

6.6 Patient safety

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In focus

Global action on patient safety

Patient safety is a critical global public health objective. An inadmissible number of patients are harmed or die each year as a result of unsafe care, placing a significant burden on health systems across the world and jeopardizing progress towards universal health coverage. At the request of Member States, the Director-General will provide a report outlining the burden of patient harm, global efforts made to date in support of patient safety and key global action areas and strategies for taking this work forward ([EB144/29](#)). The Executive Board will be invited to note the report and provide further guidance to advance global action on patient safety.

Water, sanitation and hygiene in health care facilities

The first-ever global assessment on this matter, conducted in 2015 by WHO and UNICEF, found that nearly 40% of facilities lack water, 20% are without sanitation, and 35% do not have any hand hygiene materials. This situation undermines universal health coverage, quality care initiatives, and infection prevention and control efforts. It also contributes to the spread of antimicrobial resistance. In response, launching the International Decade for Action “Water for Sustainable Development” 2018–2028, the United Nations Secretary-General issued “a global call to action on water, sanitation and hygiene” in all health care facilities in March 2018. In light of this background, and at the request of a Member State, the Director-General will submit a report on the subject ([EB144/30](#)). The Board will be invited to note this report and provide guidance on future action.

Background

See WHO website index pages to [Patient Safety](#) and [Water, Sanitation Hygiene](#).

PHM Comment

Patient safety

The data are worrying; both the morbidity and the costs. Undoubtedly the kinds of errors and harms listed in para 4 are common in all health care systems. Patient safety is a major issue globally.

However, this document is quite unsatisfactory in a number of ways.

There is very little here about causation and nothing about one of the most salient causes in L&MICs which is lack of resources (supplies, staff, electricity, maintenance, etc).

The document affirms that patient safety needs to be addressed as a system issue in the context of local realities. However, the analysis of barriers to progress (in para 13) is largely structured in relation to the specificities of patient safety rather than the broader challenges of health system strengthening. The discussion of strategies for improving patient safety does not address health care financing arrangements and the anarchy of privatised medical and hospital services in many countries.

There is quite a lot om EB144/29 about what the WHO Secretariat has been doing but, notwithstanding the acknowledgement that not much has changed in the last 15 years, there does not seem to have been any independent review provided to the governing bodies regarding the strategic directions of the Secretariat's work in this domain.

The Secretariat's work in patient safety includes awareness raising, production of technical resources and networking and in paras 24-25 the document promises more of the same.

Some of the questions which a review of this programme might ask:

- Why has patient safety been so sharply separated from questions of quality of care? These are not the same but closely overlap in causation and strategy.
- Why is there no discussion of various approaches to 'clinical governance' as a system wide approach to measurement and accountability? How can the principle of clinical governance be realised under different health care financing arrangements, in particular in chaotic privatised systems. How can health care financing arrangements be leveraged to promote quality and safety in low resource settings?
- Why is patient safety being so sharply compartmentalised away from broader questions of health systems strengthening? One of the core principles of patient safety is 'institutional resilience'; recognising that humans make mistakes but safe (resilient) institutions prevent those mistakes from causing harm. Resilience in low resource settings is a particular challenge which deserves more attention. Clinical governance, institutional resilience, a culture of caring, respect for professionalism and building trust are all challenges of health system strengthening generally.
- To what extent is the isolationism of the patient safety program a function of its funding. Who funds WHO's patient safety work and are those funds tightly earmarked and if so

do donor preferences influence the orientation and approach adopted by the Secretariat?

PHM has long worried that the slogan of UHC was introduced to avoid seriously engaging with the challenges of health system strengthening because of the sensitivity of organisational structures and health care financing. Addressing patient safety separately from quality of care and health system strengthening may reflect the same caution.

PHM urges MSs to request an independent review of the Secretariat's work in patient safety within the context of the broader challenges of health system design, health care financing and health system strengthening.

