

Post-Convening Report

Aug 5-7, 2025

Lancet Global Health Commission on People-Centered Care for
Universal Health Coverage

Table of Contents

Acknowledgements	3
Overview of the Convening	4
Executive Summary	6
Convening Objectives	7
Commission Timeline	7
Commission Research Questions	7
Convening Content Summary	8
Day 1: Immersion Journey to the Sing Buri Province and “Co-Initiating”	8
Day 2: Working Groups Progress Updates and “Co-Sensing”	10
Commission Feedback on Preliminary PCC Definition	12
Scoping Review Next Steps	14
Working Group Session Updates & Next Steps	14
TheoryU Listening Reflection & Feedback Form	19
TheoryU Listening Reflection	19
Feedback Form Results	20
Day 3: Commission Discussion & “Presencing” for the Future	21
Group Yellow	21
Group Blue	22
Group Green	22
Group Pink	23
August 2025 Lancet Convening Next Steps	24
Thank you!	24
Appendix	25
Appendix A: Agenda	25

Acknowledgements

We would like to extend our sincere gratitude to our partners at the Praboromarajchanok Institute (PBRI), Thailand Ministry of Public Health. This event wouldn't have been possible without the support of President Vichai Tienthavorn, Vice President Sukjai Charoensuk, Assistant Professor Phayong Thepaksorn, and Assistant Professor Panarut Wiswatapnimit, who all so generously hosted and dedicated hours of work to support the Commission. We would also like to thank Pinguye Yin, Senior Editor of Lancet Global Health, Beijing Office, for attending our 2nd Convening and providing us with valuable insights.

We were honored to have the presence and blessings of Venerable Napan Santibhaddo Thawornbanjob. His insights on the art of “getting it done and letting it go” were invaluable to the team.



Overview of the Convening

Participants

The convening brought together 30 of the 34 Commissioners, a diverse and interdisciplinary group of professionals who are essential to advancing the PCC agenda. Thank you so much to all of our commissioners for their continued dedication and spirit that they bring to this project.

1. **Luke Allen** – Co-Director, Global Primary Care, Oxford; Adjunct Associate Professor, UNSW
2. **Mark Barone** – Founder/GM, Intersectoral Forum of NCCs/NCDs in Brazil (ForumCCNTs)
3. **Stephen Bell** – Principal Research Fellow, Theme Lead: Social Science & Global Health, Burnet Institute
4. **David Duong** – Director, Program in Global Primary Health Care, Harvard Medical School
5. **Sameh El-Saharty** – Senior Health Policy Advisor, World Bank
6. **Ibtihal Fadhil** – Founder & Chair, NCD Alliance, Eastern Mediterranean Region
7. **Lucía Feito Allonca** – Advisory Committee, Global Week for Action on NCDs; Registered Lawyer, Gijón Bar Association
8. **Rushika Fernandopulle** – Co-Founder, Iora Health
9. **Tinashe Goronga** – Program Manager, EqualHealth Campaign Against Racism; Co-Founder, Centre for Health Equity Zimbabwe
10. **Lisa Hirschhorn** – Professor, Feinberg School of Medicine, Northwestern University
11. **Beth Holt** – Associate Director of Health Systems, Program in Global Primary Health Care, Harvard Medical School
12. **Nathan Hutting** – Associate Professor, Occupation & Health Research Group at HAN University of Applied Sciences
13. **Meena Isaac** – Assistant Professor, Community Medicine, Pushpagiri Medical College, Kerala
14. **Ruth Labode** – Director, Apple Pharmacy
15. **Xiaoyun Liu** – Deputy Director & Professor, China Centre for Health Development Studies, Peking University
16. **Maureen Luba** – Senior Advisor, Global Policy, AVAC (Virtual Attendee)
17. **Maxo Luma** – Executive Director, Partners In Health, Liberia
18. **Adolfo Martinez Valle** – Head, Academic Unit, CIPPS at UNAM (Mexico)
19. **Brendan McCormack** – Head of School & Dean, The Susan Wakil School of Nursing & Midwifery, University of Sydney
20. **Sinit Mehtsun** – Executive Director, Health Systems Engagement, Gilead Sciences
21. **Stephen Mills** – Regional Director, Asia, EpiC Project, FHI 360

