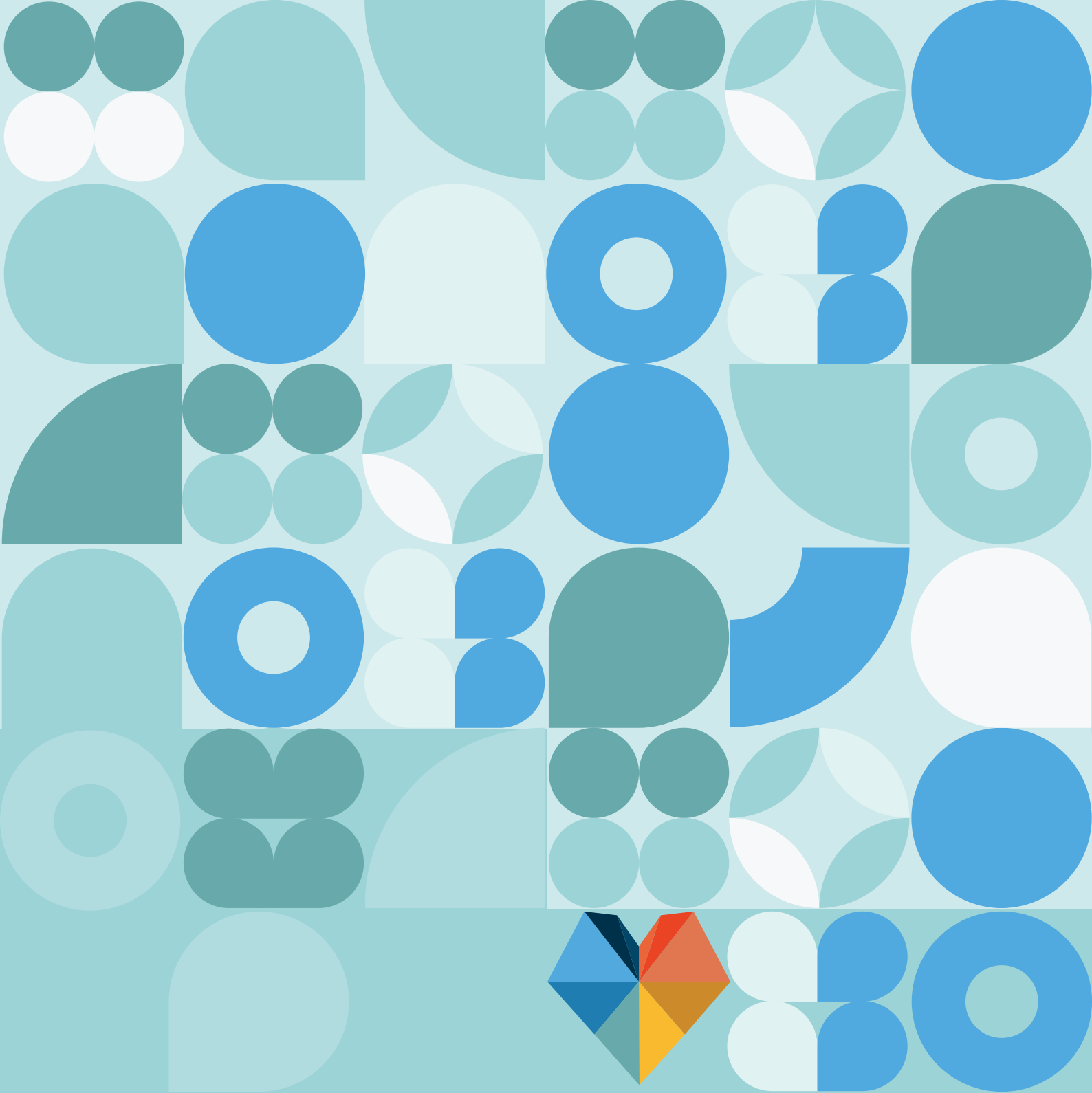

Compassion and primary health care

World Health Organization

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Contents

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1 Introduction

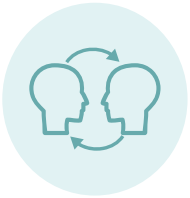
Compassion arises from the universal experience of shared humanity. It can be cultivated, harnessed and channelled in service of social justice, health equity, human dignity and flourishing. Compassion is a core value for global health and is vital in delivering quality health care.

