The critical role of compassion in health and well-being has become increasingly clear amidst COVID-19. Both the disease and the global response have revealed and compounded many social and economic inequities. As Galea suggests in a recent piece in The Lancet, "This calls ultimately for compassion as the animating force behind our thinking about health, and our thinking about how we go about informing the decisions we make to contain a novel threat like COVID-19."

As of the date of this meeting, there were nearly 3 million confirmed cases, over 200,000 deaths worldwide, and 213 countries and territories reporting cases. This Global Health Compassion Rounds was intended to co-develop ideas on how to cultivate compassion in pandemic response at multiple levels. Presenters and participants offered reflections on the role of compassion in coping with COVID-19 in our homes, communities, and in health services.

The Role of Compassion in the Era of COVID-19
Shams Syed, Quality Team Lead, World Health Organization

It is critical for us to build our collective understanding of compassion, particularly in the world today. Compassion is intimately linked with the quality of health services. We can think about it in two inter-dependent tracks: (1) the role of compassion in the care of patients with COVID-19, and (2) the role of compassion in maintaining quality essential health services. Compassion plays a vital role in the delicate balance between these two tracks.

We might consider four entry points for compassion: (1) point of care, (2) interaction between health workers, (3) the function of health organizations, and (4) national direction and action. Each entry point requires action.

WHO Director General, Dr. Tedros, has emphasized, on a number of occasions, the critical importance of compassion during COVID-19. He has highlighted that compassion is a medicine. We shouldn’t take this lightly. We have a duty to bring this thinking to the field, and to bring the field experience back into our thinking about compassion. That is particularly why this compassion round is so important.

Policymaking for COVID-19: Inclusion of People Living in Extreme Poverty
Maria Rebello, Team Lead, Elimination of NTDs, WHO/AFRO

Compassion is related to understanding the suffering of others and being able to understand their needs. I offer some reflections on how the needs of people living in extreme poverty should be taken into consideration when putting public health measures into place for COVID-19.

Neglected tropical diseases (NTDs) are related to poverty. When you live in poverty, you fight for your survival, even in the absence of a pandemic. Here in Brazzaville, Congo, we’ve been in lockdown for one month.
All economic activities are forbidden, with the exception of selling food three days per week. There is also no transportation, in a country with very few private cars.

Survival is why these COVID-19 lockdown measures have been put into place. But in this situation, survival might also mean if you are a pregnant woman and you have an emergency in the middle of the night and there is no transportation, you may not be able to reach a hospital. Or if you are a father who cannot work, you cannot put food on the table for your children. When we are all fighting for survival, we may not have that same sense of compassion we would typically have towards others.

As we promote public health measures to protect people, we need to think about the special needs of people we are trying to serve. We need to involve them in the decision-making and make sure that we are not only protecting them from COVID-19, but also that their overall needs are met.

**Creating a Health Workforce that Cares**

**Wilbert Pomerai, Ministry of Health, Zimbabwe**

In Zimbabwe during COVID-19, we are conducting customer care trainings among health workers on how to counsel people and assuage their fears. We have also engaged the Ministry of Social Welfare to conduct psychological counseling for those in quarantine centers and in palliative care. We are also soliciting customer satisfaction surveys to see how our services are being rated by the people in quarantine centers.

Then we go to compassionate leadership. Here we are driven by the heart. We have gone a step ahead to talk about compassionate followership, because it is a two-way thing. We find that when we have compassionate leadership and compassionate followership, we have more positive outcomes.

Compassion has become one element of quality healthcare in this country, together with safety, efficiency, effectiveness, timeliness, etc. We have seen that compassion will take us far in terms of outbreak response, resource utilization, teamwork, and more. We have engraved compassion in quality programming. In short, we have created a health workforce that cares, and it is earning a lot of positive feedback from clients.

**Cultivating a Compassionate Healthcare Ecosystem**

**Lekilay Temeh, Clinical Coordinator for Patient Safety & Quality, Ministry of Health, Liberia**

It’s essential to ensure compassion is considered at all levels of the care structure. Compassion has to be a responsibility of the community, providers at the point of care, health service delivery organizations, and the entire healthcare system.

