

PEOPLE-CENTRED



A 'people-centred' approach systematically considers the perspectives of individuals, families and communities, and sees them both as participants and beneficiaries of trusted health systems. Accordingly, the design, management and delivery of immunization services should be shaped by, and be responsive to, the needs of individuals and communities, including a specific focus on addressing barriers to accessing immunization services based on age, location, social and cultural, and gender-related factors. People-centred services encompass not only clinical encounters, but also the well-being of people in their communities and their crucial role in shaping health policy and health services.¹

The burden of mortality attributable to inadequate care is larger than that due to lack of access to care.² Patients are unlikely to use health services if they do not feel treated with value and respect, even when services are nominally accessible.³

A people-centred approach values the contribution of the recipients of care as equal partners working alongside professionals for to plan, monitor and achieve the best outcomes for their health and wellbeing. Organized around the health needs and expectations of people rather than diseases, people-centred care contributes to improved service experience and satisfaction. In turn, this encourages continued engagement with systems and services, ultimately leading to better health outcomes. Evidence shows that health systems oriented around the needs of people and communities are more effective, cost less, improve health literacy and patient engagement, and are better prepared to respond to health crises.⁴ People-centered health care represents a structural change in thinking that promises to strengthen primary health care and can contribute to achieving universal health care.⁵

1. http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_39-en.pdf?ua=1&ua=1; <https://www.who.int/servicedeliverysafety/areas/people-centred-care/ipchs-what/en/>
2. Kruk, Margaret E., et al. "Mortality due to low-quality health systems in the universal health coverage era: a systematic analysis of amenable deaths in 137 countries." *The Lancet* 392.10160 (2018): 2203-2212. *The Lancet*. "Putting quality and people at the centre of health systems." *Lancet* (London, England) 392.10150 (2018): 795.
3. Mead, Nicola, and Peter Bower. "Patient-centred consultations and outcomes in primary care: a review of the literature." *Patient education and counseling* 48.1 (2002): 51-61;
4. McMillan, Sara S., et al. "Patient-centered approaches to health care: a systematic review of randomized controlled trials." *Medical Care Research and Review* 70.6 (2013): 567-596.
5. Lancet, T. "Making primary care people-centred: a 21st century blueprint." *Lancet* 384.9940 (2014): 281; Cloninger, C. Robert, et al. "A time for action on health inequities: foundations of the 2014 Geneva declaration on person-and people-centered integrated health care for all." *International journal of person centered medicine* 4.2 (2014): 69. Quality as defined by WHO in 'Delivering quality health services: a global imperative for universal health coverage', <http://www.who.int/servicedeliverysafety/quality-report/en>

In practice, people-centred means ensuring that health services are tailored to people's needs and preferences, and that people are valued as partners in health, working alongside professionals to plan, monitor and achieve the best outcomes for their health. This implies that people, families and communities are respected, informed, engaged, supported, and treated with dignity and compassion.

The development of people-centred programmes must also consider how to enable and support the health workforce in the organization and delivery of services that are responsive to individual and community needs. At the heart of this approach is a clear focus on quality in the design, management and delivery of health services.⁶

More broadly, a people-centred approach positions immunization as a foundational contribution to people's fundamental right to the highest attainable level of physical and mental health.

Why is 'people-centred' a core principle crucial to the implementation of IA2030?

Two fundamental changes are envisaged by this principle. First, people-centred services change the nature of the relationship between beneficiaries and health care providers – from passive acceptance to active engagement and dialogue, positioning recipients as equal partners in health. This goes beyond single service interactions, and draws from an accumulated knowledge of people and communities to include the evolving needs and perspectives of individuals throughout the course of life. Second, it locates immunization as an integral part of primary health care (PHC) and thus a major contributor to the achievement of universal health coverage (UHC).

Integrated people-centered health services means putting people and communities, not diseases, at the center of health systems. People-centered routine immunization offers a unique and equitable point of entry for additional PHC services. Reaching boys and girls at equal rates and more households than any other routine health service, immunization is one of the most equitable health interventions.⁷ A life-course approach to immunization offers important opportunities for integration with other age-appropriate health interventions. Integrated people-centered health services is an important new way to empower patients, fight health system fragmentation and foster greater coordination and collaboration with organizations and providers across care settings, to deliver health services that are aligned with the needs of people.

6. Quality as defined by WHO in 'Delivering quality health services: a global imperative for universal health coverage', <http://www.who.int/servicedeliverysafety/quality-report/en>

7. Immunisation: strengthening primary healthcare for universal health coverage. GAVI The Vaccine Alliance; 2019 (<https://www.gavi.org/sites/default/files/publications/Immunisation%20-%20a%20platform%20for%20universal%20health%20coverage.pdf>, accessed 4 June 2020).