WASH in health care facilities

The prevalence of health care facilities without water, adequate sanitation, capacity for hand hygiene, or safe management of waste is dreadful. The consequent morbidity (and loss of trust) is huge. As EB144/30 comments (para 1), "*These failings undermine the promise of universal health coverage.*"

The barriers to full provision of WASH capabilities and practices in health care facilities are significant: overburdened staff, low expectations, bureaucratic backwaters, budget neglect and lack of data.

Experience shows that incremental change is possible and builds enthusiasm for further change. Political and managerial leadership are critical.

WHO is promoting improved data collections, technical support at the country level, encouragement of intersectoral collaboration at the country level and the practice of such collaboration within the Secretariat and across the UN system.

The Board is invited to note the report and provide guidance on future action with respect to WASH in health care and the process of mainstreaming WASH in health care into health programming and monitoring more generally.

This issue of mainstreaming patient safety, including WASH capacities and practices, into health system strengthening generally is critical. When health systems improve, they do so incrementally. Opportunities arise unpredictably in different locations, at different times and regarding different issues. Ensuring that such opportunities are grasped calls for leadership (technical, managerial, political), ongoing broadly based policy dialogue about priorities, and a movement for change, encompassing both the workforce and the wider community.

PHM urges MSs to ensure that future directions regarding patient safety, including WASH capabilities and practices, are embedded in a broader set of strategies directed to driving the dynamics of health system strengthening, including the role of civil society.

Notes of discussion at EB144

- [Water, sanitation and hygiene in health care facilities, Document EB144/30]

Draft resolution and revised conference paper is being prepared for tomorrow.

Global action plan on patient safety

- Global action on patient safety, Document EB144/29
- [EB144/CONF./8 Rev.1.](#) Global action on patient safety (Draft resolution proposed by Algeria, Angola, Argentina, Australia, Austria, Botswana, Brazil, China, Eswatini, Germany, Greece, Indonesia, Japan, Kenya, Latvia, Luxembourg, Oman, Portugal, Saudi Arabia, Slovakia, South Africa, Sri Lanka, Switzerland, Thailand, United Kingdom of Great Britain and Northern Ireland and the United States of America)

Australia : Recognise ongoing work of WHO and leadership of UK and Kenya. Yield time to UK

UK : On behalf of 27 co-sponsors on global safety. Welcome imp work done by policy leaders and staff quantifying challenges. Adverse events are responsible for disability. Seeking greater visibility and leadership . patient safety day is necessary. Open reporting is necessary. No lives should be lost or harmed while providing treatment.

Romania: On behalf of EU. Welcome report by DG. Patient safety is a young discipline and must strive to achieve results. Support capacity building based on WHO guide. Ps must be regarded as an issue in all area, within social care, those req special care including patient transfer. Medication, diagnostics, health infections, anaesthesia. Fear for adverse events. More actions should be taken into account. Solutions such as technologies to improving ps . however imp to recognise their potential to r=ps risk. PS is a priority, for UHC, reducing risk from AMR. This is a shared responsibility across all health system. Strong leadership of WHO is welcome to encourage good PS culture.

Tanzania : On behalf of AFRO; important agenda item; patient safety is important component to achieve SDG, UHC and ensure quality of care; various efforts in the African region to address patient safety; talking about partnerships and initiatives; progress towards ensuring patient safety is too slow; not well documented: medication safety, unsafe surgery, unsafe care in mental health settings; need to build evidence based patient safety systems; need to encourage countries to adopt holistic approach; ensure that their build a robust patient safety framework; strengthening partnerships in implementing practices ; regulatory framework at national and sub national levels; investment in healthcare technology is also needed; call upon the Secretariat to coordinate all partners, to assist countries and making environment provisions safe.

Iraq :On behalf of EMRO. encourage action on patient safety. Substantial change has not been achieved in 15 years. There is need to generate knowledge on unsafe care at hospital and community level. It is critical that guidance is needed for safety during emergency.

