Strengthening national capacity for patient and community engagement and empowerment in health care in Oman

Report of a national initiative in Oman implemented in cooperation with WHO

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Global public health presents a fundamental paradox. The past half century has witnessed an unprecedented rise in biomedical knowledge, clinical innovations and the management of diseases and conditions. With these medical advances, the costs of health care have also increased. Also, the rise of noncommunicable diseases further challenges the ability of already burdened national health care systems to ensure access to safe, quality health services for all people, but especially vulnerable population groups.

Traditionally fragmented, curative-focused and professionally-driven models of health services can no longer keep up with the ever more complex needs, rising demands and scarce resources. Innovation in health services is needed, we need to ‘do things differently’ to ensure the ability of health systems to provide universal, equitable, safe, high quality and cost-effective care. Engaging and empowering patients, families and the community is receiving increasing global recognition as an innovative way of promoting and co-producing people-centred health care. When people are empowered with knowledge and skills, they are better able to adopt and practise healthy lifestyles, participate in shared decision-making about care plans and options and seek health care and services in a timely and appropriate manner. This translates into improved health outcomes, better patient, family and health professional experiences and reduced costs to health systems and services.

Sustaining effective and meaningful engagement requires visionary and supportive leadership and a systems approach. To ensure that health care is responsive to people’s needs, health systems must embrace the concepts and principles at policy levels and health care professionals need to be trained to engage with people and the community at the service delivery level. Indeed, empowering people goes hand-in-hand with building capacity of health care professionals, for the concepts and principles of engagement and empowerment to be effectively implemented at the local and national levels of education and health service delivery development.

In the face of these realities, and in recognizing the importance of patient, family and community engagement in improving health systems and service delivery, the Sultanate of Oman’s Ministry of Health sought technical support from the World Health Organization to raise awareness about the importance of patient, family and community engagement and assess the preparedness and perspectives of health care providers in Oman, in steps to include this concept into its 9th National Strategic Plan (2016-2020).

To achieve this approach, strong leadership and governance that defines, disseminates and supports this vision of continuous improvement is the key. We commend the Sultanate of Oman’s Ministry of Health and WHO Country Office for their strong leadership and initiative to strive towards improving patient, family and community engagement in their national health system. We look forward to seeing how this important work moves forward in the future, saving lives through improving the quality of care in partnership with patients, families and the community.

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This report summarizes a national consultation on strengthening national capacity for Patient and Community Engagement and Empowerment in Health Care in the Sultanate of Oman, held on 23-27 October 2016. The Consultation was hosted by the Sultanate of Oman’s Ministry of Health (MoH) and supported by the WHO Country Office. The Service Delivery and Safety department (SDS) at WHO headquarters, Geneva, and the Health System Development department in the Eastern Mediterranean Regional Office (EMRO) jointly provided technical support and facilitated the Consultation.

The contents of this report are based on a summary of discussions, observations during the Consultation, including the focus group discussions, the two-day workshop and the field visit to the Qumaira community and a primary care centre in Muscat, as well as input from the WHO Country Office and the Ministry of Health. It also includes technical information produced by the Patients for Patient Safety (PFPS) Programme as part of the planning for the focus group discussions and workshop proceedings. Thus, the contents of this report represent the collective work of many contributors.
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Executive Summary

This report summarizes proceedings of the National Consultation on Developing National Capacity for Patient and Community Engagement and Empowerment in Health Care in the Sultanate of Oman, held on 23-27 October 2016. This national consultation was hosted by the Sultanate of Oman’s Ministry of Health (MoH) and supported technically and financially by the WHO Country Office. The WHO Service Delivery and Safety Department (SDS) at WHO headquarters and the Health System Development department in the Eastern Mediterranean Regional Office (EMRO) jointly provided technical support and facilitated the Consultation as requested by the Directorate-General of Quality Assurance Centre (DGQAC), MoH.

The Consultation’s goal was to discuss ways of strategically integrating patient, family and community engagement/empowerment into patient safety and health care quality initiatives given that the Ministry of Health has included this concept in the 9th National Strategic Plan (2016-2020). The specific objectives were to raise awareness and facilitate the incorporation of patient and community engagement and empowerment into Omani’s health care systems and services through participatory priority-setting and planning for the development of a framework for action on patient, family and community engagement.

The Consultation consisted of three major activities: 1.) a preparedness assessment through six focus group discussions (FGDs) at two public hospitals; 2.) a two-day interactive workshop on ‘Patient and Community Engagement & Empowerment’ attended by 43 participants; and 3.) field visits to two primary health care centres. Both the focus group discussions and the workshop helped raised awareness about the topic, demonstrated by active contributions to the facilitated participatory priority setting and planning for the development of the national framework on patient, family and community engagement as a component of the 9th National Strategic Plan (2016-2020). The field visits to the ‘Healthy Village’ of Qumaira and a primary health care centre in an urban area of Muscat provided an overview of how primary health care centres function in providing services and actively engaging the community.

The Consultation revealed some encouraging key findings. Oman has a strong health care system based on primary health care and provides universal access to Omani nationals. The MoH is visionary and supportive of patient and community engagement initiatives. Although their awareness of patient, family and community engagement is not very high, health care professionals are prepared and committed to translating this concept into practice. There are several hospital-based and community-based projects targeting health literacy. There is an active hospital-based patient feedback system and patient support groups. Many health care providers already practice shared decision-making with their patients. The ‘Healthy City, Healthy Village’ programme demonstrates an impressive model of effective local leadership and community engagement and that there is the necessary health infrastructure in place to adopt and implement the new national framework on patient engagement.

The launch of the ‘Patient’s Rights and Responsibilities’ and the associated workplace violence policy provides a strategic platform from which to implement initiatives towards achieving integrated and people-centred health care and services.

Building on existing expertise and infrastructure, the recommendations below are prepared for the consideration of the Ministry of Health, with the expectation that MoH will then engage the relevant key stakeholders in all the processes.
At the health system and service delivery level

1. Strengthen capacity of health care professionals by incorporating “engagement and empowerment” into staff orientation and professional development training.