22. **Todd Pollack** – Director, Implementation Science, Program in Global Primary Health Care, Harvard Medical School
23. **Steve Reid** – Director & Chair, Primary Health Care, University of Cape Town
24. **Diah S. Saminarsih** – CEO & Founder, CISDI
25. **Glenda Sandy** – Advisor, Infectious Disease, Dept. of Public Health, Nunavik Regional Board of Health & Social Services
26. **Anthony Paulo Sunjaya** – Senior Lecturer, School of Population Health, UNSW Sydney; The George Institute for Global Health
27. **Carolyn Taylor** – Founder/Executive Director, Global Focus on Cancer
28. **Bach Xuan Tran** – Professor, Vice Head, Department of Health Economics, Hanoi Medical University
29. **Lavanya Vijayasingham** – Independent Global Health Research Professional
30. **Maxine Anne Whittaker** – Professor, James Cook University

Absent: Duc Anh Ha, Kimberly Green, Magda Robalo, Rosanne Rotondo.

The convening was supported by members of the Harvard Medical School Secretariat, including David Duong, Todd Pollack, Bethany Holt, Katie Cavender, Erin Farren, Heidi Ngov, Neha Bajaj, Mariely Nuñez, Dru Ricci, and the Harvard Scholar Students, including Cinta Nurindah, Falguni Basnet, Ernest Yip, Stella Zhang, and Benjamin Daniels.

Executive Summary

From August 5 - 7, 2025, the Praboromarajchanok Institute hosted the second in-person convening for the Lancet Global Health Commission on People-Centered Care for Universal Health Coverage in Bangkok, Thailand. Building on the foundation laid during the inaugural meeting in Boston, this convening marked an important step in shaping the Commission's shared agenda and advancing the *Exploration Phase* of our work. The meeting brought together 30 Commissioners representing diverse disciplines, geographies, and experiences. Through immersion visits, plenary discussions, and intensive working group sessions, the Commission made significant progress in three areas:

- **Defining People-Centered Care** – Working Groups 1 and 6 presented a preliminary definition of PCC and a set of operational principles, informed by concept analysis and consultations with people with lived experience. Commissioners engaged in critical dialogue, affirming the added “humanness” and inclusivity of the definition while identifying areas requiring refinement, stratification, and contextual sensitivity.
- **Aligning Evidence and Measurement** – Updates from the ongoing scoping reviews (Working Groups 2–4) demonstrated the breadth of evidence being assembled and highlighted the need to integrate the new PCC definition into data extraction and analysis. Commissioners agreed on revisions to research sub-questions, enhancements to extraction tools, and a logic model to guide synthesis.
- **Linking Policy and Practice** – Working Group 5 initiated streams of work focused on regional advocacy, investment cases, and stakeholder mapping to ensure the Commission's outputs have resonance and uptake among decision-makers.

Across all sessions, Commissioners emphasized the importance of lived experience, equity, and systemic reform as central to PCC. Collective reflection using the TheoryU framework deepened relationships and reaffirmed the Commission's commitment to co-creation.

The Bangkok convening confirmed the Commission's strong momentum and collaborative spirit. The meeting's discussions and outputs will inform the development of concrete next steps and workstreams in the coming months.



Convening Objectives

1. **Share the PCC definition/operational principles** as put forth by Working Groups One and Six and discuss how it should be applied to other streams of work.
2. **Critically evaluate current landscape of literature** and learnings to date from the ongoing Scoping Reviews of Working Groups 2-5 and discuss adjustments and extraction plan based on agreed PCC definition.
3. **Define and prioritize areas of ‘new’ data collection and analysis** to undertake over next 6-8 months that answer research questions and ensure a novel and impactful contribution of insights to the literature and generation of practical tools to strengthen practice.
4. **Refresh ways of working** that establish equitable, realistic commitments for each person to contribute and foster **deeper, more authentic relationships** among Commissioners and participants as the foundation for collaborative progress toward our shared goals.

Commission Timeline

The Commission’s work is divided into 4 Phases as shown in the Table below. Preparation and groundwork began in October 2024. This 2nd Convening marks the second half of the *Exploration Phase* during which the Commission research questions have been co-developed (see below), working groups have been formed, and, more recently, initial research plans are being implemented.

