Compassion: An Engine for Primary Health Care?

The radical reorientation of health systems towards primary health care (PHC) is a key priority for countries worldwide in their progression towards universal health coverage (UHC). From the origins of PHC in the Alma Ata Declaration of 1978 to its more recent formulation at Astana in 2018, compassion has been a powerful engine for driving the just and lasting change envisioned by the PHC approach.

However, the crucial role of compassion has often been implicit. This document highlights the importance of compassion in driving forward with the PHC approach, describes key linkages between compassion and specific components of the PHC approach, and summarizes insights gleaned during a virtual event on the subject co-hosted by the WHO Special Programme on Primary Health Care and the Focus Area for Compassion and Ethics (FACE) at the Taskforce for Global Health.
What is compassion?

Compassion – the motivation to reduce suffering – arises from the experience of shared humanity. It can be cultivated, harnessed, and channeled in service of social justice, health equity, human dignity and flourishing.

Such compassion requires three essential elements:

**Awareness**
Cognitive awareness of suffering

**Empathy**
Emotional resonance with the suffering person

**Action**
A commitment to alleviate suffering

Compassion takes many forms. Compassionate action can be expressed by providing quality health care or simply being alongside someone who has suffered a painful loss. It can be expressed by organizing against social injustice, or working to improve health systems. Regardless of its manifestation, compassion reinforces a sense of connection between giver and receiver, and promotes well-being. Compassion forms the bedrock of the caring professions, and when infused throughout health systems in a way that is attentive to context, compassion helps to create sustainable healing environments.
What is primary health care (PHC)?

Primary health care is a whole-of-society approach that aims to maximize the level and distribution of health and well-being. The PHC approach is based on three components: 1) delivering primary care and public health as the core of integrated health services, 2) implementing multi-sectoral policy; and 3) empowering people and communities.

A focus on equity is central to the PHC approach to drive health systems towards universal health coverage (UHC), the ultimate goal. With foundations in the Declaration of Alma Ata (1978) and, more recently, the Declaration of Astana (2018), the WHO-UNICEF Operational Framework for Primary Health Care provides a compass for countries when designing future health systems, based on the unique context within each country and evolving based on population health needs. The 14 levers for change (4 strategic and 10 operational) provide clear guidance to countries as they forge their country-specific pathways on PHC.* Emphasis is placed on the inter-dependence of each of the levers – none should be seen in isolation.

While it is helpful to specify what PHC includes, it can be equally instructive to clarify what PHC is not. It is not just highly specialized care with a lack of integration across multiple levels of the system. It is not focused on care provided only at the individual level, which ignores population health and may fail to involve the community. It is not the provision of care by siloed providers who work separately and without communication with each other. While delivering high quality care, it is not just focused on treatment but also addresses health promotion and disease prevention.

Further, PHC does not stop at treatment but also addresses rehabilitation and palliation. Indeed, PHC is not limited to medical care; rather, it also addresses social determinants of health and has a strong focus on essential public health functions, thus bringing linkages to health security, surveillance and response, and emergency preparedness.

*Four strategic levers: political commitment & leadership; governance & policy; funding & resources; and community & stakeholder engagement. Ten operational levers: models of care; PHC workforce; infrastructure; medicines & health products; private sector engagement; purchasing & payment systems; digital technologies for health; quality of care; PHC research; and M&E.
Why is compassion important for primary health care?

The role of compassion in PHC, as in other areas of global health, is often assumed or implicit. Unless the central importance of compassion is articulated and intentionally realized in day-to-day PHC practice, it loses its power to support the well-being of patients, providers, and health systems. As Dr. Abbay Bang, a primary care physician and researcher in Maharashtra State, India, noted, “Global health decisions without compassion become bureaucratic, they become impersonal, they become insensitive. Global health operations without compassion may become autocratic.”