2. Strengthen the capacity of patient support groups; facilitate linkages with the community.

3. Strengthen education and information for patients and the public to improve health literacy.

4. Implement standardized protocols on patient self-management support, patient referrals, the provision of social, psychological and spiritual support and services.

5. Introduce demonstration projects which incorporate patient experiences and perspectives, such as the patient journey survey, patients or community leaders on hospital boards, and in working groups and advisory groups.

At the policy level

6. Develop a national framework for action on patient, family and community engagement, including relevant monitoring and evaluation processes, through a participatory process involving representatives of multi-sectoral stakeholders.

7. Establish national initiatives aimed at improving health literacy of the population.

8. Enhance existing successful programmes, such as the ‘Healthy City, Healthy Village’ programme, the Patient Feedback system, community volunteers and patient support groups.

9. Strengthen linkages between primary, secondary and tertiary health care levels, as well as between health care facilities and the community through standardizing protocols and processes for communication, information-sharing, patient referrals and patients’ self-management support.

10. Strengthen the capacity of health care professionals by establishing standard curricula and training guidelines that incorporate the subject of “patient, family and community engagement” and ensure that they acquire appropriate qualifications and competencies in this area.
1. Introduction

The Ministry of Health (MoH) in the Sultanate of Oman has a clear vision and strong commitment to improving patient safety and the quality of health care systems and service delivery. During the past few years, MoH Oman has demonstrated strong leadership and active participation in patient safety initiatives at both the regional and global levels. Representatives from MoH Oman have participated in several key WHO initiatives on patient safety, including co-hosting the technical meeting on reporting and learning in Oman and co-hosting a side event on medication safety at the 69th World Health Assembly in 2016.

Inspired by the Institute of Medicine’s report ‘Crossing the Quality Chasm: A New Health System for the 21st Century’ (2001), which calls for reforms to achieve a “patient-centred” health system, i.e. a system that provides care that is “respectful of and responsive to individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions”, Oman has developed extensive plans to strategically implement initiatives to make health care systems more people-centred. One of these has been seeking to adopt the WHO Patients for Patient Safety (PFPS) concept as an approach towards engaging and empowering patients, families and communities. Another move has been the development of Oman’s ‘Patient’s Rights and Responsibilities’ document, which focuses on access to health services, safety and risk management, communication, active participation, respect and trust and the mechanisms for comments and suggestions for the health care system.

Recognizing the importance of engaging and empowering people and to translate the concepts and principles embedded in the ‘Patient’s rights and responsibilities’ towards service delivery, the Ministry of Health is seeking to develop and include a national framework on patient, family and community engagement in its 9th National Strategic Plan (2016-2020). The Directorate-General of
Quality Assurance Center (DGQAC) requested support from the World Health Organization (WHO) to help raise awareness about engagement and empowerment and assess the preparedness and perspectives of health care providers. Furthermore, Oman strategically linked its ‘Patient’s Rights and Responsibilities’ and its workplace violence policy to this national consultation, holding the launch on 24 October 2016 at the opening of the workshop. This has provided a foundation on which future initiatives on patient, family and community engagement can now be built.

This five-day Consultation was hosted by the MoH and supported technically and financially by the WHO Country Office. It was a joint effort between the Service Delivery and Safety department (SDS) at headquarters in Geneva and the Health System Development department in the Eastern Mediterranean Regional Office (EMRO). The technical team from WHO included:

- Nittita Prasopa-Plaizier, WHO HQ/SDS
- Felicity Pocklington, WHO HQ/SDS
- Mondher Letaief, WHO EMRO
- Jenny Westad, WHO Technical Advisor

Due to the short duration of the Consultation, the team’s ability to observe or gain exposure to the workings of the health system and service processes was limited. Thus, the information contained in this report is based on the inputs from WHO Country Office, MoH officials, community representatives, the focus group discussions of health care providers and the presentations and discussion during the two-day workshop.
2. Goals and objectives

The overall goal of the Consultation was to raise awareness and facilitate the incorporation of patient engagement and empowerment into health care systems and services. The key activities were therefore focused on engaging health care providers and leaders in discussions and a participatory priority-setting exercise and planning the development of a framework for action on patient, family and community engagement.

The specific objectives were to:

- assess health care providers’ preparedness for patient, family and community engagement in the context of health care services;
- raise awareness about patient, family and community engagement among health care providers, policy-makers, and safety and quality focal points by sharing WHO initiatives and international models of engagement and empowerment;
- facilitate a workshop which engaged key health care providers and health care leaders in participatory priority-setting and planning the development of a framework for action on patient, family and community engagement.

3. Key activities

Key activities during the Consultation included 1) focus group discussions, 2) a training workshop and 3) field visits to community and primary health care centres. On the first day, the team received briefings and orientation from the WHO Country Office (Dr Ruth Mabry) and the MoH team (led by Dr Ahmed Al-Mandhari). The briefings outlined the current situation and the objectives and programme of the Consultation.

3.1 Focus groups discussions

Six focus group discussions (FGD) were held on 23 October at two of the largest state-run hospitals (the Royal Hospital and the Sultan Qaboos University Hospital) to assess the preparedness of health care providers to adopting and implementing policies related to patient engagement. MoH coordinated participation and facilitated access to the hospitals, as well as coordinating the sessions and assisting in note-taking. Prior to commencing the discussions, the team met with the directors-general of the two hospitals to thank them for support and provided briefings on the FGD objectives and processes. The FGDs were facilitated by Nittita, Felicity and Jenny and aimed to assess awareness and identify key issues and opportunities around patient engagement from the perspective of health care providers.