One persistent problem in Liberia is the resentment of individuals identified as suspect or confirmed cases, including those who return to the community after being in quarantine centers. We've even had instances of personal medical information being leaked to the public and press. To respond, we've involved psychosocial personnel to reach out to communities, prepare them to receive these people, and eliminate stigmatization.

The power of compassion has been demonstrated in true volunteerism in this response. We have a lot of volunteers coming forward, people experienced from the Ebola era, that have come out to help, as well as organizations intervening at the community level.

We need to introduce compassion in medical training and make this a part of clinical practice. We will continue to work with cultural and religious leaders to eliminate barriers to compassion. And we are promoting advocacy among civil society and patient organizations. This strengthens the resolve of the government to act on these issues.

Finally, we need to redesign our health system to prevent staff burnout and all issues that impact quality and safety at our facilities. We also need to introduce compassion indicators and ensure health providers comply with them.
Redefining Palliative Care in the Face of COVID-19

Liz Grant, Global Health Academy Director, University of Edinburgh

I'm going to speak about our understanding of compassion in palliative care—not just how COVID has impacted it, but also how public health mitigation strategies and impact measures are affecting palliative care.

Palliative care is about relieving suffering. It's about caring for those living with life-limiting illness in the last years, months, and days of their lives. At its heart, palliative care is grounded in compassion. Compassion that values life. But compassion that also values death and dying as part of the normal process of life. Lockdown mitigation strategies have had very positive intended consequences of "flattening the curve". But they've also had unintended consequences that bear a huge cost. This disease is shaping the way we understand palliative care.

COVID-19 is demanding of palliative care because the number of people dying is escalating every day. Yet many countries don't have sufficient palliative care services, and where it exists, many are not receiving the palliative care they need due to the necessary public health mitigation strategies.

Our systems are judged on reducing the numbers who are dying, which is absolutely right. But palliative care is about managing death. We need to look at how to accept the inevitability of death without disregarding the care of the dying. How do we avoid preventable deaths but ensure those moving towards death are cared for properly?

At the time of death and dying, people need to be with each other. But lockdown mitigation strategies are preventing people from being together and from carrying out funerals, rites, and rituals. How do we give families that opportunity to be together in the midst of separation? We're having to re-articulate the process of grieving—to be together spiritually but to be physically distant.

The public health mitigation strategies for COVID-19 are about separation and creating spaces. How do we fill those spaces with compassion instead of fear and anxiety, anger and shame? Palliative care is about giving people the space to become what they need to be in those last days.

I will end with a quote from an Irish poet, John O'Donohue, from his book, *To Bless The Space Between Us*: "May all that is unforgiven in you be released. May your fears yield their deepest tranquilities. May all that is unlived in you blossom into a future graced with love." I think compassion sits at the very heart of that.

A Care Package for Healthcare Workers

Jane Chun, Program Director, Compassion Institute

Our mission at Compassion Institute is two-fold: compassion advocacy and compassion education & training. I'll be presenting specifically on our work in healthcare in response to the pandemic.

One of our first offerings is a care package for healthcare workers. This focuses on how to incorporate compassion, self-care, resilience, and steadiness of mind throughout the day. While there is a component of compassion for others, we've primarily focused on resilience, self-care, a bit of trauma prevention, metabolizing strong emotions (like anxiety and fear), and steadying the mind when our nervous system is highly activated.

We've taken the approach of meeting healthcare workers where they are—these offerings are designed to be accessible and easy-to-use. We've consulted healthcare worker colleagues to make sure our offerings are grounded in their lived experience.

The care package includes short, guided meditations: (1) at the beginning of the day to prime the mindset; (2) at the end of the day to be with what has happened, let go of things that aren't helpful, and to ground a sense of support and care that we all have but might not feel in that moment; and (3) one for moments of intense emotions. We also have downloadable offerings, including a booklet and cards of on-the-spot practices, as well as short, team practices, all of which weave in compassion and social connectedness.
We've also started offering free drop-in sessions, for those who have the time to join live. Many of these are hosted by our founder and president, Thupten Jinpa. They are also recorded and available on social media.