People-centred approaches and resilience in the face of disruptive events and emergencies

The shifts towards a people-centred approach to the delivery of immunization programmes will enable the interacting and interdependent entities of communities and services to adapt and respond to any future events or changes in the environment (such as a disease outbreak or pandemic). This adaptability has particularly important implications for service continuity during emergencies, programme sustainability, and the resilience of hard-won gains in coverage and equity.

These shifts have implications for the design, management and delivery of immunization programmes, ensuring that they are responsive and geared to people's needs in different and changing circumstances. In addition, it means that the process of policy dialogue and development for UHC must take full account of what is required to ensure safe and effective immunization and – equally important – that the immunization community has an active voice in the policy debate that surrounds immunization programme design, integrated services and UHC.

To be people-centred programmes must systematically invite and incorporate the perspectives of individuals, families and communities served. IA2030 recognizes that assessing and addressing the contextual factors that shape positive service experience and drive immunization uptake – from the convenience and quality of services, to the spread of misinformation about vaccines – can help build public trust in vaccines, immunization services, and health institutions, thereby creating an environment for active participation and uptake of immunization. Ultimately, people and communities should perceive immunization as a social norm, right and responsibility.

2 Contextualising the people-centred approach to health and learnings from GVAP

The Sustainable Development Goals (SDGs) place people at the centre of integrated approaches that cover the economic, social and environmental dimensions of development. Availability and access to quality immunization services play a significant role in the functioning of the primary health care system, which in turn is a key contributor to the success of the SDGs, particularly target 3.8: UHC.

The Global Vaccine Action Plan (GVAP) articulated the importance of engaging individuals and communities to increase public understanding of the "value of vaccines" and to stimulate "demand [for] immunization as both their right and responsibility".⁸ GVAP positioned 'people-centredness' as a tool for generating demand for vaccination. In designating this a core

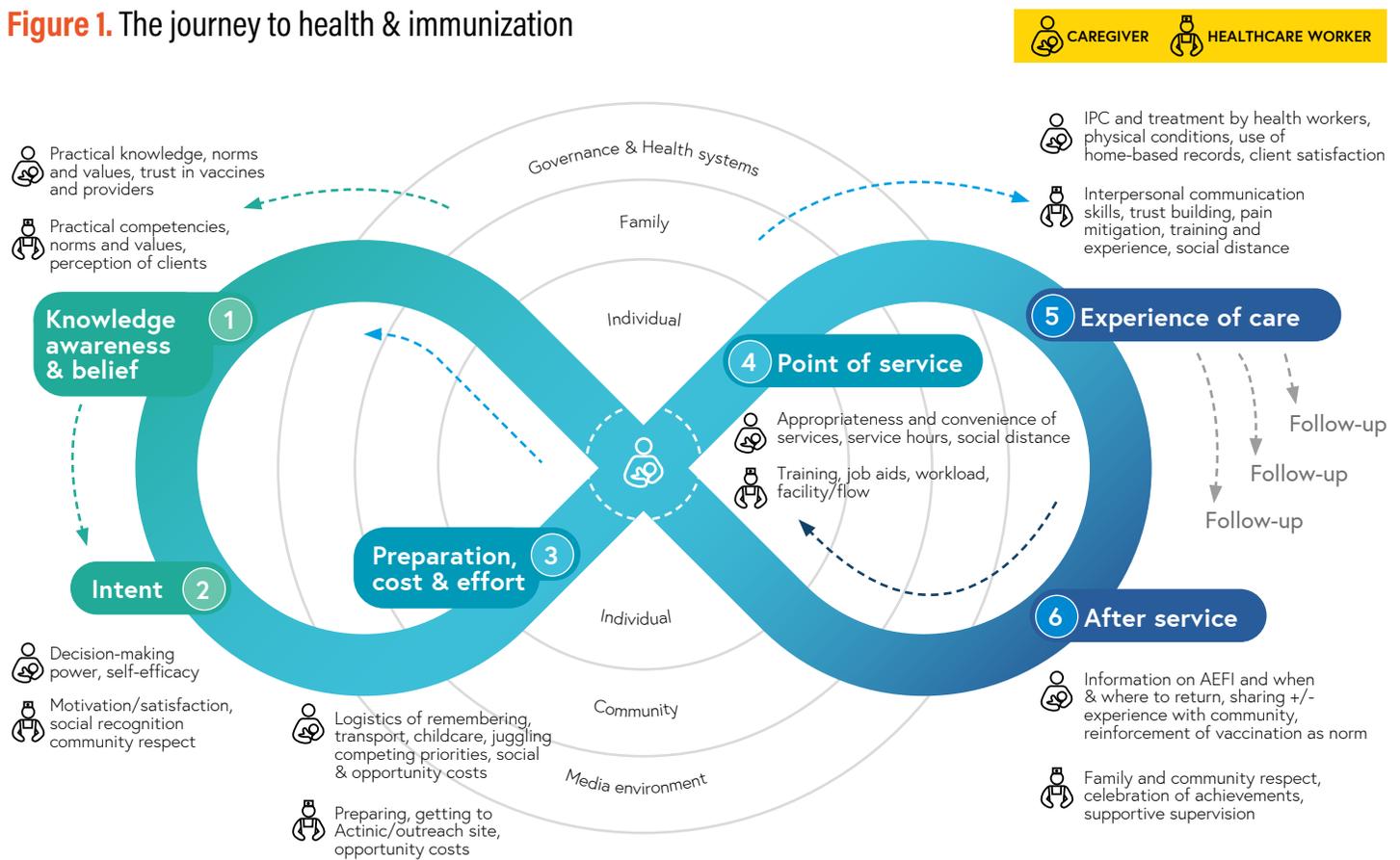
8. https://www.who.int/immunization/global_vaccine_action_plan/en/