Phase	Timeframe	Key Tasks
Preparation and Groundwork	October 2024 – January 2025	- Baseline literature scan - Initial commissioner virtual meetings
Phase 1: Exploration Phase	January 2025 – April 2025	- <i>First convening - Boston (January 21-23, 2025)</i> - Define and refine research questions and methods - Finalize working group structure and responsibilities
	May 2025 – October 2025	- Conduct scoping reviews - Second in-person convening (August 2025, Bangkok)
Phase 2: Discovery Phase	October 2025 - Spring/Summer 2026	- Conduct mixed-methods research - Commission new research to fill gaps - <i>Third in-person convening (Spring vs Fall 2026, Europe)</i>
Phase 3: Packaging Phase	Fall 2026 – Winter 2027	- Draft sections of report - Complete draft by December 31, 2026 for Submission
Phase 4: Advocacy & Dissemination Phase	Winter 2027 - Fall 2027	- Conduct Advocacy engagement at key events throughout year - Hold launch event UNGA 2027

Commission Research Questions

1. What does the Commission mean by people-centered care (and related terms)?
2. What are the benefits of PCC, and how do we measure them?
3. How can PCC be implemented to achieve and sustain UHC?
4. How can stakeholders build on current evidence to innovate policies and practices that embed PCC into healthcare systems?

Convening Content Summary

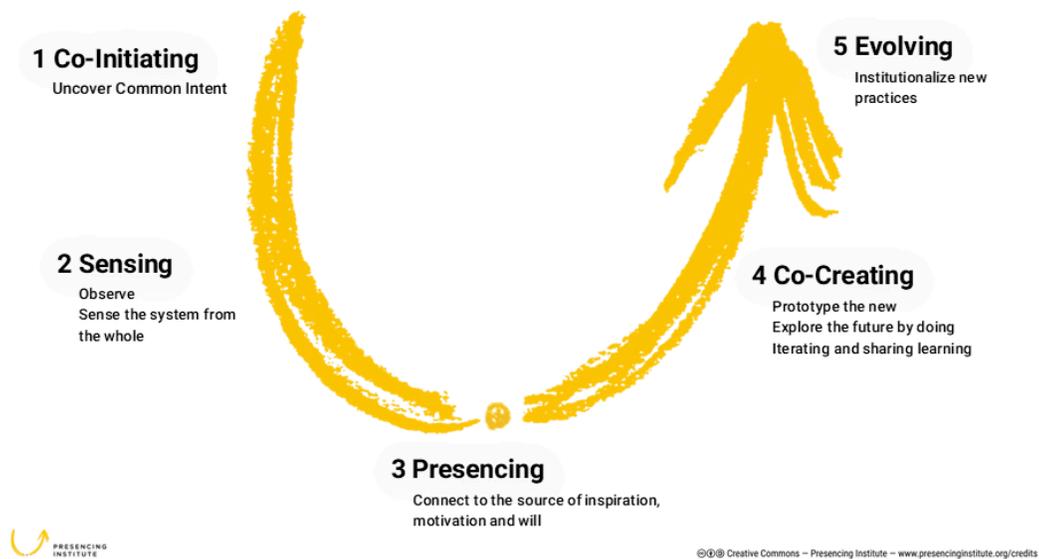
Please see [Appendix A](#) for the agenda.

Day 1: Immersion Journey to the Sing Buri Province and “Co-Initiating”

The first day of the Convening began with an immersion journey to the Singburi province, located two hours north of Bangkok. Upon our arrival, we were graciously greeted by the members of the Sing Buri province hospital and administration, who provided information and details about the health clinic and various PBRI primary and preventative care models. Commissioners enjoyed learning about the seven-colored ping pong model, a health literacy tool used to manage the progression of illness and promote wellness within a community. Afterward, Commissioners were split into four groups, each of which visited a different site within the province, including a primary care unit within a Buddhist temple, a home visit, conversations with diabetic and hypertensive patients, and the Queen Sirikit Health Center. Following the visits, Commissioners discussed their observations over lunch before heading back to Bangkok, where they were greeted by the wonderful students of the Boromarajonani College of Nursing (BCN).



The remainder of the afternoon was spent with a group welcome session and an introduction to TheoryU, the theoretical framework that would guide the rest of the Convening. TheoryU is a framework designed to enable deep collaboration and systems change. It served as a map for this Convening and indicated the mindsets required at each stage in order to succeed.



Day 2: Working Groups Progress Updates and “Sensing”

The second day of the Convening opened with a meditation session led by the Venerable Napan Santibhaddo Thawornbanjob, the assistant abbot at the Golden Mount Temple and director for the Institute of Buddhist Management for Happiness and Peace. Venerable Napan’s session allowed Commissioners to ground themselves in mindfulness ahead of a content-filled day.



The remainder of the morning was led by the Co-Chairs of Working Groups 1 & 6, Brendan McCormack and Maxine Whittaker. They provided the Commissioners with a thorough description of the methodology used to co-create the Commission’s preliminary definition of “people-centered care”, including specifics about the concept analysis and lived experience consultations. Below is the definition of PCC along with the four concepts that underpinned the work.