3.2 Awareness-raising workshop

The workshop, held on 24-25 October, was attended by 43 health care providers, safety and quality focal points, patient services focal points and senior government officials. The first day of the workshop focused on raising awareness about patient, family and community engagement in the context of service delivery and the second day focused on participatory priority-setting and planning for the development of a national action plan.
At the beginning of the workshop, the President of the Public Authority for Radio and Television officially launched Oman’s 'Patient’s rights and responsibilities’ and the workplace violence policy. This was accompanied by an exhibition to display the contents of these policies through billboards, posters and electronic display boards. This was a strategic decision, to link the concept of engagement and empowerment and the prevention of violence against health care providers to the concept of patients' rights, highlighting that they also have a responsibility for their own health and health care while respecting the rights of health care providers.

Following the launch, there were scene-setting presentations. Dr Ahmed Al-Mandhari, Dr Mondher Letaief and Nittita Prasopa-Plazier presented overviews of patient and community engagement/empowerment at country, regional and global levels respectively. Dr Huda Al-Siyabi gave a presentation on the role of community and civil society in patient, family and community engagement in Oman, which demonstrated active engagement at the community level. Felicity Pocklington shared examples of patient, family and community engagement and success stories from around the world. The second day of the workshop focused on facilitated discussions and a participatory priority-setting exercise, as well as planning for the development of a national framework for action on patient, family and community engagement. The participants were divided into five groups to discuss which priorities they believed should be included in the framework, and how these should be implemented in a sustainable manner.

3.3 Field visits to community and primary health care centres

The WHO technical team, along with the team from MoH and quality focal points, patient services focal points, visited the ‘Healthy Village’ Qumaira to learn more about community health services and community engagement for health and development. The team was introduced to various initiatives and development programmes carried out in the communities to promote and sustain the concept of a ‘healthy village’. The visit to a primary health care centre in an urban area of Muscat provided better understanding of how primary care is delivered in Oman.
4. Key findings

4.1. Contexts

The Sultanate of Oman has a population of just over four million\(^3\). The population is relatively young, with the largest group being 25-29 years and only 3% representation from those aged over 65 years. A sex ratio is 102 males to 100 females\(^4\). The country is divided into 11 governorates with 61 “Wiliyates”. The main provider of health services is the Ministry of Health and other government health sectors, providing health services free of charge to Omani nationals (representing 60% of the population) and non-nationals working in the public sector. Treatment for most of communicable diseases are also free of charge for all citizens and residents. Compared with other EMRO countries, Oman fares relatively well in terms of meeting the Millennium Development Goals (MDGs).

The top ten burdens of disease consist of conditions related to noncommunicable diseases (NCDs)\(^5\). This situation makes it conducive to initiatives relating to people’s engagement and empowerment as the prevention and management of NCDs links very closely with people’s lifestyles and health-related behaviour. The MoH is currently implementing some health literacy initiatives, including health education and promotion programmes. There are individual initiatives in some hospitals to encourage patient engagement for patient safety and the prevention of health care harm, including preventing medication errors and hand hygiene initiatives. Patient and provider satisfaction surveys and feedback systems are also in place. There are active community-based programmes and patient support groups working with some health care providers. This indicates that there is already existing infrastructure through which patient, family and community engagement can be strengthened and implemented systematically.

Oman has invested extensive resources in community-based initiatives. Organized community participation and strong intersectoral collaboration at all levels have been considered essential since the “Healthy City and Healthy Village” programme was launched in 1999. This programme aimed to develop and improve the social and health conditions of the community by developing a more supportive environment and increasing awareness of the social determinants of health. The programme continues to focus on key health promoting aspects such as physical activity, healthy eating, tobacco prevention and general environmental factors.

There are currently 21 sites of Healthy City and Healthy Villages programmes around the country. District health committees have been formed in each site to coordinate the planning, implementing and monitoring of projects in the communities. The responsibilities of these committees include establishing strategies and assessing the Ministry’s five-year health plans at the community and provincial levels. The committees help raise awareness about health-related issues, mobilize community capacities and participation, as well as facilitating and coordinating cooperation between MoH and other sectors, including civil society and volunteer groups. The projects are sustained through comprehensive evaluation and awards for the best community-based project for health promotion. More information is provided under section 5 - field visit to the Qumaira “Healthy Village” project.
Awareness and preparedness for the engagement of health care providers

Six focus group discussions were held at two public hospitals in Muscat. The groups varied in size, from six to 12 people. Participants were health care providers from different disciplines and included both men and women. The discussions were centred on the five key questions listed below.

1. You may often hear people talk about patient, family and community engagement. Can you briefly describe your understanding of ‘engagement’ in this context?

2. How do you practice or implement patient, family and community engagement in your day-to-day work?

3. From your experience, what challenges have you encountered around engagement?

4. What could your health institution/organization do to help you to engage and empower patients, families and the community?

5. What systems or policy support need to be in place for your practice on patient, family and community engagement to be sustainable?

Data from all six groups were combined to maintain anonymity. Key messages are discussed below.

Awareness

Health care providers were aware of the concept of shared decision-making, but time constraints, language barriers and patients’ low health literacy were reported as barriers to the implementation of this concept. They, however, had limited understanding about patient, family and community engagement. Most equated engagement to education, information provision and support for self-management. They were not aware of any infrastructure or centralised governing body that coordinates initiatives on patient engagement and empowerment. Patient/family support groups were mentioned, but no elaborate discussion on how they could be engaged. The practice of engagement tended to occur at the individual level. One participating hospital has a patient services department, whose functions include handling individual cases of patient complaints or feedback. Health care providers at this facility felt that the system worked well and they felt confident referring patients to this department. Both hospitals had organized activities aimed at raising awareness of patients and the community about access to and provision of information, including information on self-management and on non-communicable diseases.

Health literacy, education and capacity development

Most of the participants attributed challenges about engagement to low health literacy of patients and the community, especially people aged 40 or more. They acknowledged that the general population is young and eager to learn, but lack the resources and access to do so. Examples of efforts aimed at improving health literacy in the community, included holding open days at the hospitals and awareness-raising campaigns in public places around Muscat. Suggestions for improving health literacy included mobilizing the media (especially social media), using the existing IT resources within hospitals to spread key health messages and improve the information given to patients to take home once discharged.

