

## Person-centred care approach – extracts from the OCs Strategic Plans

### OCA

A person-centred care approach across MSF OCA projects We aim to develop a contextualised approach to planning and delivering care that is enabling and attuned to the needs and preferences of the specific people or population groups we are trying to reach. We want to ensure that the people and communities we assist are treated with dignity and are active participants in managing their own health. Decisions on what and how healthcare is delivered will be reached through a consultative process with patients and communities, respectfully acknowledging where we cannot or choose not to meet some healthcare expectations. We aim to see a context-specific PCC approach in all MSF OCA missions and projects, building on the capability of our patients, and their families, networks and communities. We recognise that the degree to which this can be achieved will depend on the nature of the programme, its stage of implementation/life cycle, and contextual factors and opportunities. However, there are a number of key components that form the foundation of a PCC approach, which will need to be embedded in all missions and projects.

### OCB

We want the patient and the population at the centre of our medical act, ensuring patient safety and provision of high-quality healthcare

For MSF, the first step to ensuring the implementation of our commitment to quality healthcare is proximity. The relationship between the patient and healthcare providers remain at the centre of our medical humanitarianism and form the foundation from which we will strive to ensure a continued increase in the quality of services provided to patients. In the coming four years, OCB will aim for a comprehensive and holistic approach, from preventive healthcare, to curative and palliative care. This means our engagement with the local healthcare ecosystem will be integral to our medical and operational capacities as well as the clinical capacities of the staff we deploy and employ in our projects. The human factor is key to our ambition to provide quality healthcare in a safe environment. We will improve every step along the way: recruitment, onboarding, clinical supervision, mentoring as well as learning and career opportunities. [...]. However, the majority of MSF clinical activities take place in dynamic and challenging contexts. Minimal or essential requirements are not always within immediate reach. The field teams will need to balance the risk/benefits for the people between no intervention and an intervention with the available means at the time. Once an activity has started, we share the responsibility over time to go above and beyond the essential requirements.

### OCG

Patients and populations as partners

Central to the MSF OCG 2020-2023 medico-operational orientations is the concept of 'patient and populations as partners.' This approach tailors health care provision to the needs of the individual(s), the specificities of their communities and what matters to them. It strives to ensure that care is personalised, dignified, co-ordinated and enabling so that people can make choices, recognising their responsibility over decisions that affect their lives. It encourages MSF OCG to further include patients and populations in the design of its interventions, and when suitable to address needs in partnership with local authorities and others.

### OCP

We want to review our medical approach based on an accurate understanding of patients' and population needs, as well as their constraints. This includes adopting more patient-centred tools and methodologies (such as greater use of social sciences in medicine), engaging patients in decision making about their care, improving motivation and communication skills of staff, as well as approaches to preventing and addressing the abuse of patients.

Patient-centred care is considered a key element of quality of care within MSF. We still need to work on the definition and scope of "patient-centred" care. However, a common global element is the recognition of the differing perspective of the patient and doctor and going beyond the purely biophysical elements of disease and focusing instead on understanding the patient and their illness, situated within their social and cultural context. Supporting greater patient engagement and empowering them (often in association with their family) in decisions about their own health care is another component, which aligns well with patient autonomy. Integrating and/or coordinating care for the patient across services or disease areas, providing appropriate emotional and physical care, and patient education are also aspects of patient-centred care. The spectrum of patient care centred extends to better coordination of care across

services, co-design of services with patients, communities, and/or patient committees; and patient or community governance of services. Another important aspect for MSF is empowering patients and staff to report abuse towards patients, given the increased vulnerabilities and risk of exploitation in many contexts where we work.

#### **OCBA**

Humanity and Proximity will be the fundamental values in our relationship with patients, communities, staff, donors, civil societies and supporters. A People-Centred Approach implies having a holistic perspective of medical and humanitarian action, in which individuals and communities are not only seen as patients or recipients of aid, but as key and active stakeholders.

Outcome: We will preserve and support the agency of the people we serve, patients and communities alike, promoting and facilitating their involvement in the decisions that affect their safety, dignity, protection and wellbeing; we will embrace an attitude of active listening and understanding of their needs and wills, and will reshape our ways of working, policies and practices accordingly.

#### **WaCA**

Patient is the main actor of his/her health

The Re-humanizing of the relationship with the patient and beneficiary is essential to understanding the needs and at the heart of our role as doctor and humanitarian actor. To listen, to give the other the means he has expressed, is to give him back his life. Giving him back his life is a humanitarian action, keeping him in his role of being assisted is a humanitarian business.

ACTION POINT: WaCA trademark project is "patient as the main actor of his health".