People-Centered Care Preliminary Definition

People-centredness is an approach to **providing the continuum of care** that prioritises the **total needs, values, and preferences** of **individuals, families, and communities**. It emphasises **respectful, empathetic, dignified, and collaborative relationships** between persons and all those who contribute to healthcare, ensuring that care is not only clinically effective but also **emotionally supportive, culturally appropriate, and socially responsive**. People-centred care is a **foundational right** to achieving wellbeing outcomes and a good care experience. It can only be achieved when there is a shift from provider-driven to collaborative and **inclusive health and care systems** that afford **care providers the same respect and value**.

Empowerment Definition

Empowerment in healthcare is both a process and an outcome rooted in respect, equity, and collaboration that enables individuals, families, and communities to have control over their health and well-being. True empowerment depends on equitable access to care and resources, support for cultural and health literacy, and systems that value diverse lived experiences. It requires shifting power toward people — at personal, community, and system levels.

Systemic Issues Definition

In healthcare, systemic issues such as structural disadvantage, discrimination, stigma, racism, education, and political violence exacerbate existing strategic, policy, and organisational level barriers to healthcare access and equity (economic, social, and system) and further compound the invisibility and marginalisation of at-risk populations. Such disadvantages can be overcome by structural reform of health systems, improved access and availability, and a commitment to collaborative and inclusive approaches to system and practice transformation.

Relational Care Quality Definition

Quality care that is relational emphasises the interpersonal and emotional aspects of healthcare delivery. It requires relational continuity for effective shared decision-making and emotional support between patients and clinicians, built on trust, respect, empathy, and mutual understanding. It is operationalised by teams committed to practising with cultural sensitivity and in partnership with persons.

Emotional States Definition

An emotional state in healthcare refers to the dynamic and multifaceted experience of feelings and psychological responses that arise in response to illness, caregiving, treatment, and systemic interactions. Recognizing and responding to emotional states is integral to people-centred care, respecting the spectrum of responses from emotional distress to emotional well-being. It affirms that emotions are not peripheral, but central to how people experience health, healing, and care.

While the concept analysis and care stories have created a preliminary definition that has been validated by the literature and contested against networks of people with lived experience, the definition will continue to be refined and validated by the commissioners in the coming months. Working Group 1 (previously 1 & 6) will test this definition with larger cohorts of individuals with lived experience. The definition will be refined in accordance with the timeline below.

Timeline

Stage	Description	Key Deliverable	Deadline
Stage 1	Thematic analysis of embodied knowing & photovoice	Common terms, themes, issues	30 th May 25
Stage 2	Concept analysis using pragmatic utility method	Preliminary definition & concept clarification	17 th June 25
Stage 3	Adapted realist synthesis integrating empirical + literature review	Final definition, operational principles, framework	25 th July 25
Stage 4	Convening meeting	Commission feedback and refinement	5-7 th August 25
Stage 5	Incorporation of feedback from commissioners	Validated framework	17 th August 25
Stage 6	Extending, deepening and socialising definition	Concept Analysis (article review), Realist Review – Develop theory to explore what works, for whom, in what context, and why, PCC Case Studies – Test theory to answer what works, for whom, in what context, and why, Realist Synthesis & Chapter Writing, Community of Practice Development	Prior to third convening

Commission Feedback on Preliminary PCC Definition

To gather structured and productive feedback on the PCC definition from the broader group of Commissioners, the team facilitated a World Café discussion. Commissioners were divided into four groups, each responding to specific prompts. They were given fifteen minutes for discussion before reporting their insights to a designated group leader.

Table 1: In what ways does our definition extend or go beyond the WHO definition, and what value does it add?

Upon presentation of the revised PCC definition, Commissioners were concerned about the length of the definition, the ambiguity of the term “community”, and how the definition frames the measurement of PCC. Nonetheless, many Commissioners felt as though the revised PCC definitions bring a stronger emphasis on “humanness” (eg. personhood, emotional and relational aspects of care) that is not suggested by the WHO definition. Commissioners also noted the greater inclusion of perspectives (eg. of care providers, other staff, volunteers and families) and clarity that the new definition includes and its opportunity to create meaningful change.

Table 2: What assumptions does our definition raise or challenge, and are we introducing new assumptions?

While Commissioners explored various assumptions embedded in the new PCC definition, several recurring themes emerged across all four discussion groups. These included the assumption of a universal understanding of dignity and rights, accountability among health professionals, equal empowerment of patients, clinical effectiveness, and political commitment.

Table 3: How can this definition be made actionable or operationalized to progress people-centered care for UHC?