At the individual level, compassion is wired in the human brain. Neuroscientists have traced the neural pathways of compassion, which are associated with the reward centres of the brain *(1)*. Psychologists have identified factors that facilitate and inhibit the giving and receiving of compassion *(2)*. Compassion is valued by both community members (including patients) and health care professionals; both groups want to feel seen, heard and valued. Compassion is an essential and not peripheral consideration for health systems that are designed to serve these people. It spreads through supportive interpersonal connections and environments. For compassion to become fully embedded in these health systems, attention is required at all levels – communities, facilities and districts as well as in national policy-making.

Compassion provides physical and mental benefits for recipients of care. For example, it can reduce the effects of stress-mediated diseases, reduce the perception of pain and have positive immune and endocrine system effects *(3)*. Research also shows that health care professionals who deliver care with compassion have a greater sense of well-being and professional satisfaction. Compassionate health systems deliver higher-quality care that positively influences effectiveness, safety and people-centredness *(1)*. These are but a few of the myriad documented positive effects of compassion on the well-being of those receiving care and those delivering it.

The Director-General of WHO called for an exploration of the role of compassion in global health, with specific attention to its impact on the quality of health care services and the interconnections with primary health care (PHC). In the five years since this call, WHO and the Task Force for Global Health's Focus Area for Compassion and Ethics have explored and documented compassion in health settings. The key findings and messages distilled through this exploration, particularly as they apply to PHC, are synthesized in this document.

2 Key messages



Compassion elements: awareness, empathy and action

Although *compassion* has various interpretations closely linked to context and culture, a working description for the purposes of this exploration includes three essential elements: awareness, empathy and action. To respond to suffering compassionately, people must first recognize that suffering exists. This awareness leads to empathy, which, in turn, prompts a desire to act to relieve or prevent suffering.

Compassion is vital for the quality of care

Compassion provides a natural entry point to focus on the quality of care people receive within a health system. Systems to improve the quality of care require measures of compassion that are neither reductionist nor burdensome but that provide a pathway for continual improvement. A compassionate health care environment changes how employees engage with each other and their propensity to deliver high-quality services *(4,5)*.

Compassion is essential for effective leadership and organizations in health care

Health leaders shape organizational cultures. Leaders who model compassion promote a culture in health organizations that explicitly values the well-being of the employees, who are then better equipped to serve. Training in compassionate self-care can help to address moral injury, burnout, disengagement and negative coping mechanisms *(6)*. Leaders who demonstrate compassion also invite colleagues to do the same and foster greater respect and trust among colleagues.

Compassion can drive PHC

The radical reorientation of health systems towards PHC is a key priority for countries worldwide in their progression towards universal health coverage. From the origins of PHC in the 1978 Declaration of Alma-Ata *(7)* to the 2018 Declaration of Astana *(8)*, compassion has been 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 but also can be the engine that propels future-focused action to reorient health systems toward PHC.

3 Compassion and PHC

The essence

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 clearly articulated within the PHC approach, it loses its power to support the well-being of patients, health care professionals and communities through a strong health system. Notably, compassion is made explicit in the 2018 Declaration of Astana *(8)*, 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 care professionals who are well-trained, skilled, motivated and committed." Compassion can provide the glue that ensures that the components of this vision are maintained at all levels of the health system, providing just and equitable care and promoting the flourishing of patients, families and communities.

Each component of PHC has strong links to compassion; they are all interrelated and together provide the thrust to operationalize the PHC approach. These links (Table 1) provide a starting-point for further exploration.