Notably, the principle of compassion is explicitly embedded in the 2018 Declaration of Astana, which envisions "primary health care and health services that are high quality, safe, comprehensive, integrated, accessible, available and affordable for everyone and everywhere, provided with compassion, respect and dignity by health professionals who are well-trained, skilled, motivated and committed."

Compassion can be considered an essential bedrock and driver of the PHC approach. Compassion not only motivates the PHC workforce in their day-to-day work of caring within the primary care environment, it also can be the engine propelling future-focused action to reorient health systems toward PHC. The PHC approach places solidarity and social justice at the heart of its ethos and associated practical action.

Compassion can provide the glue that ensures that these values remain at the forefront of considerations at all levels of the health system, from the most local level to the national. Indeed, a compassion-infused PHC approach can promote the flourishing of patients, families, communities, and health systems.
How is compassion related to each of the three components of PHC?

The three components of PHC each have strong linkages with compassion. Each of these components interrelates with one another, and together they provide the overall thrust for the operationalization of the PHC approach. The essence of these compassion linkages (articulated below) provides a starting point for further exploration.

Table 1. Compassion and the PHC components

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<tr>
<th>PHC Components</th>
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<td>Integrated health services with an emphasis on primary care and essential public health functions</td>
<td>Services that are designed and delivered with compassion address the needs of the whole person. This requires coordinated layers of support from preventive health programs to curative primary care services, to services that are focused on palliation. Awareness of and empathy toward human suffering throughout the life course can drive action to optimize health services both for individuals, as well as populations. A focus on public health services alongside primary care allows compassion to drive decision-making and subsequent action to enhance overall population health, including decisions during public health emergencies.</td>
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<td>Empowered people and communities</td>
<td>Compassion enables us to see others more fully, listen deeply, and resonate with their humanity. From within this shared space of genuine connection, co-developed community solutions and organizational policies can emerge, in the health sector and beyond. Compassion fosters empowerment of individuals, families, and communities to optimize their health; it also promotes well-being for caregivers, patients, and communities alike through understanding and action to alleviate human suffering.</td>
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<td>Multi-sectoral policy and action</td>
<td>In seeking to comprehensively address the health and well-being of the whole person and whole community, compassion demands collaboration across sectors. Whether interdisciplinary partnership within a health system or allied efforts between ministries, compassion urges us to collectively work for the well-being of all, especially for those who are suffering, with a focus on taking action on the broader determinants of health.</td>
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In addition to providing the fundamental caring impulse that drives PHC, compassion relates in specific ways to the 14 levers for change within the WHO-UNICEF Operational framework for primary health care: transforming vision into action. The extensive nature of these relationships is described in the Appendix. In addition to the importance of compassion for the levers of PHC, in a fundamental and holistic sense, compassion is the essence or the driving force behind PHC. For PHC to flourish, persons engaged in implementing the PHC approach must intentionally cultivate the relational dimensions of compassion at the personal, interpersonal, and systemic levels.

**WEBINAR**

During the virtual event, “Compassion: An Engine for Primary Health Care,” Dr. Shams Syed, Head of Policy and Partnerships at WHO’s Special Programme on Primary Health Care, facilitated a discussion with four panelists on the following questions:

- How can compassion contribute to driving forward the operationalization of PHC?
- How can compassion provide the motivation for radical reorientation towards PHC?
- What are the key pitfalls that we should be aware of in our efforts on compassion as an engine for PHC?

Fascinating insights were shared and can be reviewed in full here.

**Invited panelists**

- Anbrasi Edward
- Sambo Guemgo
- Venus Dadirai Mushininga
- Shailey Prasad
About the panelists

**Anbrasi Edward | Professor, Department of International Health at Johns Hopkins University, USA**

Dr. Anbrasi Edward is a full-time faculty at the Department of International Health at Johns Hopkins University and a member of the Centers for Humanitarian Health and Global Health. Drawing on her background in health systems research and community-oriented research, she raises important questions about organizational structure and community engagement in the discussion.