The PCC definition was developed with inclusivity in mind, aiming to minimize jargon and be accessible to all. However, this broad approach has led to the need for further refinement. During the table talk, Commissioners emphasized the importance of stratifying the definition across different levels - policy, clinical practice, and service delivery management - to better support its operationalization and measurement. This stratification could also help establish international standards for PCC. Commissioners also initiated a discussion on whether PCC should be framed as an outcome-based or process-based approach, as this distinction will influence the development of specific quality metrics. Additionally, many suggested engaging policymakers directly to determine how PCC should be implemented in practice.

Table 4: What potential challenges, critiques, or perceived limitations might arise from the definition (e.g. language, concepts, or framing) that could lead to resistance, misinterpretation, or unintended consequences?

Commissioners raised concerns about the use of terms like “foundational rights” and “socially responsive” which may be interpreted differently across cultural and political contexts. Issues around respecting autonomy were brought up repeatedly, particularly when individual preferences conflict with those of families, communities, or providers. Commissioners also emphasized the need for greater contextual clarity to avoid misapplication of the definition.

Scoping Review Update

After lunch, Anthony Sunjaya, a Co-Chair of Working Group 2 & 3, presented an update on the workstream’s progress. As of Friday, August 15th, 7,341 articles have been screened with 21,666 articles remaining. With the newly presented PCC definition in mind, many Commissioners discussed how the four themes presented by working group 1 & 6 would be integrated into the ongoing review. They also discussed a search within the literature pool to find evidence of people with lived experience in the creation of measures or interventions. As the session came to an end, the Commissioners looked forward to hearing about how the group would synthesize and operationalize the results of the scoping review to complement the output of the concept analysis. Anthony also shared the next steps for the scoping review which included:

Scoping Review Next Steps

Date	Action Item
10/01/2025	Complete the title and abstract screening for the remainder of the 22,000 articles
11/01/2025	Complete full-text screening with a smaller group of reviewers
01/01/2026	Complete the data extraction using the existing extraction template

Working Group Session Updates & Next Steps

For the remainder of Day 2, each working group met separately to reflect on the outputs and discussion of the morning session around the preliminary PCC definition. They were then tasked to consider how the new definition might inform their ongoing work and potential next steps. Each group also actively engaged in a reflection of their past work, understanding their ways of working and methods in which each Commissioner could continue to contribute meaningfully and in a way that plays to their strengths.

Working Group 1 & 6: Concepts & Definitions

Session Objectives:

1. Develop an action plan for completing the development of the PCC definition and principles
2. Equitably distribute work and agree on working norms for the next phase of work

Key Discussion Points:

1. Edits and changes were made to the PCC definition
2. Brainstorming methods of incorporating a greater amount and diversity of lived experience to inform the definition, including Indigenous groups
3. Methods to implement PCC through case studies with policymakers, healthcare providers, educators, etc.

Workstream 1, Cluster 1

Workstream/Task	Description of Activity	Lead(s)	Deadline / Timeline
Cluster 1: Completing Conceptual framing	- Complete Covidence screening of remaining circa 6000 articles	Neha	Ongoing
	- Analyse remaining articles. Create targets of monthly number of articles screened	Glenda, Meena, Steve, Nathan, Carolyn, Maureen, Lucy.	21st June 2026
	- Identify Spanish Literature to be reviewed	Maxine/Brendan to work with Mark & Lucy on this.	21st June 2026
	- Continue to write supporting narrative with integrated evidence.	Brendan to lead	

Workstream 1, Cluster 2

Workstream/Task	Description of Activity	Lead(s)	Deadline/Timeline
Cluster 2: Mapping Out the finalised Concept Analysis	- Finalise definition based on convening feedback & follow-on discussion with WG members.	Brendan & Maxine	End of September 2025
	- Develop operational principles	Brendan & Maureen & Meena	End of October 2025
	- Map key components of the definition and operational principles to Antecedents/ attributes/consequences/ related terms of concept analysis method		

Workstream 2, Cluster 1

Workstream/Task	Description of Activity	Lead(s)	Deadline / Timeline
Cluster 1: Community of Practice Reference Group	<ul style="list-style-type: none"> - Develop terms of reference - Finalize terms of reference with members of COP 	Carolyn & Maureen & Mark	Circulate by end of August 2025
Indigenous Reference Groups	<ul style="list-style-type: none"> - Terms of Reference - Pros & Cons 	Glenda	October 2025

Workstream 2, Cluster 2

Workstream/Task	Description of Activity	Lead(s)	Deadline / Timeline
Cluster 2: Realist Stage	Design Case Studies/IRB Approval 1-1 interviews with policymakers, healthcare providers, educators, networks, create a continuum, <ol style="list-style-type: none"> 1. Design 2. Ethics 3. Doing 4. Analysis 	Maxine/Brendan - and involve different members of the WG as the design unfolds	January 2026

Working Group 2 & 3 & 4: Measurements & Outcomes

Session Objectives:

1. To review and revise research sub-questions in light of the PCC definition
2. To advance progress on the ongoing scoping review and ensure alignment within working groups on the research process.