Very few participants recognized communication skills of health care providers as one of the factors affecting patient engagement. However, when prompted, many acknowledged that they lacked...
adequate training in this area. While nurses were expected to complete some training in the community setting, this expectation did not apply to doctors or allied health professionals. The participants were open to the idea of further accredited education programmes or training on patient and family engagement as ‘basis of learning’. Training in this field could help bridge the gap between tertiary care and the peripheral health care facilities at the primary care level.

Communication

Patient-provider communication and inter-professional communication were identified as aspects needing improvement. For patient-provider communication, the main issue was lack of time. In some specialities, doctors had time to explain to patients and inform them of their treatment decisions, however in others, communication was limited. Low health literacy among patients and families was mentioned. Language was also considered a barrier as some overseas-trained health care providers do not speak Arabic.

Communication between the tertiary, secondary and primary levels was also limited. Referrals were made between facilities, but little information was passed on. Likewise, very limited information was passed from tertiary or secondary back to primary care levels once the patient was discharged. This lack of communication is related to uncoordinated services, and leads to issues around patients’ trust in peripheral health centres. The lack of trust in the primary care system resulted in many patients insisting on being seen in these tertiary institutions.

Consultation

The consultation process dealt how and how long health care providers communicate with patients directly in a clinic and what constraints they face. Two key barriers were mentioned. The first was the lack of physical space in wards (in-patient departments) to communicate discrete or confidential issues with patients due to overcrowding in the hospitals. Participants explained that if they had the physical space they would be more likely to take the time to speak in confidence with the patient. The second barrier mentioned was limited understanding of the bio-psychosocial model i.e. patients’ needs and perspectives. The scope of this goes beyond understanding their pain management. It includes asking them questions in a holistic manner: “Are you able to do your job and other daily tasks?”, “Do you have the family or social support you need?” Participants felt it was important to understand how health can impact other aspects of a patient’s life, and to ensure an enabling environment for the most suitable care plan. Suggestions for improving provider-patient consultations included creating and providing physical space for confidential discussions, taking more time to speak to patients and evaluating their psychosocial needs, as well as asking the patient if they would like to bring a family member with them to the clinic.

Self-management support

Self-management and adherence to the care plan and medication were discussed as key steps in promoting the message of patient engagement. Some participants felt that patients often wanted to stay in hospital as long as possible due to the lack of trust in the primary care level i.e. patients felt they
would not get the support they needed outside hospital. This was seen as a barrier to self-management, contributing to the issue of overcrowding in the hospitals. Adequate time to discuss relevant and precise take-home information with the patient could alleviate this challenge. An active follow-up system and medication tracking processes were also discussed as ways of helping to implement a self-management strategy.

Social and psychological support

The participants shared examples of how they interacted with patients and their families. Encouragingly, the ways they cared for patients showed a lot of compassion. They expressed the importance of compassion in health care, a concept identified by WHO as a core principle of engagement and empowerment. The participants felt that without compassion, health care fails its most important task of meeting the needs of people. The case below illustrates the level of compassion shown by health care workers in Oman:

“The cardiac surgeon knew the patient was dying, with no hope of survival...but the doctor still went in to perform resuscitation, knowing scientifically that there was no chance. This was because he knew this could relieve the family from pain, by showing them that everything they knew could be done, was done. The father asked the doctor why he had done this? When the doctor explained, the father thanked the doctor and understood that there was nothing left to do.”

This concept of compassionate care led to a discussion around social and psychological support in the two hospitals. There were very few resources in this area – some said there were no psychologists; others said that there was a psychologist but the service was not adequately used. Social work services were also scarce. There were few social workers and they did not always fully understand holistic patient engagement, perhaps due to the high number of referrals or limited training. The participants also discussed the importance of religious support, having a religious councillor available on the wards to help support palliative or chronic cases, to ease the patients and families’ anxieties.

Infrastructure and feedback system

One of the hospitals is in the process of adopting and implementing the Canadian accreditation system. Patient and staff satisfaction surveys are used in both hospitals. Most of the surveys are in electronic format and some are designed to be completed in a clinic setting. Information from the patient survey feeds to doctors’ monthly meetings. Electronic health records and information systems have helped give patient feedback and to feed back to professionals on patients’ needs. The Patient Services department deals with complaints and there are feedback and complaint boxes throughout the hospitals. There were suggestions to pilot a patient journey survey, to further investigate communication between departments and to view their experiences in a more holistic manner.

Across all groups, participants acknowledged the availability of infrastructure through which patient engagement could be implemented, but indicated that it was not always used in the most effective way. There was a lack of public involvement in patient safety and quality improvement efforts. There had been some involvement of staff on hospital boards, but the involvement from civil society at this level was limited. Suggestions included involving patients in hospital boards and in research to improve health services, establishing a governing body to coordinate the initiatives and standardizing relevant training and guidelines for health care providers. These would strengthen health systems, which in turn would help build patients' trust in the health care system as a whole and prevent them from seeking a second opinion overseas.
Culture

Culture plays a role in service delivery and influences a patient’s needs and preferences. One notable example is how the gender of both the patient and the provider affects care. Some patients may be shy to be treated by a provider of the opposite sex, which might at times limit the type of care provided. Patients might not want to disclose their symptoms or share their whole history, which may affect the doctor’s ability to accurately diagnose or prescribe care appropriately.

There was also concern about how the culture of hierarchy affects patient engagement. Some nurses felt that their role was not appreciated to the same extent as that of the doctors, and patients would often ask for advice from doctors rather than any other health care providers. For this culture to change, it was suggested that the media could be used to communicate roles and functions as well as a positive image of other health care providers, including nurses and allied health professionals.

4.3 Awareness-raising workshop

4.3.1 Scene-setting and awareness-raising

The awareness-raising workshop for health care providers, safety and quality focal points and senior government officials was held on 25-26 October. The first day of the workshop focused on updating and informing participants on the current situation on patient, family and community engagement at the national level (Dr Ahmed Al-Mandhari and Dr Huda Al-Siyabi), regional level (Dr Mondher Letaief) and global level (Nittita Prasopa-Plaizier and Felicity Pocklington).