Table 1. The relevance of compassion to the three components of PHC

Components	Relevance of compassion
Integrated health services	Services designed and delivered with compassion address the needs of people. This requires compassion to be embedded in the full continuum of essential health services, from health promotion to disease prevention, treatment, rehabilitation and palliative care. Awareness of and empathy for human suffering across the life-course can drive action that optimizes health services for individuals and populations. Integrating public health services and primary care enables compassion to guide decision-making and subsequent action that enhances overall population health, including in public health emergencies.
Empowered people and communities	Compassion enables people to see other people more fully, listen deeply and resonate with their humanity. From within this shared space of genuine connection and trust, co-developed community solutions and organizational policies can emerge in the health sector and beyond. Compassion empowers individuals, families and communities to optimize their health.
Multisectoral policy and action	Compassion demands collaboration across sectors to comprehensively address the health and well-being of the whole person and whole community. Whether in interdisciplinary partnership in a health system or allied efforts among multiple ministries, compassion urges people to work collectively and consistently for the well-being of all, to attend to suffering and to take action on broader determinants of health.

Compassion and the Operational Framework for Primary Health Care

Implementing the PHC approach requires intentionally cultivating the relational dimensions of compassion at the personal, interpersonal and system levels. Compassion encapsulates the fundamental caring impulse and holistic driving force behind the PHC approach and can be examined for each of the levers described in the Operational Framework for Primary Health Care *(9)*.

Achieving the PHC vision depends on the strength of the four strategic levers (Table 2),which are essential to drive effective, sustainable action by implementing the 10 operational levers.

Table 2. Compassion and the core strategic PHC levers

Strategic levers	Relevance of compassion
Political commitment and leadership	Compassion can fuel the political commitment required to develop, implement and sustain systemic changes that use PHC to alleviate suffering and promote well-being. Compassionate, values-based leadership yields cultures and organizations in which compassion flourishes, which can potentially aid political decision-making that advances PHC.
Governance and policy frameworks	Compassionate health systems rely on the compassion of individual health care professionals and on governance and policies to create conditions for compassion to flourish. Awareness of suffering within populations can drive policy to alleviate that suffering through a PHC approach. Robust partnerships within and across sectors may benefit from applying a compassion lens.
Funding and allocation of resources	Compassionate, PHC-oriented health systems allocate resources with emphasis on equity, leading to high-quality care and services for all while minimizing financial hardship on individuals and families. Funding and budgeting through a compassion lens adds a human perspective to the process of complex funding and allocation decisions.
Engagement of communities and other stakeholders	Compassion invites listening, understanding and co-development to empower communities and set priorities that promote equity and flourishing through a PHC approach. Collaboration enables stakeholders to jointly identify health needs and solutions, give priority to context-appropriate actions and be strengthened by their common focus on compassion.

The operational levers bring the PHC approach to the everyday realities of health systems. Like the strategic levers, the operational levers are interrelated, synergistic and grounded in human connection and relationship. They focus on key areas in which compassion drives change (Table 3).

Table 3. Compassion and the operational PHC levers

Operational levers	Relevance of compassion
Models of care	Compassion can help to shape how services should be delivered, including processes of care, organization of health care professionals and service management. Thoughtful approaches to compassion in action can enhance attention to models of care that promote continuous, comprehensive, coordinated and people-centred care. Service models designed for compassionate care improve the health outcomes of care recipients and well-being and work satisfaction among health care professionals.
PHC workforce	A committed, multidisciplinary PHC workforce is motivated by compassion. Supporting the expression and manifestation of compassion in daily tasks promotes well-being and reduces burnout. Policies to design the future workforce can consider the role of compassion; interprofessional training can use compassion as an operational entry point to strengthen capacity.
Physical infrastructure	Compassion motivates concern for providing infrastructure that facilitates healing. Action on such issues as reliable water, sanitation and hygiene, power supply and transport can be catalysed by focusing on people and alleviating their suffering through concrete action to optimize the physical infrastructure of where care is provided.
Medicines and other health products	Compassion motivates the provision of safe and effective medicines and health products needed to heal and relieve suffering. Applying a compassion lens to policy and operational-level action can influence equitable access to such products as medicines, vaccines, medical devices, diagnostics, protective equipment and assistive devices.
Engagement with private providers	Sound public–private partnerships can be leveraged for delivering integrated services; compassion can provide the common ground for a whole-of-society approach that relies on and encourages strong partnerships across the public and private health sectors, with strong system-level oversight from national authorities.
Purchasing and payment systems	Attention to compassion at the policy and operational levels can optimize purchasing and payment systems that promote the integrated delivery of health-care services and comprehensive benefits. Developing payment systems that avoid inflicting financial hardship minimizes human suffering.
Digital technologies for health	Digital technologies facilitate access to care but require constant attention to ensure that human-centredness is given priority; this can be enhanced by focusing on compassion. Digital shifts affect how individuals and communities access information and manage their health; persistently focusing on the need to alleviate suffering can humanize these shifts.
Systems for improving the quality of care	Focusing on compassion can positively influence local, subnational and national systems to continually assess and improve the quality of care and services. Careful exploration of compassion-quality links reveals that compassion is essential for high-quality health care and for sustained commitment to improving that quality.