Key Discussion Points:

1. Moving away from Micro, Meso, and Macro level terminology
2. Utilize a framework from the Commission on High Quality Health Systems
3. Continue screening the articles for the scoping review

Next Steps

Task	Description of Activity	Lead(s)	Deadline / Timeline
Look at Quality Assessment Frameworks	How can we incorporate quality assessment needs into the extraction form? - One minimal, one moderate, one comprehensive method	Dru, Luke	9/1
Separate extraction for measurements	Need to consider waiting to extract validation studies, as the definition may inform what measures of PCC are relevant	Dru, Anthony	9/1
Policy-Specific Outcomes	What outcomes should we extract quality data from that are most relevant to policy makers?	Dru, Todd, Luke, Anthony, Lisa	9/1
Update Extraction tool	Incorporate discussions from convening to include key items for extraction, for WG 2/3/4	Dru, Todd, Luke, Anthony, Lisa	9/1
Test and Iterate Updated Extraction Tool	Possible use of AI to help	Dru, Todd, Luke, Anthony, Lisa	11/1
Complete logic model	A framework to conceptualize the scoping review analysis and organize the findings	TBD	10/1

Working Group 5: Policies/Enablers

Session Objectives:

1. To review and revise the scope of work in light of the PCC definition and work to date, including key outputs and distinctive contributions from a policy perspective
2. Agree on the inputs (e.g., research insights, consultations, etc.) required to complete the scope of work

Key Discussion Points:

1. Discussion of policy implications of the definition and their effects across regional blocks
2. Brainstorming ways to involve and enable the public and encourage an inclusive mindset shift in policymakers
3. Discussion of stakeholder involvements in implementing PCC

Next Steps

Workstream/Task	Description of Activity	Lead(s)	Deadline / Timeline
Stream 1: Regional Dialogue and Advocacy Campaign	Ensuring and analyzing political commitment for PCC	Tinashe	End of September
Stream 2: PCC Investment Case for Policymakers	Creation of a ghost PowerPoint with key data points	Diah	Second week of November
Stream 3: Stakeholder Analysis	Clarify the purpose/question/domains of influence Identify and specify key decision makers to influence with an advocacy campaign and regional dialogue	Lavanya Ruth	End of November

TheoryU Listening Reflection & Feedback Form

As Day 2 of the Convening came to an end, all Commissioners completed a Listening Assessment Reflection and Feedback Form. The intention of the Listening Reflection was to increase the awareness of one's own listening and the way it might change a conversation - if we become aware of the way we listen, it can support us to listen more intentionally!

According to TheoryU, there are 4 levels of listening. The levels of listening should not be understood as a hierarchy in the sense that level 1 is good, level 2 is better etc. - it all depends on the circumstances where the listening is applied. The results of the reflection are in the table below.

TheoryU Listening Reflection

Time Percentage of Commissioners in Each Listening Level								
	10%	20%	30%	40%	50%	60%	70%	100%
Level 1	4	6	4	4	2	1	-	1
Level 2	-	6	10	3	2	-	-	1
Level 3	1	10	4	3	2	1	-	1
Level 4	6	8	5	-	1	-	1	1

- Level 1: Downloading - Listening from your habits, from what you already know; the result is you re-confirm what you already knew.
- Level 2: Factual - Noticing something new, something that differs from what you already knew or expected to hear.
- Level 3: Empathic - Listening from the place the other person is speaking from, experiencing/sensing an emotional connection.
- Level 4: Generative - Connecting to the emerging future - to a future possibility that links to your emerging self; to who you really are.

Feedback Form Results

1. Most Valuable Moment:

- World Café Discussion
- Diversity and richness of discussion during the working group sessions
- Meditation

2. Anything to be changed:

- Increased group discussion and debrief time
- Clarity of framework/focus of work streams moving forward
- “Respectfulness for all”

On the evening of Day 2, the Secretariat team met to synthesize the first and second days and also to interpret the feedback form. These findings were used to refine the agenda for Day 3.

