Side event application / Formulaire de demande de réunion parallèle

Contact

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Delegation(s)/Délégation(s):

Proposing Country: State of Qatar

Co-sponsoring countries (Confirmed): United Kingdom, Turkey, Somalia, Sri Lanka, Moldova, Thailand, Kuwait, Sudan, Iraq, Afghanistan, Lebanon, Rwanda, and Sultanate of Oman.
Co-sponsoring countries (awaiting confirmation): Mexico, Ghana, Jordan, Sweden, Switzerland and Columbia.

Partner Organizations: Institute for Healthcare Improvement (IHI), Imperial College London - Institute of Global Health Innovation, University of North Carolina - Gillings School of Global Public Health, World Health Organization (WHO),The International Federation of Red Cross and Red Crescent Societies (IFRC), International Rescue Committee (IRC), International Organization for Migration (IOM), Médecins Sans Frontières (MSF - TBC).

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Concept

Description of proposed side event, including objective, expected results, proposed programme and speakers* /
Description de la réunion parallèle proposée, y compris les objectifs, les résultats attendus, l'ordre du jour et les orateurs* :

Title
Patient Safety and Quality of Care in the Face of Emergencies and Extreme Adversity – A Prerequisite to Achieve Universal Health Coverage (UHC)

Background
The Ministry of Public Health (MOPH) at Qatar is planning to organize a side event during the forthcoming World Health Assembly (WHA) 2019 in collaboration with other member states, international organizations and international experts in the field of patient safety and quality of care. This side event will highlight the importance of ensuring patient safety and quality of care in emergencies and extreme adversity. It will bring together policy makers, member states, non-governmental organizations (NGOs) and other relevant stakeholders as a way of initiating global action in addressing this issue. The event will also provide an opportunity for participants to share experiences and work together on advancing current initiatives at a global level and call for adoption by all member states of the resolution on 'Global Action on Patient Safety' at the 72nd World Health Assembly.

Description:
Patient safety is a critical global public health issue and has a widely accepted role in enabling health systems to achieve effective UHC. The Director General of the World Health Organization (WHO), Dr Tedros Ghebreyesus, emphasizes the essential role of patient safety in achieving UHC. The Global Ministerial Patient Safety Summits have urged countries and organizations to take immediate action to improve patient safety globally. The issue of patient safety has gained critical importance within the overall context of UHC, as expansion of coverage and improvements in access to health services would mean nothing unless the services provided are safe. The link between UHC and patient safety is therefore intrinsically linked to achieving "access to quality essential health-care services…for all" under Sustainable Development Goal (SDG 3), since access to care will not achieve its ultimate goal of improving health if patients are exposed to errors and avoidable harm or death. The latest WHO report on UHC reveals that at least half of the world's population still lacks access to essential health services where deficiencies in current health care practices cause between 5.7 and 8.4 million deaths annually in Low and Middle-Income Countries (LMICs).

The situation is worse in fragile countries that experience conflicts, wars and natural disasters where the healthcare systems are hit by increased demand and reduced resources. These situations result in many critical challenges such as re-emergence and surge of diseases while ongoing healthcare needs remain. The threat to healthcare personnel and destruction of healthcare infrastructure combined with the impact of mass displacement (usually defined by overcrowded, inadequate and unsanitary living conditions) increases the risk of infectious disease outbreaks. They also affect people's behaviors and result in psychological distress and mental illness that is often overlooked during situations of emergencies and extreme adversity. These situations not only affect patient safety but also disrupt services, supply chains and continuity of care particularly for chronic conditions with increased morbidity and mortality.

The statistics are alarming where 350 million children live in conflict zones and around 20 people every minute are forcibly displaced as a result of conflict or persecution, totaling 65.6 million people including 22.5 million refugees. Safe and high quality of care is a human right as per international humanitarian law. We need regional and global collaboration in order to overcome the obstacles and achieve the pledge enshrined in the 2030 Agenda for Sustainable Development to "leave no one behind". Emergencies and extreme adversity may cause ill-health directly or through the disruption of health systems, facilities and services, leaving many even without access to health care itself. Resilient health systems can reduce underlying human vulnerability, protect health facilities and services, and scale up the response to meet the wide-ranging health needs during situations of emergencies or extreme adversity.

The 64th World Health Assembly in 2013 endorsed a resolution WHA64.8 "Strengthening national policy dialogue to build more robust health policies, strategies and plans". It reaffirmed that countries should ensure the protection of the health, safety and welfare of their people and should ensure the resilience and self-reliance of the health system. This is critical for minimizing health hazards and vulnerabilities, delivering effective response and recovery in emergencies and disasters. Recently, the 71st World Health Assembly in 2018 endorsed the 13th General Program of Work 2019-2023 (GPW 13) which has the mission to "Promote health, keep the world safe, serve the vulnerable". To achieve this mission, the GPW 13 has 3 interconnected strategic priorities; achieving UHC, protection of people from health emergencies and promoting health and wellbeing.

