

Combined Statement

Statements on UHC Day: Invest in health professionals for high-quality primary health care to achieve UHC

12 December 2024 – On the occasion of UHC day, and in light of the prominence of health and care workforce issues at the next WHO Executive Board meeting (Agenda Item 11; 3-11 February 2025), WHPA is releasing two related statements, calling on WHO member states to invest in health professionals, in the community and elsewhere, as a priority to deliver safe, high-quality primary health care (PHC) as a means to achieve universal health coverage (UHC).

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- Invest in health professionals to achieve universal health coverage and safe, quality care

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- Health professionals call for holistic primary health care and multidisciplinary teams to achieve UHC

Statement 1

Invest in health professionals to achieve universal health coverage and safe, quality care

12 December 2024 – On the occasion of UHC day, and in light of the prominence of health and care workforce issues at the next WHO Executive Board meeting (Agenda Item 11; 3-11 February 2025), WHPA urges WHO member states to invest in health professionals to deliver safe, high-quality primary health care (PHC) as a means to achieve universal health coverage (UHC).

In order to create a PHC-enabled workforce, it is essential to prioritize investment in health professionals, as there are risks to overemphasizing community health workers (CHWs) as a solution to health workforce shortages. While CHWs have a role to play in PHC models, it must be in the context of a fully supported professional health workforce.

Health professionals ensure the protection of the public and quality of care

Health professionals are qualified, licensed and/or regulated professionals who adhere to strict regulatory frameworks and codes of ethics. Their evidence-based practices ensure consistent and safe care delivery. CHWs on the other hand often operate in unregulated environments with variable levels of training and accountability. An unregulated workforce increases the risk of inconsistent care, errors, and compromised patient safety, especially in complex or emergency scenarios.

A successful PHC workforce is an integrated, multidisciplinary workforce

Because PHC covers so many facets of health and complex patient needs, it cannot be implemented by any single type of health worker alone. It requires a multidisciplinary collaborative approach¹ involving qualified and regulated professionals, complemented by effective referral pathways to ensure that patients receive the care they need from the right professional at the right time. Community-based health professionals, such as pharmacists and dentists, family physicians, nurses and physiotherapists, are often the first point of contact in a PHC model and enjoy high levels of patient trust. CHWs can be part of multidisciplinary teams, if suitably supervised by health professionals to ensure patient safety.

Supervision of CHWs requires more investment in the professions

CHWs require consistent and continual oversight and supervision by health professionals, to ensure quality and safety. This expands the workload of health professionals and requires proportional investments in the professions to avoid unsustainable supervisory burdens and weakening overall care quality.

Quality care by health professionals is a cost-effective solution

Poor-quality care provided by an unregulated and insufficiently trained workforce, such as unsupervised CHWs, leads to increased downstream costs, such as hospitalizations, misdiagnoses, and avoidable complications. Any potential initial savings are outweighed by the costs incurred later

¹ The World Health Professions Alliance. Interprofessional Collaborative Practice [website]. Available from: <https://www.whpa.org/activities/interprofessional-collaborative-practice>

on. Investing in health professionals ensures high-quality care at all levels, reducing long-term health system costs while improving outcomes.

Avoid erosion of the professional health workforce pipeline

Overreliance on CHWs undermines investments in professional health education, deterring the growth of experienced, highly trained healthcare professionals. Resources are better allocated to building robust pipelines of regulated health professionals than to scaling up CHWs as a short-term stopgap solution which compromises the long-term sustainability of health systems

Benefits of multidisciplinary teams (MDTs) in PHC

Where multidisciplinary teams are well implemented, the benefits are considerable. Adopting a holistic approach with different health professionals and other health and care workers collaborating in the same team allows for more comprehensive, effective and personalized care, resulting in improved patient outcomes. Working in MDTs can provide better support for complex cases such as comorbidities, and it can promote continuous learning and professional development. MDTs are also an efficient use of increasingly scarce resources: they can reduce duplication and errors, and improve continuity of care, making for efficiency and value for money.

WHPA therefore calls on member states to choose the cost-effective and sustainable solution of investing in health professionals and their education to ensure quality care for patients and the required supervision of CHWs in robust multidisciplinary teams for effective PHC.

This statement is released on UHC Day, and as WHO member states attending the WHO Executive Board in February 2025 prepare several agenda items relating to the health workforce, in particular WHA63.16 on the WHO Global Code of Practice on the International Recruitment of Health Personnel, and WHA69.19 on the Global strategy on human resources for health: workforce 2030.

Statement 2

Health professionals call for holistic primary health care and multidisciplinary teams to achieve UHC

12 December 2024 – On the occasion of UHC day, and in light of the prominence of health and care workforce issues at the next WHO Executive Board meeting (Agenda Item 11; 3-11 February 2025), WHPA urges member states to prioritize measures which support primary health care (PHC) as a means to achieve universal health coverage (UHC).

The health workforce, patients and governments benefit from PHC models. They provide essential and affordable care that is accessible to everyone in the community. By raising the status of health promotion, disease prevention, health maintenance, education and rehabilitation, they channel patients into the most cost-effective forms of health care, while freeing up secondary and tertiary care, and the health professionals that provide it, for those who need it most and for whom it is unavoidable. PHC is foundational for creating UHC where all people have access to the full range of quality health services they need, when and where they need them, without financial hardship.

To achieve UHC, we need a PHC-enabled workforce and PHC-adapted health systems with three central characteristics.

1. A patient-centered approach

WHPA calls on member states to implement PHC measures which move away from the prevalent disease-specific approach and to adopt a holistic approach to health care. This delivers people-centred health services that consider the whole person, including psychological, social and environmental factors, rather than just the symptoms of disease or ill health in isolation from one another.

2. Multidisciplinary teams

To achieve this, we must re-think the way the health workforce is organized. Multidisciplinary teams are needed to respond to the whole person rather than the symptoms, and to the various determinants of health considered in a holistic approach. Different health care professionals working together to provide a broad range of services in a coordinated way will optimize care continuity and coordination, align patients' care pathways, offer comprehensive services, enhance efficiency of service delivery and improve patient outcomes and satisfaction. WHPA calls on member states to support measures which ensure that health systems are incentivized to create, support and finance multidisciplinary teams, ensuring right professionals, right qualifications, right place, and right time in service delivery, without substitution for less qualified personnel.

3. Robust referral system

Finally, to ensure that patients get the care they need at the right point of service, there must be a robust referral system in place. In an effective referral system, there is a close relationship between different health professionals and between all levels of health care: primary, secondary, and tertiary;

local, regional, and national. It ensures that individuals receive the best care available, and is a cost-effective use of health services. WHPA calls on member states to adopt measures which support the creation of robust referral systems.

To achieve UHC, WHPA urges member states to invest in creating a PHC-enabled health workforce, and one in which health professionals have decent working conditions, safety and protection, career opportunities, equal pay, and are protected from burnout and work-related mental health issues.

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