Day 3: Commission Discussion & “Presencing” for the Future

The morning of Day 3 was dedicated to each working group presenting their results from the afternoon sessions of Day 2. Each Co-Chair shared the next steps, followed by a Q&A. Common themes emerging included increased communication between each workstream and a dedicated effort to share resources across working groups. The afternoon of Day 3 was then spent envisioning the future. All Commissioners were split up randomly to ensure that there was an equal representation of working group members. Within each group, Commissioners were asked to answer the following prompt: “It’s 2035 and the Commission was a ‘success’. What newspaper headline proves our Commission’s breakthrough contribution?” The group then came together to draft a bold headline and research approach, which they then presented as a single slide for the main group.

Group Yellow

Headline	<i>“PCC Improves Lives, Livelihoods, and Quality of Life”</i>
Action Steps	<ol style="list-style-type: none">1. Tag “economics” in scoping review for PCC. Include labor, expenditure, and health system financing.2. Multi-stakeholder interviews (qualitative work) with finance and business communities, including schools of business and management
Insight	Decreasing premature mortality and increasing trust in the health system contribute to overall productivity but also directly to health system financing, creating new buy-in for PCC from “health economics” community: ministers of finance, business communities, labor, and workers and their families and communities

Group Blue

Headline	<i>“PCC is the Standard for Healthcare and is Integrated in the Post SDG Agenda”</i>
Action Steps	<ol style="list-style-type: none">1. Analyze SDG interim report and determine where PCC fits2. Develop a social impact framework3. Continue with interviews, scoping review, and stakeholder mapping4. Policy analysis
Partners	Connecting with those who are in positions of power but also outside of the health space, existing disease alliances, and the WHO

Group Green

Headline	<i>“People feel increasingly comfortable and confident in health services, globally.”</i>
Action Items	<ol style="list-style-type: none"> 1. Build on WG 2 scoping review for identification of existing measures 2. Evaluate existing measures to determine how satisfactory they are and what gaps need to be filled, with engagement from WG 5 to ensure policy relevance and engagement of policymakers in the participatory method 3. Co-develop a final measurement product (or synthesis of existing measurements) with partners and power-holders
Partners	Governments/parliamentarians/policymakers, civil society/activists/advocates, donors, care providers, Indigenous peoples, and people with lived experience
Research Approach	Measurement to track progress towards comfort and confidence in health services, involving stakeholders in development and application, including accountability of use

Group Pink

Headline	<i>“Thousands March in support of People Centered Care.”</i>
Action Items	<ol style="list-style-type: none"> 1. Environmental scan 2. Youth reference group 3. Photovoice trial in Laos/Vietnam, South Africa, and South America
Partners	Policymakers, healthcare providers (including youth), champions who have succeeded, funders, faith-based leaders, tech sector
Research Approach	<p>Heart, Mind & Money Approach</p> <p>Heart: participatory approaches for storytelling (e.g., photo voice implemented by Gen Z physicians); ensure youth voices are a focus</p> <p>Mind: models and systems that demonstrate it is possible and show best practices that display evidence that PCC works</p> <p>Money: evidence of how service utilization is improved (assumption and quality care, downstream health influence and outcomes)</p>

August 2025 Lancet Convening Next Steps

Building on the progress achieved during this Bangkok convening, the Commission now moves into a critical stage of consolidation and forward planning.

Over the coming weeks, the Secretariat will systematically synthesize the discussions, outputs, and decisions from the 2nd Convening. This synthesis will integrate the agreed next steps and deliverables for each working group and the emerging themes from plenary discussions and cross-group reflections. The Secretariat will use this material to prepare a high-level roadmap for the next phase of the Commission's work (see Figure below), ensuring coherence across workstreams and clarity in how our shared research questions will be advanced. This roadmap will identify priority tasks, expected outputs, and working structures to ensure efficient collaboration moving forward. Once drafted, it will be circulated to Commissioners for review and feedback.

	2025	2026	2027	
	Exploration Phase	Discovery Phase	Packaging Phase	Advocacy & Dissemination Phase
Activities	<ul style="list-style-type: none"> Literature Scan Scoping Reviews Realist Interviews 1.0 	<ul style="list-style-type: none"> Additional (novel) research approaches Realist Interviews 2.0 	<ul style="list-style-type: none"> Manuscript Development Tool Kit Development Communications Strategy 	<ul style="list-style-type: none"> Dissemination Events Advocacy Campaigns Community/PWLE Engagements Political Engagement
Structure	<ul style="list-style-type: none"> 6 Working Groups Co-Chair Model 	<ul style="list-style-type: none"> ? Working Groups vs Research Working Streams 	<ul style="list-style-type: none"> Writing Groups 	<ul style="list-style-type: none"> Regional Hubs for Dissemination and Advocacy ?
	Innovation & New Ways of Thinking / Doing			
	Engagement of Communities & PWLE			

In the meantime, existing working groups will continue to make progress on the existing workplans related to the Scoping Review, PCC definition development, and Policy and Advocacy. The Secretariat will also continue to support working groups in implementing agreed next steps, facilitate communication and coordination across groups, and foster the equitable, collaborative spirit that underpins this Commission.