**Sambo Guemgo | UN Physician and UK-Med Emergency Doctor, Chad**

Dr. Sambo Guemgo, from Chad, is a UN Physician-Covid-19 and UK-Med emergency doctor. He specializes in emergency medicine, sexual and reproductive health, and family planning and rights. In the discussion, Dr. Sambo Guemgo reflects on his experiences working directly with patients and their families.

**Venus Dadirai Mushininga | Public Health Consultant and Pharmacist, Zimbabwe**

Ms. Venus Mushininga is a public health consultant and pharmacist. Her work has included the setup of cancer health services in Zimbabwe, palliative care services, non-communicable diseases, supply chain management, and more. She speaks to the need to strengthen relationships across the primary healthcare sector.

**Shailey Prasad | Executive Director, Center for Global Health and Social Responsibility at University of Minnesota, USA**

Dr. Shailey Prasad is the Associate Vice President for Global and Rural Health, the Carlson Chair of Global Health, the Executive Director of the Center for Global Health and Social Responsibility, and Professor and Vice-Chair of Education at the Department of Family Medicine and Community Health at the University of Minnesota. He emphasizes the value of compassion and human connection in the delivery of healthcare services.
Key insights

1. People who receive compassionate care are more likely to engage positively with the suggestions and advice provided to them by health services and also drive their own care.

Speaking directly to one of the three PHC components - Empowered People and Communities – panelists emphasized the importance of the trust fostered through compassionate care that, in turn, encourages patients, families, and communities to be accountable for their self-care as well as input into shaping services.

Anbrasi Edward offered an example from Punjab, India, where patients were asked about their experience with and connection to their physician. “Many [of his] patients remarked that compassionate care was one of the reasons they complied with treatment,” she said.

Sambo Guemgo has seen a similar impact not only on patients' compliance to treatment, but also on their empowerment when it comes to health-seeking behaviors. He explained, “Compassionate care leads to an increase in the patient’s hope for recovery, accountability, and control over their own health.”

Venus Dadirai Mushininga emphasized how compassionate care can be the catalyst for self-care practices. “If you say, ‘I’ll care for you,’ then the patient says, ‘I’ll care for myself,’” explained Mushininga. “Self-care for the patient improves their quality of life, reduces their suffering, and also increases productivity because you’re not dealing with complications among patients who are not adhering to treatment.”

2. To foster a compassionate system, compassion must be practiced by all stakeholders, going beyond the traditional focus on the provider.

Connecting to both the PHC operational levers of Models of Care and the PHC Workforce, the panelists spoke to the bidirectional relationship that genuine compassion both requires and promotes – creating reciprocal prosocial processes of gratitude, kindness, generosity, and understanding.
Panelists highlighted compassion as the motivation for delivery of integrated services that focus on people’s journey through the health system, guided by the primary care team.

“Compassion is the soul of the delivery of PHC,” said Shailey Prasad. He emphasized the role of compassion at both the individual and systems level. “Manifestation of compassion leads to ongoing work together and a long-term relationship that is integral to both an individual’s health and the health of the healthcare system itself,” he said. “It is important for us to give due acknowledgment of aspects of compassion in ensuring that the quality of care is reflected in acceptance [among] communities and individuals of the healthcare system.”

The other panelists agreed. Venus Dadirai Mushininga added, “Compassion is the engine of the healthcare system. It should drive how everyone works in the healthcare sector.”

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Compassionate relationships are the bedrock of delivering quality of care, based on a PHC-oriented health system.

Touching on the need for emotional and social spaces where relationships flourish, and the PHC lever of Engagement of Communities and Other Stakeholders, panelists identified equitable, caring relationships as the glue for implementing the PHC approach.
Anbrasi Edward highlighted the value of engaging community partners. “We look to communities to understand who they trust and identify champions within the community,” she said. “We need to engage them as partners to build a functional primary healthcare system.”