An overview on patient and community engagement/empowerment in Oman

Dr Ahmed Al-Mandhari presented an overview of patient engagement and empowerment in Oman. He talked about the continuum of engagement, stating that the process of engagement and empowerment must be implemented and supported from all levels - direct care, organization design and policy-making. Dr Ahmed recognized the importance of involvement, partnership and shared decision-making.

Patient, family and community engagement in Oman: role of community and civil society

Dr Huda Al-Siyabi from the Ministry of Health presented an overview of community-based initiatives in Oman. She spoke about the links between health and quality and that health cannot be achieved in isolation as many of the social determinants of health lie outside the health sector. She talked about the role of community support groups, district health committees and community health volunteers, as well as the importance of motivating community leaders and health workers through respect and shared decision-making. Key challenges include increased demand to respond to rapid social change and to maintain the momentum in the community. The key milestones of community initiatives, which started in the 1990s, were the increase in community support groups and district health committees with over 21 sites of the Healthy City and Healthy Village now actively implemented. The key approaches used included initiative-based projects supporting healthy eating, physical activity and tobacco prevention. The programme has mobilized around 3000 volunteers to participate and actively engage in improving the health of their community. The emphasis is on creating a supportive environment with a focus on village development for improving the health and wellbeing of the people. The Healthy Village Programme also offers health professionals a unique opportunity to adapt health activities to local circumstances.

Patient and community empowerment/engagement in EMR: progress and perspectives

Dr Mondher Letaief presented an overview of patient challenges outlined included poor usability of the system; the processes are in place but are not well used. Low health literacy rates were also mentioned as a challenge, meaning that some patients do not have a clear understanding of their medical condition (only 12% of patients can fully understand the information given to them). However, achievements in Oman have included some community-based initiatives and the Healthy Village Programme.
safety and quality improvement work in the Eastern Mediterranean Region (EMR), as a pretext to patient and family engagement. He presented patient safety issues in the regional context, including the magnitude and scope of the problem, low compliance with patient safety standards (which in some parts of the Region is as low as 10%) the prevalence of health care-associated infections (HAI), and the progress of the Patient Safety-Friendly Hospital Initiative (PSFHI). Dr Letaief outlined the Regional Office’s response which includes:

- supporting the uptake of patient safety interventions such as the hand hygiene campaign, the Surgical Safety Checklist, patient safety curriculum guides, reporting and learning and the Safe Childbirth Checklist;
- supporting the implementation of the PSFHI assessment manual and improvement toolkit;
- developing a framework for improving the quality of care at the primary health care level;
- supporting Patients for Patient Safety (PFPS) ongoing progress and work in the field of patient, family and community engagement.

Dr Letaief gave a summary of why patient engagement is so important in improving health care. With a partnership between the patient, family and community and health professionals, patient engagement can make a real difference in improving health care quality. Patient engagement brings the voices of patients and people to the forefront of health care. The goal is to advocate and facilitate, so patients can take ownership of their care. The Region hopes to continue this work in the future through pursuing technical support, leveraging existing associations and developing the capacity and skills of patient advocates, as well as strengthening regional networks to support the development of national frameworks.

**Patient, family and community engagement: the global view**

Nittita Prasopa-Plaizier presented the global context, explaining that engaging patients, families and communities is a mechanism to facilitate and foster collaboration between the different health care stakeholders, including service users, health care providers and policy-makers. It creates opportunities to empower and build the capacity of patient and families to become informed and knowledgeable health care partners. She explained how WHO’s approach around patient engagement has changed and developed over time, moving from engaging and empowering individuals to building-capacity of national organizations and developing national networks. The goals have also moved beyond engaging for patient safety to include supporting integrated, people-centred health services and advocating for universal health coverage (UHC) with a focus on delivering safe, quality and responsive care for people. The new approach recognizes the importance of engaging all key stakeholders to play a part and work in unity.

Key to engagement and empowerment is health literacy and the importance of empowering people with knowledge so they can make informed decisions, know how to keep safe and use services appropriately. She gave the example of the use of injections worldwide, since an estimated 70% of all injections are unnecessary in some regions of the world, and improving health awareness around the appropriate use of therapeutic injections could help not only improve patient safety, but also save scarce resources currently wasted on unnecessary injections.

For community engagement, there is a need to focus on the societal structure as a whole, not just health services. Engaging the community can help to raise awareness of health issues, reach vulnerable populations, better understand people’s social situations, needs and preferences, and help deliver services in a culturally sensitive manner.

The WHO Framework on integrated people-centred health services (IPCHS), which places the person, family and community at the centre, highlights that empowering and engaging people is one of the five key strategies for a successful implementation of this Framework. The Patients for Patient Safety (PFPS) team in Geneva worked to support implementation of this IPCHS Framework by carrying out interviews and research projects, along with facilitating global patient networks and collaborating with global partners. Nittita gave an example of patients’
perspective on meaningful engagement, which identified aspects including listening, showing respect, answering questions and involving patients and their families in deciding on next steps.

To guide meaningful patient, family and community engagement, the team at WHO headquarters is developing a Framework on patient, family and community engagement. This framework advocates for engagement at all levels of health care and across a range of health services, from information provision and knowledge sharing for health promotion and health maintenance, to service provision processes to engaging for research and policy development. The framework is being developed based on four core principles – compassion, accountability, respect and equity – CARE. It aims to encourage actions from all key health care stakeholders, including patients, families, the community, health care providers, the research community and policy-makers. The framework is expected to be available in 2017.

Examples of patient, family and community engagement around the world

Felicity Pocklington shared some global examples with the participants of patient engagement in practice, emphasizing the importance of patients’ participation in efforts to advocate for engagement. She cited a quote from a patient (below) from some years ago, showing the gaps of perceptions and communication between patients and health care providers.