Next in-person convening

The date/location of the 3rd in-person convening is not yet set at this time. The Secretariat team will identify a meeting host and appropriate timing based on the Commission's progress.

Thank you!

A heartfelt thank you to all Commissioners for their dedication and contributions to the Lancet Global Health Commission on People-Centered Care for Universal Health Coverage. We look forward to continuing our work together in the months ahead!

Appendix

Appendix A: Agenda

Tuesday, August 5, 2025

Time	Activity
Sukosol Hotel <i>477 Thanon Si Ayutthaya, Thanon Phaya Thai, Ratchathewi, Bangkok 10400, Thailand</i>	
06:00 - 07:00	Breakfast at the Hotel
07:00 - 09:00	Commissioners Travel from Bangkok to Singburi Province
Singburi Province, Selected Healthcare Facilities	
09:00 - 13:00	Immersion Journey at Singburi Primary Care Facilities Lunch and Debrief
13:00 - 15:00	Travel to Bangkok
Boromarajonani College of Nursing (BCN) <i>2/1 Thung Phaya Thai, Ratchathewi, Bangkok</i>	
15:30 - 16:15	Session 1: Welcome, Appreciation, Overview, and Aspirations
16:15 - 17:30	Session 2: Introduction to TheoryU Mental Model/Journey and 3D Modeling Exercise for Stage 1 Co-initiating
17:30 - 19:00	Welcome Dinner
19:00	Travel back to the Hotel (choice of van or 15-minute walk)

Wednesday, August 6, 2025

Time	Activity
Sukosol Hotel <i>477 Thanon Si Ayutthaya, Thanon Phaya Thai, Ratchathewi, Bangkok 10400, Thailand</i>	
06:30 - 08:30	Breakfast at Hotel
08:30 - 09:00	Travel to BCN (choice of van or 15-minute walk)
Boromarajonani College of Nursing (BCN) <i>2/1 Thung Phaya Thai, Ratchathewi, Bangkok</i>	
09:00 - 09:30	Session 3: Open and Grounding in TheoryU Stage 2 (Sensing)
09:30 - 09:45	Commission Photo
09:45 - 12:30	Session 4: Concept Analysis: Emerging Definition and Operational Principles for PCC
12:30 - 13:30	Lunch
13:30 - 14:00	Session 5: Update from Scoping Reviews
14:00 - 14:15	Session 6: Preview Working Group Breakouts and Post-Session Reflection
14:15 - 17:00	Session 7: Working Group Breakout Sessions (including stretch and nourishment)
17:30 - 18:00	Session 8 (Individual Reflection) - TheoryU Listening Assessment & Reflections and Feedback Form
18:00	Dinner

Thursday, August 7, 2025

Time	Activity
Sukosol Hotel <i>477 Thanon Si Ayutthaya, Thanon Phaya Thai, Ratchathewi, Bangkok 10400, Thailand</i>	
06:30 - 08:30	Breakfast at Hotel
08:30 - 09:00	Travel to BCN (choice of van or 15-minute walk)
Boromarajonani College of Nursing (BCN) <i>2/1 Thung Phaya Thai, Ratchathewi, Bangkok</i>	
09:00 - 09:15	Session 9: Welcome, Review Feedback, and Set Aspirations by EO
09:15 - 11:30	Session 10: Working Groups Report Back (including stretch and nourishment)
11:30 - 12:30	Lunch
12:30 - 12:45	Session 11: TheoryU Stage 3: Presencing to Prepare for the Emerging Future
12:45 - 15:30	Session 12: Work Stream Breakouts (including stretch and nourishment)
15:30 - 16:30	Session 13: Report back and Agree Research Priorities
16:30 - 17:30	Session 14: Refresh Collective Agreement and Ways of Working in preparation for TheoryU Stage 4: Co-Creation
17:30 - 19:00	Transportation to River Cruise
19:00 - 20:30	River Cruise Unwind and have fun!
20:30 - 21:15	Transport Back to Hotel