principle, IA2030 communicates people-centredness as an approach critical to delivering not only immunization but primary health care more broadly, throughout the life-course. It serves as a guide for how to design and deliver quality programmes to ensure everyone, everywhere, at every age, fully benefits from life-saving vaccines, address inequities, and build trust between providers of care and the communities they serve.

3 How to design and implement people-centred programmes

Designing people-centred programmes requires an inclusive problem-solving approach such as the "Journey to Immunization" framework.⁹ This takes as its starting point the human factors and context surrounding a challenge such as low immunization coverage and works directly with everyone who can potentially benefit from the service to develop innovative, appropriate and sustainable solutions.

Figure 1. The journey to health & immunization



9. www.hcd4health.org

Importantly, targeted strategies to improve coverage must be grounded in the evidence on the full range of drivers and barriers to vaccination and based on careful assessment of the existing immunization programme. Tools such as 'Tailoring Immunization Programmes' (TIP) provide useful guidance for mapping the social, behavioural and environmental barriers to immunization to strategic interventions, to ensure that programmes are responsive to community needs.¹⁰

Designing people-centred programmes is an iterative process, taking feedback into account to achieve better outcomes and considering key elements such as people, governance, health services, and coordination across the health sector.¹¹

People-centred approaches need to be grounded in the growing volume of evidence emerging from psychological, social and behavioural science and from studies of human decision-making.¹² To support the application of these emerging techniques, global and national planning must consider gathering and using local data on the full range of factors that shape vaccination uptake, including psychological, social and behavioural data. In addition to these insights, local collaborations and learning networks able to translate insights and design context-specific interventions will be essential for tailored implementation.

It is important that countries consider immunization service experience and develop national strategies for quality, people-centred immunization that are grounded in social and behavioural drivers of vaccine uptake, and that apply the latest methodologies and theories of change. In some countries, such as the UK and Australia, "nudge units" or behavioural insight teams have been established to apply the latest thinking in human persuasion.¹³ Partners can help governments apply behavioural and social sciences in programmes. Bodies such as Regional and National Immunisation Technical Advisory Groups can encourage programmes to prioritise behaviourally-informed planning.

As health workers are the most trusted information source for parents, the ability of health workers to engage in a respectful and caring encounter requires effective interpersonal communication skills.

10. <http://www.euro.who.int/en/health-topics/communicable-diseases/measles-and-rubella/activities/tailoring-immunization-programmes-tip>

11. <https://www.who.int/servicedeliverysafety/areas/people-centred-care/strategies/en/>

12. Brewer N, Chapman G, Rothman A et al, Increasing Vaccination: Putting Psychological Science into Action. APS 2017, Vol 18(3) 149-207

13. <https://www.mq.edu.au/research/research-centres-groups-and-facilities/healthy-people/centres/australian-institute-of-health-innovation>; <https://www.bi.team/>; Collaboration on Social Science and Immunisation (National Centre for Immunisation Research and Surveillance and University of Sydney)

Countries can demonstrate a commitment to this core principle by providing human and financial resources for the following key functions:

1. Routine collection and systematic integration of data on the social, psychological and practical experience of services.
2. Integration of participatory-planning techniques for active community engagement in service delivery, including the appropriateness of services and social accountability.
3. Design and implementation of tailored programmes and services to promote and sustain public uptake of vaccination that is grounded in the latest evidence from behavioural sciences.
4. Supportive supervision and capacity building of the health workforce to aid this dynamic shift, ensuring it is equipped to understand and respond to the needs of people and communities.

Development of people-centred programmes will facilitate equitable access and integration of services, building trust and acceptance at the community level to nurture strong support for immunization as a core component of primary healthcare. A people-centred focus is key not just in the planning and delivery of services, but across all aspects of immunization more broadly including vaccine research and innovation, with directions and opportunities informed by real people's lives, needs and desires. These steps will contribute to improved responsiveness to community needs, resilience and adaptability in the face of vaccine-related events, outbreaks or emergencies, and greater public understanding of immunization and its importance for healthy communities.