Operational levers	Relevance of compassion
PHC-oriented research	Implementation research on interventions to support all three components of PHC is critical for shaping future health systems that are rooted in compassion. The attentiveness to people-centredness that compassion brings can help to give priority to research on the issues most important to patients and their communities.
Monitoring and evaluation	Well-functioning health information systems generate critical data for compassionate decision-making at the policy and operational levels. Continually monitoring progress towards alleviating suffering and promoting human flourishing can help to focus on how patients, families and communities understand or experience health.

Further exploration

The links between compassion and PHC articulated above were further explored in two key virtual convenings. These sessions brought together a diverse group of stakeholders to examine how compassion can enhance momentum for PHC. The convenings provided a platform to discuss strategies for thoughtfully linking compassion and PHC, with a focus on improving health outcomes and promoting equity. Key insights from these convenings are summarized below.

A webinar held in August 2023 discussed how compassion can advance the goals of PHC and provide motivation for the radical reorientation of health systems towards PHC. It also addressed potential pitfalls in the effort to centre compassion as an engine for PHC.

Key takeaways include the following.

- Compassionate human relationships are the bedrock for delivering high-quality care in PHC-oriented health systems, since they foster trust and mutual respect between the providers of care and patients.
- The crosswalk of PHC components and levers with compassion offers a valuable compass for guiding action in diverse contexts, responsive to the unique needs of different populations.
- To foster a compassionate system, all stakeholders – and not just health care workers – should be treated with and practise compassion.
- People who receive compassionate care are more likely to respond positively to treatment and advice provided through health care services and to practise self-care.
- Compassion is a cross-cutting aspect of PHC-oriented health systems. It needs to be embedded within the actions on various operational levers rather than focusing attention on one lever.

- Measurement of compassion in health systems should be clear, consistent, ongoing and apply mixed methods, combining quantitative and qualitative aspects for holistic understanding.

In September 2023, a virtual roundtable was convened ahead of the international conference marking the 45th anniversary of the Declaration of Alma-Ata and fifth anniversary of the Declaration of Astana. This session focused on the human aspects of health-care systems, emphasizing compassion as a key element of the person-centred approach to high-quality health-care delivery at all levels. In addition to the ideas outlined in this document, Box 1 summarizes the insights emerging from the discussion.

Box 1. Astana 2023: PHC of the Future – Virtual Roundtable: the Human Aspect of PHC

