member States have committed to a comprehensive set of actions aimed at addressing health workforce shortages, maldistribution and the growing need for specialized healthcare.

The Declaration calls for aligning health workforce planning, education and financing with current and future demographic, epidemiological and health emergency preparedness needs. It also calls for policies to attract, recruit, deploy, retain and improve the performance of specialist health workers, particularly in rural and underserved areas, guided by the WHO Global Code of Practice on the International Recruitment of Health Personnel.

The Declaration further emphasizes optimizing the existing workforce through task-sharing, mentoring, rotational outreach and visiting specialist programmes, including collaboration with qualified and registered Traditional, Complementary and Integrated Medicine practitioners.

Member States have also committed to strengthening integrated referral systems and continuity of care through primary healthcare teams, specialist outreach services, teleconsultation networks and coordinated referral hospitals.

The Declaration calls for strengthening public health workforce capacity and essential public health functions, while accelerating the safe and equitable adoption of digital health technologies, including telemedicine, teleconsultation and AI-supported clinical tools, to expand access to specialist services for rural, remote and underserved populations.

It further promotes innovative service delivery models, including mobile and outreach specialist teams and community-based specialist care, with integration of Traditional, Complementary and Integrated Medicine services.

The Member States also agreed to integrate palliative care into health systems at all levels through workforce development, multidisciplinary teams, community-based services and strengthened referral pathways.

The Declaration emphasizes strengthening national capacity for high-priority specialized services, including cancer, cardiovascular care, trauma, maternal and newborn care, mental health, geriatric care and rehabilitative care. It also calls for strengthening national health workforce information systems to support evidence-based policy-making.

Recognizing the importance of regional cooperation, Member States committed to facilitating information exchange, joint training, clinical mentorship and regional collaboration, including through a regional network of health professional regulators and policy-makers.

The Dili Declaration recalls the commitments made under the 2023 Delhi Declaration on strengthening primary healthcare and responds to the Region's rapid demographic and epidemiological transition, rising burden of complex and chronic conditions, and persistent shortages and maldistribution of specialist health workers.

Member States called upon the World Health Organization to support implementation of the commitments through technical assistance, capacity-building, policy guidance and strengthened regional collaboration mechanisms.

India welcomed the adoption of the Dili Declaration as a significant step towards ensuring equitable access to specialized care, advancing Universal Health Coverage and realizing Health for All across the South-East Asia Region. India reaffirmed its commitment to working closely with Member States and the WHO to translate the commitments of the Declaration into concrete action.

Furthermore, at the 79th Session of the WHO Regional Committee, India was honoured with two WHO South-East Asia Regional awards, recognising the country's sustained achievements in critical areas of public health.

India received recognition for Sustaining the regional elimination of maternal and neonatal tetanus over the past decade; and Strong leadership in addressing noncommunicable diseases through primary healthcare, including achievement of national targets for placing people on protocol-based management for hypertension and diabetes.

The recognition reflects India's sustained commitment to strengthening primary healthcare, disease prevention, early detection and effective management of priority health conditions.

The Union Health Minister dedicated these recognitions to the frontline health workers across the country, whose unwavering commitment and dedicated service have been instrumental in strengthening India's health system and contributing to improved health outcomes.

The Government of India remains committed to advancing Universal Health Coverage through investments in health infrastructure, human resources, primary healthcare, digital health and health system resilience.

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HFW/ HFM addresses ministerial roundtable at 79RC /8 September 2026/1

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