“*The doctors treat us as if we are plants. They care for us, water us, to help us grow. But in the end, they are like farmers. They care for us for their own purposes. How can it be that they are working for us, but they do not talk to us?*”

-31-year-old female patient the African Region

Much progress has been made in recent years. Through the PFPS patient network, there have been many examples of patients becoming engaged, as team members, in research and design of health care policy and implementation, as advisors on professional and accreditation committees and as members of hospital boards or committees. This approach has been effective in raising awareness of patient-centred care, particularly the role of the patients’ voice as integral to an effective health care system. Patients have been involved in clinical trials, negotiating safer and more appropriate care paths. Many patient advocates have built partnerships with multiple stakeholders, educated and trained other patients, health care providers, managers or students to be aware of patient engagement and the rights and responsibilities involved.

She gave an example of the progress made in South Africa to raise awareness on patient engagement, by incorporating the patient’s voice into all levels of care. South Africa took a quantitative approach to demonstrate the gap between the patient and provider perspectives. The differences in perceptions as shown in the figure below, illustrate the importance of engaging patients and families to better align understanding and expectations and become real partners in their care.

<table>
<thead>
<tr>
<th>Patient</th>
<th>Provider</th>
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<tbody>
<tr>
<td>47%</td>
<td>Integration of TB services 80%</td>
</tr>
<tr>
<td>70%</td>
<td>Communication +60%</td>
</tr>
<tr>
<td>79%</td>
<td>Choice of provider 62%</td>
</tr>
<tr>
<td>64%</td>
<td>Shared decision-making 77%</td>
</tr>
<tr>
<td>60%</td>
<td>Self-care support +80%</td>
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Felicity also reflected on the similarities between the findings of the assessment and key messages from the focus groups discussions at the two hospitals in Muscat. Communication, dignity and respect, informed choice/autonomy, self-care support and governance were all themes that came out of the assessment and were all reflected in the discussions with health care providers.
4.3.2 Priority-setting and planning for the development of a national action framework on patient, family and community engagement

For this part of the workshop, participants worked in five groups to identify priorities and interventions for inclusion into the soon-to-be developed national framework for action on engaging and empowering patients, families and communities. A key strength repeatedly identified by all five groups was the commitment and support of the government, the Ministry of Health.

Below is a summary of combined identified priorities, excluding repetitions.

**Improve health literacy**

Mobilizing the entire community, both young and older population groups, to engage different groups of people at different levels, recognizing that some people may not be interested in reading.

- National level – use of awareness-raising programmes and the media could be effective methods
- Institutional level – use of awareness campaigns to focus on reducing outpatient visits (which have increased to over two million per year)
- Individual level – using the media to target individuals and raise awareness about the importance of health care messages.

**Strengthen communication**

Views from workshop participants reflected those in the focus groups on Day 1 of the Consultation in relation to patient-provider and provider-provider communication. Participants highlighted its importance as it is the first thing patients pick up on when entering a health care facility. Communication can be improved at low cost; it is amenable and is vital for patient and staff satisfaction.

- Language – improve language skills of health care providers (note that the number of Arabic speaking (Omani) health care providers is increasing)
- Communication – ensure clear and comprehensive oral, written communication; sending comprehensive messages: “Don’t take it for granted that communication is just saying a message, there is the sender, the message and the receiver – you need a means of confirming the message is understood”.
- Information – accurate and relevant information for patients and the public, effective sharing of information through the health care system and the accuracy of clinical notes.

**Improve the referral system**

Improve the referral system and the process of transitions of care by clarifying care pathways, standardizing the information flow between different health care facilities and activating and strengthening admission and discharge planning.
Involve patients and families in shared decision-making

“There are different cultures here in Oman, perhaps their reactions and responses to sharing decisions will be difficult”.

Participants discussed the obstacles to achieving this, stating that it was “a little bit of a dream”. However, with improved health literacy and awareness about patient rights and responsibilities, implementation is possible and progress can be envisaged. It is important:

- to assess the patient/family’s readiness or willingness to be involved and how much, as they may want to be involved to varying degrees and at different points in time;
- to be aware of the patients’ preferences, listen to their perspective and respect their choices;
- to respect the patient’s choice of family involvement and of whom they define as ‘family’.

At regional level, there should be a system to monitor how patient rights are implemented and respected. Institutions need to pass on a clear message to their staff, and health care providers should note in the patient’s clinical notes that all options have been presented clearly, as a means of declaring the level of involvement desired by the patient.

Self-management support for people with chronic diseases and conditions

Involving patients in their care can help empower them and increase the role of self-management, making it more visible in the community. Improving, harmonizing and standardizing information that is accessible online for patients; strengthening outreach programmes would be good resources for self-management support.

Develop community nursing and home care programmes

Improving resources around community-based nurses and home visits as this is an area that involves infrastructure and can be expanded. Important issues to consider include the patient’s readiness and ability to self-manage. They should not be pressured to do so if there is a possibility of any harm.

Engage and strengthen the role of the community in health promotion and education

Promoting the appropriate use of medication through health promotion. Participants noted that, particularly with teenagers who suffer from sickle cell, when in pain some patients will ask for medication from various different doctors, not fully understanding the dosage and quantity of the medication.

There needs to be a particular focus on the national level to target teenagers through the media, educating them about appropriate use of medication and where to safely seek medical advice.

Teaching in schools about the dangers around medication use could also be used as a method towards health promotion, especially in this instance.

Accountability

Participants suggested having a responsible authority to oversee the implementation of decisions and policies relating to engagement and empowerment. Attention must be given not only to the outcomes, but also to the processes of implementation and monitoring.

This responsible authority should take responsibility for a strategic action plan, articulate clear goals and transparently implement the framework on patient engagement. This framework should feed down through the levels and be implemented appropriately. With strong accountability, individuals should be more aware of the existence of these policies. The responsible body should also ensure the mechanisms for feedback, experience exchange and evaluation are in place and used properly.
The second part of the planning for the development of a national framework focused on the strengths, challenges, actions and roles and responsibilities in the planning for implementation stage of the process.