Resources and best practice examples

WHO. What are integrated people-centred health services?

www.who.int/servicedeliverysafety/areas/people-centred-care/ipchs-what/en/

A quick guide to integrated people-centred health services.

WHO. The potential benefits of integrated people centred health services.

www.who.int/servicedeliverysafety/areas/people-centred-care/IPCHSbenefits.pdf?ua=1

A summary of the benefits of integrated people-centred health services to individuals and their families, communities, health professional, and to health systems.

WHO. A framework on integrated people-centred health services.

www.who.int/servicedeliverysafety/areas/people-centred-care/strategies/en/

Five strategies to implement to deliver integrated people-centred health systems.

Integrated People-Centred Health Services.

www.integratedcare4people.org/

A collaborative web platform that fosters the generation and dissemination of implementation knowledge, learnings and tools to support people-centred service delivery.

Nolte E. Implementing person centred approaches.

BMJ. 2017;358:j4126. doi: 10.1136/bmj.j4126.

An editorial on implementing person-centred approaches highlighting the importance of supportive supervision and training of workforce, as well as adequate policy frameworks.

WHO, OECD, World Bank. Delivering quality health services: A global imperative for universal health coverage. 2018. Geneva: WHO. Available at:

<https://www.who.int/servicedeliverysafety/quality-report/publication/en/>

This document highlights the essential role of quality in health services, and positions quality of care as the foundation of people-centred care.

Brewer NT, Chapman GB, Rothman AJ, Leask J, Kempe A. Increasing Vaccination: Putting Psychological Science Into Action. Psychol Sci Public Interest. 2017;18(3):149-207. doi: 10.1177/1529100618760521.

An evidence review of three psychological propositions about vaccination and their implications for intervention strategies for increasing uptake. This work offers a behavioural model for vaccination.

Berman CJ, Clark J, O'Brien JD, Juarez L, Kahn R, Miller J et al.

Increasing Vaccination Uptake: A Behavioral Science Approach. 2018. Duke Center for Advanced Hindsight.

An examination of under-vaccination from a psychological and behavioural perspective, describing the problems of false beliefs, contextual barriers that contribute to under-vaccination and solutions aimed at addressing these challenges.

Thomson A, Vallée-Tourangeau G, Suggs LS. Strategies to increase vaccine acceptance and uptake: From behavioral insights to context-specific, culturally-appropriate, evidence-based communications and interventions. Vaccine. 2018;36(44):6457-6458. doi: 10.1016/j.vaccine.2018.08.031.

An editorial presenting the latest thinking and strategies in social and behavioural sciences applied to immunization programmes. It presents tailored and targeted engagement and communication strategies as the best approach for increasing vaccination coverage.

WHO Regional Office for Europe. Tailoring Immunization Programmes (TIP). 2019. Copenhagen: WHO. Available at:

<http://www.euro.who.int/en/health-topics/communicable-diseases/measles-and-rubella/activities/tailoring-immunization-programmes-tip>

This guided approach outlines the steps necessary to understand the barriers to vaccination among target population groups, and design solutions that support, motivate and enable people to be vaccinated. It is grounded in scientific evidence

and country experience and aims to integrate people-focused research and behavioural insights into immunization programme planning and policy.

Thomson A, Watson M. Vaccine hesitancy: A vade mecum v1.0. *Vaccine*. 2016;34(17):1989-92. doi: 10.1016/j.vaccine.2015.12.049. A handy guide to strategies to address vaccine hesitancy.

UNICEF. Human-Centred Approach for Health. <http://www.hcd4health.org> A guide to applying the principles of human-focused design to respond to health challenges.

UNICEF. Interpersonal Communication for Immunization: Transforming immunization dialogue. <https://ipc.unicef.org/> Interpersonal communication skills training resources.

Vaccination Demand Hub. Behavioural and Social Drivers of Vaccination: The importance of measuring BeSD. <https://www.demandhub.org/besd/>
The BeSD expert group was formed to develop a set of global tools to measure the social and behavioural drivers of vaccination. The BeSD toolkit consists of qualitative and quantitative tools to support countries assessment of drivers and barriers to vaccination and includes corresponding user guidance to facilitate implementation of the tools, planning processes and use of data.

Gavi. Achieving immunization outcomes through Gavi investments. <https://drive.google.com/open?id=1Bk-5hAAi6T81OZ1rnVdi8EhendHsCvGE>
Gavi demand generation programme guidance and supporting resources

UNICEF. Communication for Immunization. <https://agora.unicef.org/course/info.php?id=2063>
e-Learning course on communication for immunization.