

Developing a Global Framework for Person-Centered Care

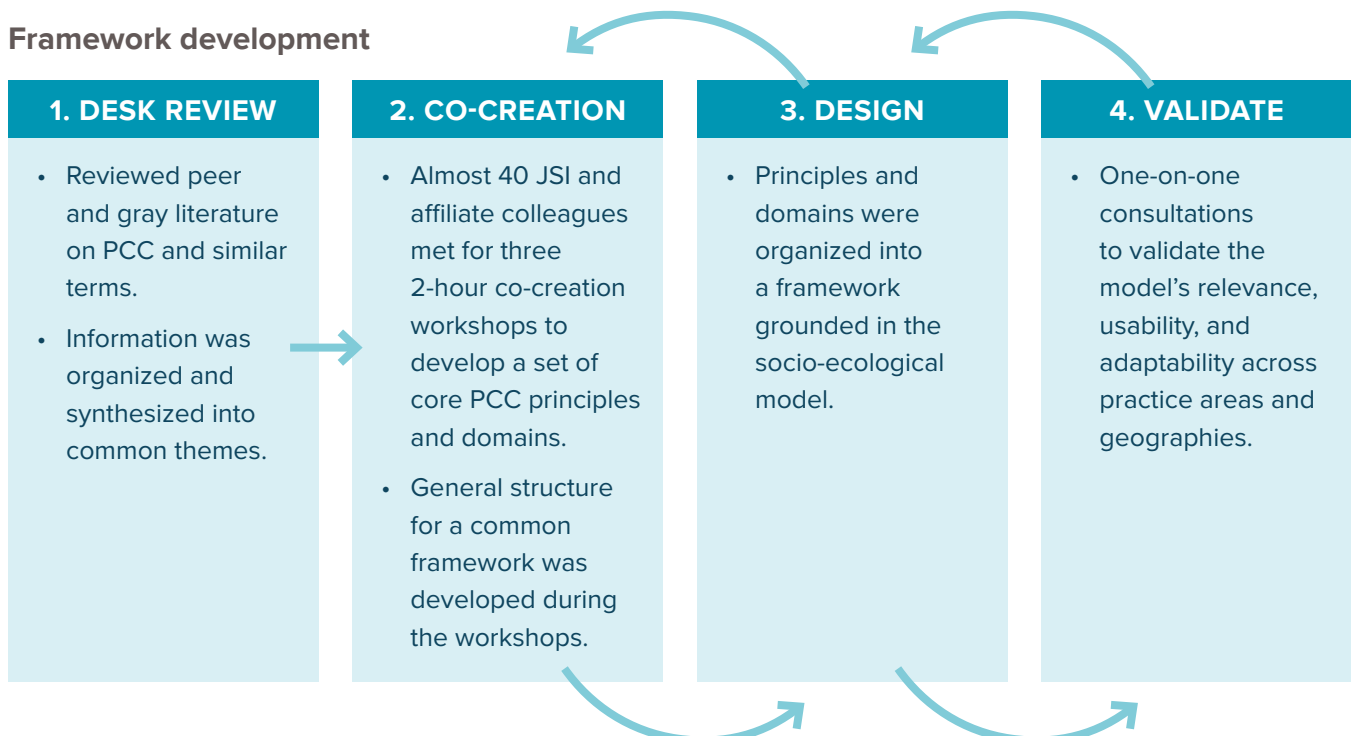
BACKGROUND

In 2016, Member States adopted the [WHO framework on integrated people-centered health services](#). This framework recognizes the benefit of person-centered care (PCC), and that the achievement of universal health coverage requires integrated, people-centered approaches to health services. While the WHO framework proposes five interdependent strategies that can be adopted by different countries according to their context, implementation and measurement remains a challenge. Additionally, PCC continues to be researched and implemented in siloes, with various frameworks, metrics, and interventions being designed for [maternal health](#), reproductive health and [family planning](#), [self-care](#), [HIV/AIDS](#), [TB](#), [immunization](#) and [other health areas](#).

PERSON-CENTERED CARE FROM AN IMPLEMENTER'S PERSPECTIVE

JSI has worked in 107 countries and more than 20 health areas since 1978. For years we have implemented people-centered approaches to achieve our mission of better health outcomes for all. However, we lacked common language around PCC and found we were missing out on opportunities for cross-country and intra-practice area learning. In 2022, we decided to bring our colleagues, all working on PCC, together to develop a framework that could shape our approach to PCC across our work and provide others with guidance on how PCC can be integrated into global public health programs and what practices work to operationalize it in different contexts. We built on the work that JSI had already been doing, in the areas of [HIV](#), [immunization](#), [supply chain](#), and [more](#).

Framework development



ADDED VALUE OF THE SOCIO-ECOLOGICAL MODEL TO PERSON-CENTERED CARE

Discussions among colleagues made it clear behavior change is required at multiple levels to operationalize person-centered care. The Socio-Ecological Model (SEM), a behavioral science framework, highlights the factors that influence both individual and collective human behavior. These factors are:

- Policy, society and environment: the laws, norms and conditions that govern our lives
- Institutions and services: the organizations we interact with, the services available to us and our experience of them
- Community: our social groups, those who live in a similar geographic area or share some characteristics or interests with us
- Family and friends: the people who we interact with on a regular basis
- Individual: our own cognitive experience and perceptions

Applying this model to the PCC framework design recognizes that individuals live in a complex system of household, community, health system, and national influences affecting health.

At the end of this process, JSI developed a rights-based [global framework for PCC](#) that practitioners can use to identify and understand the barriers and enablers to PCC, analyze how their work contributes to PCC, and develop interventions that can advance PCC in different contexts.

NEXT STEPS

JSI is using this framework to inform current and future interventions across the organization to improve PCC. As a next step, we are moving forward in three streams of work: cataloging our tools and approaches to create a library for the wider community to use; create metrics for each domain at each level; work with country counterparts to test, validate, and improve upon the framework.