**Key strengths**

The overarching theme acknowledged by all groups was the support and willingness of the Ministry of Health to play a central role in implementation of this policy, by expressing commitment and willingness to lead and prioritize patient engagement. This commitment is also apparent among health care staff, volunteers and the community. With such a young, motivated and open-minded population, Oman has a great platform for the patient engagement framework to be adopted.

The strong sense of community, support groups and local health committees also play a crucial role in the implementation process. The strong sense of community in rural areas, especially, and the existence of health committees would enable government policies to filter down to the community, through to the population. The launch of the “Patients’ rights and responsibilities” and the workplace violence policy and the awareness of strengths and limitations that exist in the system illustrates the preparedness of the country to adopt and implement new initiatives with appropriate support for capacity development.

**Key barriers**

The participants also discussed potential barriers to implementing a national framework on patient engagement. Potential key barriers included:

- **Resources** - despite the infrastructure being in place, health centres do not always have access to the resources they need or would like
- **Work overload** - this was discussed as a barrier to implementation, staff have many patients and very little time
- **Communication** - not all health care providers speak Arabic. Information sharing between facilities is not optimum. Communication between staff is also affected by the culture of hierarchy
- **Geographical barriers** - in terms of access, some areas of Oman are difficult to reach and special attention would have to be paid to making sure these areas also adopt this new patient engagement approach
- **Adopting a new concept** - the concept as a whole is relatively new; and it will take time to embed it into the health system. Participants suggested that people are always sceptical to change. Introducing some forms of incentives may alleviate some of the potential resistance
- **Guidance** - a need for clear guidance on how to engage with a well-defined, responsible body and transparent organizational structure for implementation.

**Key actions**

Key actions need to take place over the next 12 months to ensure an effective implementation process.

- **Involve multidisciplinary teams to develop a clear strategy and plan**
- **Raise awareness in the communities** - through involving community support groups, outreach programmes and religious leaders
- **Coordinate with both traditional media channels (e.g. newspapers, radio, television) and new media (e.g. social media)**
- **Standardize and develop educational material for pre-service training curricula (e.g. adopting the WHO Patient Safety Curriculum Guides) as well as in-service (e.g. orientation training or continuing professional development)**
- **Ensure that the plan is implemented, monitored and evaluated appropriately**
- **Recruit new volunteers and engage civil society**
- **Provide training for focal points in all regions, including staff at tertiary hospitals.**
- **Provide resources and allocate budget appropriately**
• Conduct research, assess current actions and use evidence available from both within Oman and internationally.

Roles and responsibilities

Key stakeholders to be responsible for or involved in the implementation of this engagement framework include:

• Ministry of Health – to develop vision and monitor the progress of institutions' implementation
• Health care providers
• Patients, families and communities (including community leaders, volunteers and health committees), civil society
• Other government ministries (education, community support, IT, finance)
• Human resources (HR) and quality teams
• Patient services departments within hospitals.

The session closed with a discussion around “what can we learn?”. Participants suggested that we can learn about respect and about a new holistic approach to care. Also taken from this session was the need to learn how to measure impact in new and alternative ways. Oman can learn through other country experiences to assess what is feasible and how other cultures have reacted to change.

4.3.3 Closing remarks

Dr Ahmed concluded the workshop, highlighting the next steps that need to be achieved for the creation and implementation of Oman’s national patient engagement framework to be sustainable. Dr Ahmed announced that the MoH was hoping to create a framework that will feed into the five-year strategic national plan, and hopes to celebrate the success of this roadmap by the end of this five-year period. MoH will start to work on a clear roadmap (framework) once the summary report of the workshop is finalized. A timeline and responsibilities chart was also to be drawn up following the workshop. Clear instructions and remarks were made around the importance of involving civil society, patient representatives and support groups in the follow-up meetings to this workshop.

5. Visits to primary health care centres and to the ‘Healthy Village’ of Qumaira

The purpose of the visit to Qumaira was to gain better understanding of how community health centres function in providing services and engaging the community. The field visit included a visit to a primary health facility, a primary school, and a presentation from representatives of the health committee on an overview of the projects being undertaken locally, and the viewing of the sites at which these public projects are being implemented. The Village’s representative presented key information about how the village engaged with the community and promoted the concept of a ‘healthy village’.
The local primary health centre provides comprehensive health services to the community, consisting of a range of clinical, promotive and preventive services, including obstetrician services, a counselling service and diabetic and hypertensive clinics. There was one doctor, overseas-trained, working at the facility, and supported by nursing staff and allied health professionals on a regular basis. There were around 10 patients per day (around 350 patients in total). Clinic hours were 07:00 – 14:00, with the rest of the day covered by an 'on call' service. The centre also benefits from the services of trained volunteers who work with the community and serve as a link between the centre and the surrounding communities.

Each health centre in the region has its own quality focal point, and incidence reporting is done by staff, along with a complaints/feedback box for patients. Patient information is captured through the electronic health records (HER) which is estimated to cover about 90% of the total population of the region.

At the community hall, a representative of the village’s health committee presented on the key achievements since 2011 and future projects of the committee. There was a focus on the social determinants of health, and an understanding that all sectors need to be involved for the development of the healthy village programme to be a success. The presentation covered the concept and the process of implementing the ‘healthy village’ approach and the creation of a committee of 12 members to oversee planning and implementation. The village’s action plan was developed through an evidence-based and participatory approach. There is a focus on participation, with each neighbourhood having a representative (volunteer). A household survey was conducted to extract key socio-economic and environmental information. The information from the household survey was analysed and an action plan was created based on these data.

Interventions led by the health committee included:
- Cleanliness programme - rubbish collection and cleaning of water supply sources
- Kindergarten classes - to help integrate children into the school system
- Walls around the cemetery and having a separate house to wash the dead
- First aid projects
- Park project - building a green communal space for the community
- Project for ‘needy’ students - 63 children are currently provided with free breakfasts at school
- Health talks in schools and sports days for youth in the community
- Outreach clinics - every Tuesday, involving resources being delivered to remote areas.