Venus Dadirai Mushininga illustrated how, in many settings, the community is already strongly engaged with the primary care team. “In the most remote areas, the healthcare workers and the community are so interlinked,” she said. “They move as one. The first step is to strengthen those relationships.”

Shailey Prasad spoke specifically to the role of the provider in weaving compassion into everyday primary care delivery. “Our superpower is continuity. Our superpower is that we are in ongoing relationships with the people we interact with,” he said. “In simplistic terms, primary healthcare is the premise of ‘being there.’ Being there at the interface of an individual and the health system. Being there at that interface conjures a feeling of being connected.”

Measurement of compassion in health systems should be simple, ongoing, and qualitative.

Emphasis was placed on the PHC operational lever of Systems for Improving Quality of Care needing to incorporate measures of compassion that neither reduce its essence nor pose excessive burden for data collection. Perhaps most importantly, any measurement of compassion must be consistently applied over time for improvement to occur and be sustained.

“Measurement of compassion in PHC is an ongoing process,” said Sambo Guemgo. “We have to understand if patients and their families are satisfied with the care they receive.”

While the panelists agreed on the need to measure compassion, they also raised concerns about burdening providers with additional paperwork. Anbrasi Edward suggested that two to three metrics for compassion could be added to existing measurement systems and still be sufficient.

Shailey Prasad argued that compassion metrics should not be grouped with individual, disease-specific metrics. Instead, he proposed, “The premise of compassion should be the background of all activities that we do.”
In closing

Highlighting the role of compassion and bringing it to the conscious level in all PHC-focused action can be a central aspect of future efforts for the health of populations across the world. Whether in relation to integrated health services with an emphasis on primary care and public health functions; multisectoral policy and action; or empowered people and communities, compassion counts.

Realizing this central role of compassion in primary health care will require ongoing attention, effort, learning and support. This document offers a starting point for reflecting on ways to ensure that compassion remains at the heart of PHC-focused efforts. In addition to developing the skills and capacity for compassionate leadership among PHC leaders, further work is needed to help PHC organizations more fully manifest compassion in their day-to-day policies and actions, and to support to front-line clinical, public, health, and administrative staff in deepening their individual and collective practice of compassion.

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Appendix
How does compassion address the levers of the PHC framework?

In addition to providing the motivation, the fundamental caring impulse that drives PHC, compassion relates in specific ways to the 14 levers for change within the WHO-UNICEF Operational framework for primary health care: transforming vision into action.

The four core strategic levers to achieve the PHC vision are shown in Table 2. These core strategic levers pave the way for actions tied to the operational levers; any sustainable improvement in the operational levers is unlikely without a strong grounding in the strategic levers. Compassion can be a driver for each of these strategic levers, all committed to a common goal. When these strategic levers are in place with a grounding in compassion, the conditions are created for sustained implementation of the operational levers with the power of compassion behind it.

Table 2. Compassion and the core strategic PHC levers

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<td>Political commitment and leadership</td>
<td>Compassion can fuel the political commitment required to develop, implement, and sustain systemic changes that alleviate suffering and promote well-being through a PHC approach. Research confirms the crucial role of compassionate, values-based leadership in creating organizations and cultures where compassion flourishes, which can be applied to the political environment within which decisions are made on how to advance PHC as a pathway to the SDGs.</td>
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<td>Governance and policy frameworks</td>
<td>Compassionate health systems rely not only on the compassion of individual healthcare providers, but also on policies and governance, which create the conditions for compassion to flourish. An awareness of suffering that exists within populations can drive policy-level action that is geared toward alleviating that suffering through a PHC approach. Building robust partnerships within and across sectors may benefit particularly from applying a lens of compassion.</td>
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Compassionate PHC-oriented health systems allocate resources with an emphasis on equity, which leads to overall high-quality care and services for all, as well as minimizing financial hardship for individuals and families. Decision-making on funding and allocation of resources can be infused with a compassionate lens, thus bringing the human dimension into these processes.