In this moment, we're focused on supporting the immediate well-being of the healthcare workers, which has an impact on the quality of care and health outcomes. At the same time, we have institutional partnerships with longer-term sustainability and intentional systems and culture change in mind. For example, with a university partner, we're exploring ways to embed compassion into the existing medical education. With another partner, we're looking at what compassionate leadership looks like in this pandemic. And with a large metropolitan hospital that has adopted compassion as one of its core values, we are rolling out a compassion-based burnout curriculum.

These are challenging times and rare opportunities for deep change and transformation. I look forward to seeing what we can achieve collectively.

Love & Compassion: Guiding Principles for Reorganization
Matthew Lee, Director of Empirical Research, The Human Flourishing Program, Harvard University

I'm going to focus on the centrality of love and compassion to individual, community, and planetary flourishing, as these are interconnected. COVID-19 presents us with a collective opportunity to reorganize our societies, communities, and organizations with love and compassion as guiding principles.

This work of reorganization should include a willingness to notice what is going right—to "keep our eye on the helpers", as Mr. Rogers famously said. This engages the reward centers of the brain associated with compassion, not just the pain centers associated with empathy. Many of us in this crisis have been primarily operating from the pain centers.

Compassion must involve spreading joy through supportive connections at the interpersonal level and by reorganizing the macro-level environment around principles of love. Otherwise, socially determined deaths of despair may end up claiming as many lives as the coronavirus itself.

What does love mean? We can start with Thomas Aquinas who understood it as contributing to the good of the other. Love should make a positive difference in the lives of other people. It must be both effective and extensive. And we should expand the circle of care and concern to all others without exception. As a specific example, COVID shows us how precarious it is to construct healthcare as a benefit of paid employment when millions are instantly thrown out of work through no fault of our own. Surely any sane and rational understanding of love would include some basic level of healthcare for all, regardless of ability to pay.

One framework that might be helpful for tracking our progress is doughnut economics. This is the idea that sustainable development must achieve people's basic needs (access to food, water, healthcare) and social needs (peace, justice, equity) without exceeding the Earth's ecological ceilings. It doesn't just measure the happiness of the individual, but takes into account local and global environments and patterns of flourishing.

Another framework is a well-being economy, developed initially by the Well-Being In the Nation Network. Oftentimes we are stuck in an adversity economy, dealing with immediate needs. If we are going to be effective stewards of larger systems, we have to focus more on expanding vital conditions for all people without exception. This involves not just building prisons in order to control crime, but expanding basic health and safety nets, providing humane housing and opportunities for thriving in ways that prevent crime.

It’s the same for health care. It’s not about getting people with chronic conditions on maintenance medications for life, but rather, preventing those problems in the first place, or working with people through support networks to solve these lifestyle-related problems. Moving out of an adversity economy mode into a well-being economy mode is a helpful way to think about our work to promote flourishing at the individual, community, organizational, and societal, and—ideally—global level.
Any crisis forces us to rethink how we’re doing things. COVID-19 is creating huge challenges for the health and humanitarian sectors. We’re in a very active learning phase about how the core humanitarian standards should work and how we should adapt.

There are three opportunities I see for the humanitarian sector:

1. **Living our organizational values.** This crisis is pushing the humanitarian sector to re-focus on compassion. The humanitarian mission doesn’t focus on the individual, it focuses on the masses. We’ve invested heavily in machine-like bureaucracy to show up in an emergency as quickly as possible and save as many lives as possible. But have we done that at the expense of compassion?

   To a humanitarian audience, "love" and "compassion" start to feel a little squeamish. This makes you really start to question, have we neglected our fundamental principle of humanity if we’re not using those terms in our day-to-day language? I’m really hopeful that COVID is bringing back some of that. Right now, we’re being pushed to build caring, compassionate aid organizations. We have to examine how we are being more compassionate to our staff and building cultures of care. We are judged very harshly, and rightfully so, when organizational behavior doesn’t live up to its values. We have to get it right in this crisis.

2. **Building and supporting local institutions.** COVID-19 means our usual humanitarian response mechanisms aren’t working in the same way. Usually we jump on planes and swoop in with large organizational missions. We can no longer do that. We now have the opportunity to rely on the local response, and for the international response to support the local.