Germany : Thanks. We commend the report. PS in Hippocratic oath. Research reveals critical problems PS in HC worldwide. We support public awareness. Every provider and state, global, effects global safety. Digital revolution is also a mayor thing regarding patient safety. Recently supported PS with UK on global summit. Support and is pleased to co sponsor the draft resolution.

Finland: align with EU; informing their comprehensive patient safety approach; talking about their national experience; extensive regional measures complement the national ones.

Indonesia : need more applicable solution, such as a global action plan; talking about national experience; ready to join the cosponsorship of the resolution.

Mexico : Thanks. We commend the report. PS is essential for strengthening health systems. Health institutions, surgical procedures, and mental health are art of larger picture. We looking at a broad strategy based on PHC, based on individual. It is based on public, but which has to have proper training and funding. We are part of world wide alliance for PS. Safety and strength and interchange best practices with developing the capacities.

Vietnam: congratulates the secretariat for the report; attended the third ministerial summit on patient safety; committed to provide political support for patient safety to achieve UHC and SDGs; talking about national measures; need to support LMICs and provide guidelines, like healthcare standards and patient safety; need further guidance.

Italy : Wish to cosponsor the resolution;

Brazil: As country advances towards UHC they must ensure PS. Acknowledge report by DG. Damage to patients by adverse events is one of 10 top global causes of death. 80% of medical errors are potentially preventable. GPS programme has raised priority of topic of WHO. Skilled healthcare professionals and patient care are all important in safety of health care. Happy to sponsor the resolution.

Algeria : We align with AFRICA region. There is poor fit between funding, providing care and PS. To play a role in strengthening Health Safety, we need additional research, prevention and giving the patients their rights. Co Sponsor draft resolution.

US : thanks the secretariat for the report; experienced dramatic improvement in patient safety; antibiotic resistance is one of the main threat; US appreciate the work of UK and Kenya on the resolution and cosponsor the resolution

China: Thanks. PS is fundamental for Health practices. We are glad to be part of Global network for PS. (governments, NSA etc.) We commend WHO for technical guidance in providing roles, normative and guidance regarding the PS.

Japan : patient safety essential for health care delivery and UHC; one of cosponsors; urging MS to support the resolution;

Sri Lanka : PS is important factor of providing best HC. Hence that there should be provided assistance to strengthen the patients and families. It is important to make policies, capacities, and improve institutions. PS improvement in developing countries need holistic approach. Important to learn from mistakes! Patient in the centre of HC. To face this challenge we need clear mechanism. Strongly support other countries. Cosponsor and support the World PS day.

Fiji : commends the report; align with Japan and wish to be added as cosponsor; focus on addressing unsafe surgery, safe surgical care, improving health outcomes; monitoring mortality and other rates; urging the Secretariat to support Small Island Developing States in these objectives; need a system based intervention with an integrated approach of PHC.

Non-EB members

Poland : Would like to discuss tomorrow

Argentina : Empowerment of patients is necessary. Mutual support is necessary. Systems should be setup to look at adverse effects. Need to cooperate with various countries and inter-sectoral interventions. Co sponsor the draft resolution.

Kenya : align with AFRO; appreciate the comprehensive report; growing priority for global health; necessary for SDGs and UHC: cosponsor; strengthening health systems is essential; request the development of the patient safety action plan; need to build national capacities; need basic training for healthcare workers; support the establishment of the World patient safety day

Swiss : Improvement of PS is our priority. Patients in danger are the source of suffering but also the loss of financial resources. Swiss is focusing on reciprocal exchange on information. 5. World Wide Summit in Swiss, and we want to invite all MS to that summit. Resolution will be good landmark to achieve PS.

Russia : welcome the report; believe that WHO should continue to strive to improve patient safety, drug monitoring, database; appeal industry to give full access to data on patient safety. Believe that WHO should start working on recommendations.