The ‘Healthy Village’ demonstrated a well-organized community health care system and active community engagement through a holistic approach, linking health care to education and social support. Volunteers are motivated and their connections to community health centres provide opportunities for strengthened and systematic community engagement.

A brief visit to a primary health care centre in an urban area of Muscat was also conducted. At this centre, the focus was on observing the facility’s environment and how services were delivered.

6. Conclusion and recommendations

The Ministry of Health has a clear vision and strong commitment to improving patient safety and has demonstrated strong leadership and active participation in initiatives at both regional and global levels, including participating in several key WHO initiatives. The launch of the ‘Patient’s Rights and Responsibilities’ and the associated workplace violence policy, as well as the inclusion of patient,
family and community engagement in its 9th National Strategic Plan (2016-2020) are a testament to MoH's commitment to achieving integrated and people-centred health care and services. The leadership and support provided by the MoH have been well acknowledged by health care providers and government officials participating in all activities during this Consultation.

Oman also has a strong health care system based on primary health care and universal access for Omani nationals. Health care professionals are enthusiastic about embracing the patient engagement and empowerment concept and are prepared to practice it in service delivery. The ‘Healthy City, Healthy Village’ programme demonstrates impressive community engagement and that health infrastructure is already in place to adopt and implement the new national framework on patient engagement.

Building on these strong foundations, below are key recommendations identified as a result of the Consultation. These recommendations should be implemented by engaging relevant ministries and involving patient and community representatives at all stages of the process.

At the health system and service delivery level

1. Develop and strengthen capacity of staff by incorporating the subject of engagement and empowerment into formal staff orientation and professional development training.

2. Strengthen capacity of the patient support groups and facilitate their collaboration with health care providers.

3. Strengthen programmes aimed at improving health literacy by involving patients, families and the community in awareness-raising campaigns and in the production and dissemination of information (both information specific to patient diseases and general information for educational purposes such as clinical guidelines related to the main diseases. Engaging patients and ‘lay people’ will help ensure that the messages and language are relevant to need and are properly understood by patients and the public); using IT and media resources for dissemination.

4. Implement standardized protocols regarding patients’ self-management.

5. Enhance the compassionate care approach – involve families according to the patient’s wishes; facilitate patients’ access to psychosocial (social work, psychologists) and spiritual (religious councillors) support. Capacity-building for health care professionals, especially on communication and attentive listening.

6. Introduce the concept of a patient journey survey, alongside additional psychological and social support workers.

7. Include patients, community leaders in hospital boards, working groups, advisory groups and provide orientation and capacity training to both staff and patients. This can be initiated as a pilot project.

At the policy level

8. Develop a national framework for action on patient, family and community engagement:
   - Establish a working group with representatives of key stakeholders that are multi-sectoral i.e. include those working in community health centres, primary health care, social care, health promotion/disease prevention, education sectors to develop the framework on patient, family and community engagement through a participatory process;
   - Establish an advisory group with representatives from the key stakeholders to oversee the implementation, monitoring and evaluation of the framework for action.

9. Establish national initiatives aimed at improving health literacy among the population; tailoring messages to each target group; engage the media in dissemination and
promotion; create a platform for sharing information, success stories, and experiences.

10. Enhance existing successful programmes, such as the ‘Healthy City, Healthy Village’ programme, the Patient feedback system, the community volunteers and the patient support groups.

11. Strengthen linkages between primary, secondary and tertiary health care levels, as well as between health care facilities and the community.

12. Establish protocols and/or processes to ensure quality, consistency and implementation of:
   • communication within and between facilities and between health care professionals;
   • patient referrals;
   • the collection, access, use and sharing of patient data/information; ensuring the quality and accuracy of the information for patients and the public;
   • The provision of patients’ self-management support.

13. Develop and strengthen the capacity of health care professionals by:
   • establishing standard curricula and training guidelines that incorporate the subject of patient, family and community engagement;
   • ensuring that health professionals acquire appropriate competencies and awareness by incorporating this subject into the formal courses of continuing professional development (CPD) or continuing medical education (CME).

14. Strengthen community leaderships and capacity; conduct ‘train-the-trainers’ workshops to create a pool of competent and skilled community volunteers.

15. Create a mechanism and set of indicators to monitor and evaluate the process and impact of the framework’s implementation through systematic documentation.
7. References


2. WHO Patients for Patient Safety. www.who.int/patientsafety/patientengagement


## Appendix 1- List of participants

### Participants in the workshop on ‘Patient and Community Engagement & Empowerment’

<table>
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<tr>
<th>Facilitators and speakers</th>
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<tr>
<td>Ahmed Al-Mandhari</td>
<td>Mondher Letaief</td>
<td>Nittita Prasopa-Plaizier</td>
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<tr>
<td>Huda Al Siyabi</td>
<td>Felicity Pocklington</td>
<td>Jenny Westad</td>
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### Participants in the workshop

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<thead>
<tr>
<th>Khalid Abumaljd</th>
<th>Maha Masoud Said Al Maskari</th>
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<tr>
<td>Aziza Khalfan Al-Aamri</td>
<td>Nasser Al-Matroshi</td>
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<td>Rajeev J. Alapat</td>
<td>Khalifa Thani Al-Mazroui</td>
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<td>Zuwaina Ali Saif Al Shaibani</td>
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<td>Laila Hamad Azzan Al Busaidi</td>
<td>Salim Abdullah Mohammed Al Sidairi</td>
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<td>Noora Hamood Hamed Al Fori</td>
<td>Sheikha Khalifa Obaid Al-Taouni</td>
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<td>Ibrahim Saleh Abdullah Al Hadrmi</td>
<td>Vinod Arthasseril Cyrus</td>
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<td>Fatma Mohammed Al Marjibi</td>
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Participants in the focus group discussions

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<th>Sultan Qaboos University Hospital</th>
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<tr>
<td>Yusra AL Abdali</td>
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