- PHC is fundamentally about primary human care. Placing humans squarely at its centre emphasizes that PHC is enacted by people, from people, for people and with people and that better outcomes, cost-efficiency and equity will be positive by-products.
- Health is inherently relational – connected to how people interact with other people, ecosystems and the structural determinants that shape people's lives. By recognizing the relational nature of health, PHC efforts can facilitate the co-creation of well-being and enable compassion.
- Exemplars of compassion in practice can be found across PHC-oriented health-care systems worldwide. However, for these exemplars to truly flourish, they must be supported by enabling environments that promote collaboration and communication.
- Experiences of burnout may constrain the compassion of health care professionals. To address this, such professionals must feel compassion from their managers, the organization and policy-makers.
- Policy-makers, managers, health care providers and patients (or community members) need to be in authentic conversation to truly understand one another's lived experience and facilitate the co-creation of compassionate models of care.
- Community-based efforts – for example through powerful extenders such as village health workers and patient advocates with lived experience – can serve to enhance compassion within the system.
- The compassion of a health care professional has the power to influence a care recipient's hope for a better life. It enables patients and community members to trust the recommendations of health care professionals.
- Weaving compassion into day-to-day interactions can cultivate an environment in which it can flourish, fostering stronger relationships between health care providers and patients. This growth can be tracked through systematic accountability measures.
- Current capacity-building for compassion focuses on health care workers, but policy-makers and decision-makers also strongly affect the health care landscape. Their actions can either contribute to suffering or catalyse positive change by applying compassionate principles, ultimately benefitting everyone in a PHC-oriented health system.

4 Insights from the Global Health Compassion Rounds

Compassion and PHC are deeply intertwined. This understanding builds on previous explorations that have yielded valuable insights into the role of compassion in health. In response to the WHO Director-General's call to explore compassion, WHO partnered with the Focus Area for Compassion and Ethics on a three-year investigation into its role in global health. This collaboration involved colleagues worldwide, aiming to harness compassion to enhance access to equitable, quality services and improve health outcomes. The quarterly Global Health Compassion Rounds provided a platform to share experiences, challenge ideas, and inspire new thinking. The series showcased global examples of compassionate approaches to well-being across the life-course, highlighting diverse areas of enquiry. Key takeaways from each Global Health Compassion Round are summarized below, with full reports available for further details.

Global Health Compassion Round 1, December 2019 – inaugural round

This inaugural round *(10)* highlighted the importance of cultivating and tracking compassion at all levels of care in global health, with a particular focus on enhancing the quality of care. Key themes included the critical role of self-care and self-compassion as essential tools to protect against burnout among health-care providers. Participants emphasized the need for deeper reflection on how people approach and understand compassion, considering the ways that various cultures, contexts and languages may shape its definition. In addition, there was a call for developing compassion metrics at the patient, organizational, community and national levels. The session concluded with enthusiasm for developing a community of practice dedicated to advancing compassion within health care.

Global Health Compassion Round 2, 29 April 2020: compassion and COVID-19

This round *(11)* considered compassion in the context of the social and economic inequities revealed by the coronavirus disease 2019 (COVID-19) pandemic. It examined how the pandemic presented opportunities for change and might help to redefine or evolve approaches to palliative care, humanitarian response and inclusive policy-making, particularly in settings of extreme poverty. Given the increased end-of-life suffering encountered during the pandemic, speakers also underscored the need to redefine palliative care in the face of COVID-19. They proposed using this crisis as an opportunity to reshape the humanitarian sector, advocating for love and compassion to serve as guiding principles in future efforts.

Global Health Compassion Round 3, 3 August 2020: is compassion essential for quality health care?

This round *(12)* reviewed evidence about how compassion affects quality and health outcomes, highlighting its role in enhancing equity. Panellists shared data demonstrating that compassionate care is associated with reduced opioid requirements after surgery, decreased duration and severity of cold symptoms and lower pain scores for low back pain, migraines and abdominal pain. They also discussed how compassionate

behaviour can be learned and enabled and benefits to health-care environments when that behaviour is recognized and celebrated. Further, it was noted that compassionate leaders relate to teams and staff beyond the work they do and seek to understand their challenges, priorities and daily realities.

Global Health Compassion Round 4, 24 November 2020: what is the role of faith in cultivating compassion in global health?

This round *(13)* explored how faith can cultivate the compassion essential for delivering high-quality health-care services, including helping practitioners become increasingly compassionate. They discussed the various ways in which faith nurtures, sustains and motivates compassionate action at both the individual and organizational levels. Some panellists noted that a background in religion can prepare health-care workers to act on behalf of something greater and in a way that focuses on a person's humanity and builds a sense of solidarity. In addition, faith can also underpin personal values and behaviour, empowering individuals while providing resilience, empathy and energy, often enhancing their ability to demonstrate compassion.