Spain : Aligns with EU. we have national strategy with various regions. We are working with European Commission and WHO. promotion of safe surgery is important. Knowledge sharing and best practices should be shared. Therapies should be based on scientific evidence for the safety of patients.

South Africa : Thanks. Align with AFRO. Support the work WHO on PS. We commend the WHO for Global PS network and organization summit which supports the counties. We are one of which is funding this program. Leading cause of poor HS is poor quality of HC, and it is one of top causes of medical problems in our countries. We made key policies guidances (we collect data on PS). Standards on management and adverse event are regulated on all levels of HS.

We hope the implementation of standards and policies on PS prevention. Support the mechanism for minimal standard in PS and dissemination of information and guidelines.

India : PS is a critical global health issue; It is a very crucial issue in public health with increasing number of patients deaths; wish to improve patient safety; improve safety at all levels of healthcare; patient at the centre; NAP launched last year; framework document will be shared with hospitals and others; support WHO efforts on the issue as contained in the report; patient safety need to be addressed as a system issue;

Panama : Global measures are fundamental for achieving good PS. It should be priority for countries and WHO. We do our best. We have the measures for education our MS. Health services should be safe for patients. Co Sponsor.

Thailand : thank you chair; ready to cosponsor the resolution; WHO should promote patient safety among health personnel; need engagement of all relevant stakeholders; patient safety is one of the most component of healthcare delivery, which is essential to achieve UHC; support Tokyo Declaration;

Slovakia : Thanks. Align with EU. In light in Tokyo agreements, we agree with it. We implemented a lot of programs of PS to measure data on PS. Introduction of patient safety in practice is one of the way to change behaviour but also to fight the law problems of medical errors.

Turkey : Wants to add itself to draft resolution co-sponsors

Non State Actors

[International Council of Nurses](#)

[International Federation of Medical Students' Associations](#)

[International Pharmaceutical Federation](#)

[International Pharmaceutical Students' Federation](#)

[Medicus Mundi International](#)

[Thalassaemia International Federation](#)

[The International Society for Quality in Health Care Incorporated](#)

[The World Medical Association, Inc.](#)

[World Federation of Societies of Anaesthesiologists](#)

[World Organization of Family Doctors](#)

Discussion is suspended pending the tabling of a draft resolution.

Global action plan (resumed)

[EB144/CONF./8 Rev.1](#)

Global action on patient safety

Draft resolution proposed by Algeria, Angola, Argentina, Australia, Austria, Botswana, Brazil, China, Eswatini, Germany, Greece, Indonesia, Japan, Kenya, Latvia, Luxembourg, Oman, Portugal, Saudi Arabia, Slovakia, South Africa, Sri Lanka, Switzerland, Thailand, United Kingdom of Great Britain and Northern Ireland and the United States of America

Benin: cosponsor

Colombia: cosponsor

Jamaica: cosponsor

Fiji: cosponsor

Poland: Align with EURO statement made yesterday; talks of country level activities. Believe this will result in addressing PS for all and therefore we support it.

Chair: is the board ready to adopt the draft resolution? Yes adopted.

As of 5 March has not appeared in the list of Resolutions on the [official docs page](#)

Water, sanitation and hygiene in health care facilities

Debate starts at 0:53:24 of 3rd meeting on 30 Jan.

Mexico:

ADG PHE: thanks v important (from around 1:24 into the meeting)

NSAs

- [FDI World Dental Federation](#)
- [Global Health Council, Inc.](#)
- [WaterAid](#)
- [World Vision International](#)

Chair: consideration of

Report is noted.

[EB144/CONF./2 Rev.1](#) (Water, sanitation and hygiene in health care facilities. Draft resolution proposed by Australia, Brazil, Eswatini, Ethiopia, Indonesia, Kenya, Nigeria, United Republic of

Tanzania and Zambia) deals with WASH in health care facilities and it appears to have been adopted as [EB144.R5](#).

Consider?

Adopt? Yes, done.