Compassion invites listening, understanding, and co-development, leading to empowered communities, and to priority setting that promotes equity and flourishing through a PHC approach. Collaborative relationships that enable stakeholders to jointly define health needs, identify solutions, and prioritize contextually appropriate actions can be strengthened through a common focus on compassion as central to people and entire communities.

The **operational levers** bring the PHC approach to the everyday realities of health systems. As with the strategic levers, the 10 operational levers are deeply interrelated and synergistic, and they are dependent on human connection and relationship. The 10 levers address specific key areas in which compassion can be used as an engine for change. Each of these interdependent and mutually reinforcing levers are considered in Table 3 below with some points on the relevance of compassion.
Compassion can help shape how services should be delivered, including the processes of care, organization of providers, and management of services. Attention to models of care that promote continuous, comprehensive, coordinated, and people-centered care can be enhanced when thinking through how to take compassionate action. Services that are designed for compassionate care provide better health outcomes for patients, greater well-being and work satisfaction for providers, and healthier institutions.

A committed and multidisciplinary PHC workforce is motivated by compassion. Supporting the expression and manifestation of compassion (for oneself and others) in day-to-day tasks promotes the well-being of the PHC workforce and decreases burnout. Policy-level action for designing the future workforce can usefully consider the role of compassion; at the operational level, inter-professional training can utilize compassion as an entry point for capacity development.

Compassion motivates a concern for providing physical infrastructure that facilitates healing. Taking action on issues such as reliable WASH, power supply, and transportation can all be catalyzed through a focus on how people are affected and the level of suffering that can be alleviated through swift action.

Compassion motivates the provision of safe and effective medicines and health products needed for healing and alleviating suffering. Equitable access to health products including medicines, vaccines, medical devices, diagnostics, protective equipment, and assistive devices can each be influenced by applying a compassionate lens to policy and operational level action.

Sound partnership between public and private sectors can be leveraged for the delivery of integrated services; compassion can provide the glue for the whole-of-society approach that relies on and encourages strong partnerships across the public and private health sectors with strong systems-level oversight from national authorities.

### Table 3. Compassion and the operational PHC levers

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<td>Purchasing and payment systems</td>
<td>Purchasing and payment systems that foster a reorientation in models of care for the delivery of integrated health services can be optimized through attention to compassion at the policy level, operational level, and through the action of people &amp; communities. For example, defining and implementing a comprehensive benefits package can be based on principles of compassion. Developing payment systems that do not inflict financial hardship can be based on minimizing human suffering.</td>
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<td>Digital technologies for health</td>
<td>Digital technologies can facilitate access to care, but constant attention is required to ensure the human-centeredness of care, which can be enhanced through a focus on compassion. Digital shifts affect how individuals and communities manage their health as well as access information; a persistent focus on the need to alleviate suffering can humanize these shifts.</td>
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<td>Systems for improving quality of care</td>
<td>Systems at the local, subnational, and national levels that continuously assess and improve the quality of care and services can be positively influenced through a focus on compassion. Careful exploration of the compassion-quality linkages has highlighted compassion as essential for quality healthcare and for a sustained commitment to improving quality.</td>
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<td>PHC-oriented research</td>
<td>Health systems research and implementation research on interventions that support all three components of PHC are critical in shaping future health systems that are based on compassion for fellow humanity. Compassion, in its attentiveness to human-centeredness, can help prioritize research on issues of greatest importance to patients and their communities.</td>
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<td>Monitoring and evaluation</td>
<td>Well-functioning health information systems are critical to generating data that can inform compassionate decision-making at the policy and operational levels. Continuous improvement and refinement of PHC requires monitoring the experiences of patients and those providing care, with an eye toward alleviating suffering and promoting human flourishing, rather than focusing on metrics that are limited to outputs of productivity or disease management, which ignore the meaning and experience of health for patients, families, and communities.</td>
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