Global Health Compassion Round 5, 11 March 2021 – compassionate leadership in global health

This round *(14)* highlighted the importance of genuine, compassionate leadership in delivering quality care and examined the fundamental principles for cultivating such leaders in both theory and practice. Key concepts around compassionate leadership included its ability to awaken compassion and activate latent capacity in other people, remove obstacles while uplifting amplifiers of compassion and provide a teachable and learnable set of principles and practices that flourish within an ongoing community of practice. Further, compassionate leadership benefits not only the leaders themselves but also their circle of influence and the broader world, demonstrating that compassion can thrive in any environment.

Global Health Compassion Round 6, 17 June 2021 – compassion, WASH and quality of care

This round *(15)* reimagined water, sanitation and hygiene (WASH) as a tool for alleviating human suffering and promoting human dignity. They revealed how compassion animates WASH initiatives and discussed how, in turn, WASH activities can serve as a vector for compassionate, quality care. One particularly effective community-driven approach involved engaging community members to co-develop solutions that suited their need, such as organizing a toilet-cleaning plan that involved every household contributing to maintaining clean shared toilets. This ultimately succeeded in providing privacy, comfort, dignity and safety through a system that was acceptable to and generated from the community.

Global Health Compassion Round 7, 22 September 2021: the movement to eliminate NTDs: successes & challenges of a foundation in compassion

This round *(16)* discussed the sector's focus on alleviating physical, social and mental suffering, emphasizing the importance of compassion at an organizational level within the framework of policy. They explored the role of patient advocacy organizations driven by compassion and examined the role of compassion in the African Onchocerciasis Control Programme, which aims to limit the spread of river blindness across 11 western African countries by mobilizing community collaboratives. This approach highlights how compassion can foster collaboration and drive meaningful change in public health initiatives.

Global Health Compassion Round 8, December 2021 – global health compassion and respectful maternal and newborn care

This round *(17)* examined recent and significant changes in global health aimed at improving the experience of maternal and newborn care, reviewing the extensive efforts and successes of the respectful maternity care movement at both the policy and organizational levels and exploring its connection with compassion. They discussed the (mis)treatment women can face during childbirth, including instances of physical and verbal abuse during labour, as well as the responses from women around the world regarding their desires for their reproductive health care. The discussion highlighted the urgent need for social change to address inequities rooted in gender, race and social status, emphasizing how interconnectedness and compassion can play vital roles in alleviating suffering.

Global Health Compassion Round 9, March 2022 – quality palliative care: compassion in action

This round *(18)* examined the impact of compassion on the quality of palliative care, highlighting how compassionate care varies across socioeconomic contexts and discussing strategies to improve the quality of palliative care at all levels. One notable example of mobilizing community-wide compassion was the African Palliative Care Association's initiative to address the suffering and distress caused by uncontrolled pain experienced by people in palliative care and their families. This collaborative effort focused on filling service gaps and developing legal and human rights guidelines tailored to palliative care contexts, demonstrating the essential role of community engagement in enhancing care.

Global Health Compassion Round 10, 21 June 2022: sharing stories of "compassion in action" in global health

This round *(19)* provided a platform for reflecting on powerful stories of lived experiences and compassionate action shared by each of the panellists. It enabled participants to collectively illustrate challenges and cultivate a shared sense of solidarity in activating compassion. Some panellists emphasized the significance of small gestures that help demonstrate compassion and put patients at ease, such as practising warm welcomes and active listening, taking moments for small talk to build trust and, in certain settings, choosing to address patients as clients to signify respect for their goals and needs.