   The challenge is whether this will make us more globally compassionate or whether it will make us more fear-based. Will this force us to connect and see the human empathy? Or will we be challenged with even more refugee and IDP (internally displaced persons) crises as borders close down and there is more fear of “the other”? That’s where we have to drive compassion.

3. **Recognizing inequalities.** We are all in this pandemic together—we are all impacted. But our ability to cope and sustain ourselves is unequal. That will be one of the biggest lessons of COVID: how inequalities have impacted people in such different ways. The real power of compassion is to focus on the inequalities that drive vulnerabilities.

At CHS Alliance, we’re having a series of global conversations, called Cultivating Caring and Compassionate Initiatives. We believe this kind of relationship-building and dialogue is what builds compassion. I’m positively optimistic that if we can keep these conversations going and we start to see the language of compassion in the humanitarian and health sectors, we will start to build a different culture of compassion that can only do good.

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**QUESTIONS & ANSWERS**

*Moderated by Shams Syed, WHO*

**For Liz Grant:** How would you modify the mitigation measures you described to reduce the unintended consequences of our public health approaches for COVID-19, particularly at the end of life?

Some of this is about how we fill that space at the end of life with supportive conversations, even when we can’t be physically close together. There are ways of sharing through technology—can we increase that? How can we support the healthcare workers who are supporting those the end of life who haven’t been trained in that role? Can we provide messages they can use as they’re breaking very bad news to patients and their families, or as they help patients think about the next stage? Can we alleviate the stress of health workers? There’s also a joy in the compassion of neighborly support during these times, the random acts of kindness that people are giving, almost unnoticed. Can we celebrate those, especially for those that are caring at the end of life?
**For Lekilay Temeh:** What is the one actionable point that you would like to highlight from your reflection?

We need more emphasis to be placed on training healthcare providers about compassion. As we’re able to do this, it sinks down into the culture and the practice, and it affects the quality of services we’re able to provide to the patients.

**For Jane Chun:** How can we quickly deploy something to address PTSD through a lens of compassion?

The way we frame compassion training is working with the mind, the body, and the nervous system. We’re trying to incorporate a trauma-informed lens into the compassion training and offerings we have available. For example, common guidance in meditations is to focus on the breath. Right now, that can be really challenging if you’re wearing a mask or if you have COVID-19. There are trauma-sensitive ways to gather the mind and attention without using the breath. We’re watching collective trauma unfold as a society. I think part of helping to minimize the trauma is in the day-to-day practice of letting go of things you cannot control. In the healthcare professions, there can be a tendency toward being a hero. There are expectations of healthcare workers to be superhuman. That is a lot for healthcare workers put on themselves. In the middle of a pandemic, that can be overwhelming. There are practical and specific ways for compassion training to address PTSD.

**For Matt Lee:** What is the biggest contribution that compassion can make in the delivery of health services?

The biggest impact that compassion could make to the delivery of health services is a recognition of the whole person, both the person being served and the person doing the serving. That dynamic is absolutely critical, not just for healing in a physical sense (the book, *Compassionomics*, has systematically reviewed the literature on that), but also for the complete well-being or flourishing of both people involved. The more we do this in the healthcare sector in this time of crisis, the more it serves as a model to the fields of business, education, and others.

**For Tanya Wood:** As a leader of CHS Alliance, which is trying to link compassion as a driver for organizational effectiveness in some of the most difficult places on the planet, what is one message you’d like to leave us with?

It’s this issue of building a culture of compassion within organizations. The idea of “be well to serve well.” As organizations, we have to shift our culture to look after our staff and look after each other to be able to serve better.

**For Laura Berland & Evan Harrel, co-founders of the Center for Compassionate Leadership:** What one thought would you like to leave us with to move compassion into quality healthcare and to address the COVID situation?

It’s a variation of what Tanya and Matt just said, which is that the human element is the most critical aspect. It’s very easy to “proceduralize” clinical aspects of health care, but to bring in the emotional practices and to bring the heart is something that requires strong intention and regular practice. The humanity of all of this is most central. It is what we really need to be focused on.

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