The 2018 Crossing the Global Quality Chasm: Improving Health Care Worldwide report produced by National Academies of Sciences, Engineering, and Medicine recommended to "Make Settings of Extreme Adversity a High Priority". The report states that the "National governments, multilateral institutions, nongovernmental organizations (NGOs), bilateral donors, humanitarian stakeholders, and philanthropic donors should make studying and improving the quality of care in settings of extreme adversity a high priority".

An extensive movement is leading national governments, international organizations and NGOs collaborating to address the patient safety challenges at a global level. Countries, regions and international organizations will share their experiences at this side event on global efforts for ensuring patient safety and quality particularly in the face of emergencies and extreme adversity.

What is needed now is a call to action from all political leaders and global policy makers towards a shared vision to develop and implement a global patient safety action plan, which also addresses safety of patients as a pre-requisite for UHC during health emergencies and extreme adversity to "serve the vulnerable".

Objectives of the side event
- ➢ Raise global awareness on the importance of patient safety & quality of care during emergencies and extreme adversity
- ➢ Explore the challenges that affect patient safety and quality of care during emergencies and extreme adversity
- ➢ Secure support from member states for inclusion of the topic in the global patient safety action plan as referenced in the Executive Board (EB) resolution on 'Global Action on Patient Safety' (EB144:R12)
- ➢ Initiate immediate and specific actions to address the problem

Expected outcomes
- ➢ Global attention to patient safety and quality of care during emergencies and extreme adversity
- ➢ Identification of key challenges, priorities and global innovative solutions to ensure patient safety and quality of care during emergencies and extreme adversity
- ➢ High-level political commitment and international collaboration for global action on patient safety including support for the resolution on 'Global Action on Patient Safety' (EB144: R12) at the 72nd World Health Assembly
- ➢ Prioritization of concerted actions to ensure patient safety and quality of care, and to address patient safety, during emergencies and extreme adversity
- ➢ Strengthening of the WHO Global Patient Safety Network, and creation of a sub-group on emergencies and extreme adversity under the global network
- ➢ Collaborate globally to build on the current experiences and existing initiatives in countries, regions and international organizations to bring together all efforts and build a comprehensive roadmap
- ➢ Invite participating member states and relevant stakeholders to consider launching immediate steps to improve patient safety and quality of care particularly during emergencies and extreme adversity. Qatar will be hosting follow up consultations and capacity building regionally and globally to contribute to achieving this outcome.

Proposed program and speakers

1. Welcome and opening remarks; Qatar
2. Opening remarks; WHO DG – Dr. Tedros Ghebreyesus (TBC)
3. Co-sponsoring countries' experiences (presenting countries TBC)
4. Presenters
   - Dr Ahmed Al-Mandhari - WHO – EMRO DG
   - WHO HQ Expert (TBC)
   - Professor Lord Ara Darzi
   - Professor Sheila Leatherman (TBC)
   - Organizations' representatives (TBC)
5. Discussion/Q&A
6. Conclusion and closing remarks

Event details / détails de la reunion

Date: Option 1: 21 May 2019, Option 2: 22 May 2019, Option 3: 23 May 2019	Time/Heure: Lunch/Noon time

Expected number of participants/Nombre de participants attendus: 150 participants

Exact title of the event/Titre exact de la réunion:

Patient Safety and Quality of Care in the Face of Emergencies and Extreme Adversity – A Prerequisite to Achieve Universal Health Coverage (UHC)

Interpretation/Interprétation

Interpretation may be provided in the official languages and the estimated costs are as follows: 2 languages: 2568 CHF; 3 languages: 5136 CHF; 6 languages: 11985 CHF.

L'interprétation peut être assurée dans les langues officielles aux coûts estimés suivants : 2 langues-2568 CHF; 3 langues : 5136 CHF; 6 langues : 11985 CHF.

Are interpretation services requested? / L'interprétation est-elle requise ?	Yes/Oui √	No/Non ☐

(If yes, which languages)/(Si oui, en quelle langue)

English/Anglais √   French/Français √   Russian/Russe ☐   Spanish/Espagnol ☐   Chinese/Chinois ☐   Arabic/Arabe √

Other language/autre langue:

Invoice to be sent to/ Facture à envoyer à:

Name/Nom International Relation Department, Ministry of Public Health Qatar

Postal address/ Adresse postale 42, Doha Qatar

E-mail/Courriel ihr@moph.gov.qa

Room Layout/Aménagement des salles

Due to type of furniture and technical equipment in the room, the layout of the rooms cannot be changed. For information regarding the location and layout of rooms at the Palais des Nations, please see:
http://www.unog.ch/80256EE60057CB67/(httpPages)/BAE3AF717207A5AF80256EF80049C552?OpenDocument

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*Badges/ Badges d'accès

WHA side events are for participants of the WHA and, as such, panelists and participants should be drawn from those participating in the Health Assembly.

Les réunions parallèles sont réservées aux participants de l'Assemblée; Les orateurs de ces réunions doivent donc être choisis parmi ceux-ci.

Please complete the form and send it to / Merci de remplir le formulaire et de l'envoyer à

hqgoverningbodies@who.int by
29 March 2019