Global Health Compassion Round 11, September 2022 – translating science into action: measuring and enhancing compassion

This round *(20)* examined the importance and complexity of measuring compassion to improve health systems and promote value-based care, addressing some of the challenges encountered in assessing patient care experiences and feedback. They explored various definitions and applications for measuring compassion across health system contexts and introduced existing patient-reported compassion measures designed for health care settings. The discussion highlighted how culture and context can influence the delivery, reception and interpretation of compassion while acknowledging a universal desire to be treated with respect and dignity. Further, the panel recognized the vital role of patient advocates in facilitating compassionate care.

Global Health Compassion Round 12, 20 December 2022 – three years in synthesis: connecting the dots & charting a way forward

This round *(16)* reflected on three years of convenings across various sectors of global health, incorporating diverse voices to discuss the role of compassion in improving the quality of health care services and the experience of patients and communities, strengthening health systems and sustaining the very people who deliver care. Each of the 11 previous rounds addressed several key themes, offering a safe space for open discussion and new worldwide connections. As the Global Health Compassion Rounds concluded, the Director-General of WHO emphasized the importance of synthesizing these explorations and building on them. He remarked that, throughout history, “Compassion has been a driving force in improvements to health – the desire to alleviate suffering and improve the lives of our fellow humans.”

5 Barriers to compassion in health care

The experts and practitioners collaborating on this five-year exploration have recurrently identified key barriers to compassion that affect individuals, institutions and the overall culture of health care. These themes are also mirrored throughout the compassion science literature at both the personal and institutional levels, summarized below.

Personal level

- **Time pressure:** organizational and financial pressure leave inadequate time to listen deeply to people and communities and provide compassionate, high-quality care.
- **Overwork:** long hours, being overworked in an underresourced environment and failure to be acknowledged or rewarded for one's work lead to depersonalization and burnout.
- **Distance:** social, cultural or economic distance from those suffering can lead to misunderstanding, bias and stigmatization.
- **Sense of inadequacy:** in health care, the magnitude and severity of need can be overwhelming, and one's capacity to address it inadequate.
- **Lack of self-compassion:** when health care professionals lack training in self-care or do not recognize how giving oneself compassion is critical to providing care for others, empathic distress, burnout and emotional distancing (attachment avoidance) can inhibit compassion.

Institutional level

- **Power imbalances and hierarchy:** compassion calls people to address unhealthy power dynamics in systems and societal levels since these create suffering and diminish personal motivation which, in turn, can adversely affect the delivery of health care services.
- **Unsupportive leadership:** leaders are essential in fostering compassion in clinical and professional settings, helping to cultivate an organizational culture of compassion. Regardless of their position, everyone can lead with compassion by setting an example and positively influencing colleagues.

- **Limitations of leadership:** even when leaders accept the scientific evidence and desire to lead with compassion, they may not know how and often lack self-compassion – compromising the capacity of well-intentioned leaders.

- **Lack of giving priority to compassion:** competing pressures, such as financial stability, profit or efficiency, tend to be given priority over compassion, but research demonstrates the benefits of compassionate care for patients, health care providers and health-care facilities.

Strong scientific evidence substantiates the benefits of compassion for care recipient outcomes, but this evidence is not yet widely understood or accepted. Compassion is still often seen as a soft skill that is ancillary to clinical expertise or technical interventions. Although the field of compassion science is progressing rapidly, hurdles related to measurement and improvement remain. Much of the research on compassion relies on self-reported measures of compassion and cross-sectional study designs. Few studies have addressed the determinants of compassion at the individual, community and system levels or examined their interactions in different settings. In addition, most research has been conducted in high-income countries, which limits generalizability to other parts of the world. Further, the tendency to regard compassion as an individual skill, technique or commodity, suggests that it is transactional or unidirectional (going from giver to recipient). Such oversimplifications ignore the contextual, relational and complex human dimensions of compassion.

6 Building on our foundation

Highlighting the role of compassion and bringing it to the forefront of our efforts is essential for improving the health of populations across the world. Compassion counts – whether in relation to the integrated health services emphasis on interconnected primary care and public health functions; multisectoral policy and action; or empowered people and communities. To effectively manifest this central role of compassion in PHC, people must commit to ongoing attention, effort, learning and support. This document serves as a starting-point for reflecting on three strategic approaches to ensure that compassion remains at the heart of PHC-focused efforts.

Raising awareness

Making compassion a central focus requires increasing awareness of its role in PHC. This involves encouraging health care providers and public health professionals to reconnect with the motivations that drew them to the field – to alleviate suffering and promote flourishing. In addition, it requires promoting examples of compassionate experiences and successes in action and supporting frontline clinical, public health and administrative personnel in magnifying their individual and collective practice of compassion. Making compassion tangible and visible through concrete actions can create a positive cascade effect, generating new norms of interaction. A key aspect of this awareness is recognizing that every individual interacting within the system holds immense power through the compassion they relay.

Strengthening capacity

Enhancing compassion competencies – through both formal professional development opportunities and informal, intentional efforts – is vital. An example of such a professional development opportunity is the WHO Academy Learning Module on leading with compassion, which is a part of a global capacity-building course on strengthening PHC leadership *(22)*. Further professional development initiatives could include integrating compassion into training curricula (medical, nursing and allied health professions) and into educational programmes for public health practitioners and policy-makers. Informal strategies for building compassion may involve collaboration among colleagues to identify daily rituals or improvements that strengthen compassionate impulses and uphold compassion as a core value. Beyond these fine adjustments, ongoing efforts at the organizational level – both formal and informal – help to establish a shared tone and set expectation, reminding professionals of the continual inner work and systemic changes needed to cultivate compassion.

Influencing policy and research

Beyond enhancing the skills and capacity for compassion among PHC professionals, further efforts are needed to help organizations fully realize compassion in their day-to-day policies and actions. Reviewing policies and procedures that support or inhibit a compassionate environment, including the multidirectional flows of compassion between the health care service facilities and their surrounding communities, enables assessment at the organizational and system level. The manifestations of compassion – or the lack thereof – depend on context, requiring those within the organization or system to identify facilitators and barriers and to seek creative solutions. Multilevel obstacles to compassion can be assessed systematically and continually, starting at the individual level. Evaluating team-level compassion, including the dynamics between colleagues and supervisors, is also crucial. Understanding these barriers and designing solutions to overcome them requires an active research agenda along with ongoing collation of experiences.

The steps outlined – raising awareness, strengthening capacity and influencing policy and research – are essential for fully integrating compassion into PHC-oriented health systems and require collaboration across sectors. A central focus on caring for whole individuals and communities is paramount. As a key priority for countries worldwide, PHC stands to benefit from the careful consideration of the role of compassion explored in this document. Compassion not only inspires the PHC workforce in their daily interactions within primary care and community settings but can also serve as a powerful catalyst for transformative action to reorient health systems toward PHC.

7 Further information

Resources from WHO

- *Operational Framework for Primary Health Care: transforming vision into action (9)*: Can be utilized to strengthen health systems and support countries in scaling up national implementation efforts on PHC. It provides a series of 14 interdependent, interrelated and mutually reinforcing levers for action, including four core strategic and 10 operational levers.

- *Implementing the primary health care approach: a primer (23)*: Offers a contemporary understanding of PHC and more conceptual clarity for strengthening PHC-oriented health systems. It does so by consolidating both scientific evidence and an extensive sample of practical experiences across countries for the needed evidence to address practical implementation issues.

- *Strengthening primary health care leadership: global capacity building course (22)*: This course offers health-care leaders the opportunity to (re)focus on their shared vision, values and skills to reorient their health systems towards PHC. Module 10 specifically delves into leading with compassion.

Resources from the Task Force for Global Health

- *Twelve reports from the Global Health Compassion Rounds (24)*: This webpage contains the reports that summarize three years of discussions on compassion in various aspects of global health. The recorded videos are also accessible from this page.

- *Synthesis report: 12 rounds and counting (25)*: This report draws together the key themes discussed during three years of the Global Health Compassion Rounds, including panellist quotes and topics for ongoing discussion.

- *Compassion: an engine for primary health care (26)*: This webpage contains a summary document and recorded video of a collaborative webinar on compassion in PHC.

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