

Global action on patient safety

Draft resolution proposed by Argentina, Australia, Austria, Botswana, Eswatini, Germany, Japan, Kenya, Latvia, Luxembourg, Saudi Arabia, South Africa, Sri Lanka, Switzerland and United Kingdom of Great Britain and Northern Ireland

The Executive Board,

Having considered the report on the Global Action on Patient Safety;¹

RECOMMENDS to the Seventy-second World Health Assembly the adoption of the following resolution:

The Seventy-second World Health Assembly,

Having considered the report on global action on patient safety,

PP 1: Recalling World Health Assembly resolution WHA55.18 (2002) of the Fifty-fifth World Health Assembly, which urged Member States to “*pay the closest possible attention to the problem of patient safety and establish and strengthen science-based systems, necessary for improving patient safety and the quality of health care*”; recognizing that patient safety is a critical element and the foundation for delivering quality health care; and welcoming the inclusion of the need for patient safety in the Thirteenth General Programme of Work 2019–2023;

PP2: Recognizing that patient safety cannot be ensured without access to safe infrastructures, technologies and medical devices, and their safe use by patients, who need to be well informed, and a skilled and committed health workforce, in an enabling and safe environment.]

PP3: Notes further that patient safety builds on quality, basic and continued education and training of health professionals, to ensure that they have the adequate professional skills and competences in their respective roles and functions;

PP4: Recognizing that access to safe, effective, quality and affordable medicines and other commodities and that their correct administration and use also contribute to patient safety;

¹ WHO EB144/29.

PP5: Notes further the importance of hygiene for patient safety, the prevention of health care-associated infections, and for reducing anti-microbial resistance;

PP6: Noting that ensuring patient safety is a key priority in providing quality health services and considering that all individuals should receive safe health services, regardless of where they are delivered;

PP7: Reaffirming the principle of “First do no Harm” and recognizing the benefits to be gained and the need to promote and improve patient safety across health systems at all levels, sectors and settings relevant for physical and mental health, especially at the level of primary health care, but also including, for example, emergency care, community care, rehabilitation, and ambulatory care;

PP8: Recognizing that the safety of patients during the provision of health services that are safe and of high quality is a prerequisite for strengthening health care systems and making progress towards effective universal health coverage (UHC) under SDG3;

PP9: Acknowledging that instilling safety culture, a patient-centred approach, and improving and ensuring patient safety requires capacity building, strong leadership, systemic and systematic approaches, adequate human and other resources, robust data, sharing of best practices, mutual learning, trust and accountability, which can be strengthened, as appropriate, by international cooperation and collaboration;

PP10: Recognizing that improving and ensuring patient safety is a growing challenge to health service delivery globally, and that unsafe health care causes a significant level of avoidable patient harm and human suffering, and places a considerable strain on health system finances and a loss of trust in health systems;

PP11: Concerned that the burden of injuries and other harm to patients from adverse events is one of the top ten causes of deaths and disability in the world, comparable to tuberculosis and malaria, and that available evidence suggests that most of this burden falls upon low- and middle-income countries, where 134 million health care-associated adverse events occur annually in hospitals, due to unsafe care, contributing to 2.6 million deaths;

PP12: Recognizing that most adverse events can potentially be avoided with effective prevention and mitigation strategies, including, as appropriate, improved policies, data systems, redesigned processes of care (including addressing human factors, including training), environmental hygiene and infrastructure, improved practice culture, and supportive and effective regulatory systems and improved communication strategies, and that solutions can often be simple and inexpensive, with the value of prevention outweighing the cost of care;

PP13: Recognizing the success and pioneering work and dedication of governments in many Member States in developing strategies and policies to support and improve patient safety, and in implementing safety and quality programmes, initiatives and interventions; including for example insurance arrangements, patient ombudsmen, transparent notification systems allowing learning from mistakes, and no-fault and no-blame handling of adverse events and their consequences; and a patient-centred approach to patient safety (Sri Lanka and creating a patient safety culture in health care organizations); (EU reserves position)

PP14: Concerned at the lack of overall progress in improving the safety of health care and that, despite global efforts to reduce the burden of patient harm, the overall situation over the past 17 years indicates that significant improvement can be made, and that safety measures – even those implemented in high-income settings – have had limited or varying impact, and most have not been adapted for successful application in LMICs;

PP15: Recognizing the importance of robust patient safety measurement, to promote more resilient health systems, better and more focused preventive work to promote safety, risk and awareness, transparent incident reporting, data analysis and learning systems, at all levels, alongside education, training and continuous professional development to build and maintain a competent, compassionate and committed healthcare workforce operating within a supportive environment to make healthcare safe; and the role of engaging and empowering patients and families in improving the safety of care for better health outcomes;

PP16: Recognizing that improving and ensuring patient safety calls for addressing the gaps in knowledge, policy, design, delivery and communication at all levels,

OP1: URGES Member States:¹

OP1.1: to recognize patient safety as a health priority in health sector policies and programmes, making it an essential component for strengthening health care systems in order to achieve UHC;

OP1.2: to assess and measure the nature and magnitude of the problem including risks, errors, adverse events and patient harm at all levels of health service delivery including through reporting, learning, and feedback systems that incorporate the perspectives of patients and their families; and to take preventative action and implement systematic measures to reduce risks to all individuals;

OP1.3: to develop and implement national policies, legislation, strategies, guidance and tools and deploy adequate resources, in order to strengthen the safety of all health services as appropriate;

OP1.4: to work in collaboration with other Member States, civil society organizations, patient organizations, professional bodies, academic and research institutions, industry and other relevant stakeholders to promote, prioritize and embed patient safety in all health policies and strategies;

OP1.5: to share and disseminate best practices and encourage mutual learning to reduce patient harm through regional and international collaboration (IRAN with a particular focus on LMICs, EU DEL);

OP1.6: to integrate and implement patient safety strategies in all clinical programmes and risk areas, as appropriate, to prevent avoidable harm to patients related to health care procedures, products and devices, for example medication safety, surgical safety, infection control, sepsis management, diagnostic safety, environmental hygiene and infrastructure, injection safety, blood safety, (Co Chairs and) radiation safety, (Co Chairs as well as) to

¹ Regional and economic integration organisations.

minimize the risk of (US DEL erroneous) (US inaccurate) or late diagnosis and treatment (US DEL and to pay special attention to vulnerable groups). (EU reserves position)

OP1.7: to create and promote a safety culture, starting from the basic training of all health professionals, and develop a blame-free adverse event reporting culture through open and transparent systems that identify and learn from examining causative and contributing factors of harm, including the human factor, by building leadership and management capacity and efficient multidisciplinary teams of health professionals (EU in order to increase awareness and ownership, improve outcomes for patients and reduce the costs related to adverse events at all levels of health systems) (EU DEL to deliver improved efficiency and better patient outcomes). (EU reserves)

[Co Chairs **OP 1.7 alt:** to promote a safety culture by providing basic training to all health professionals, developing a blame-free adverse event reporting culture through open and transparent systems that identify and learn from examining causative and contributing factors of harm, addressing human factors, and building leadership and management capacity and efficient multidisciplinary teams, in order to increase awareness and ownership, improve outcomes for patients and reduce the costs related to adverse events at all levels of health systems]

OP1.8: to build sustainable human resource capacity, through multi-sectoral and inter-professional competence-based education and training based on the WHO patient safety curricula and continuous professional development to promote a multi-disciplinary approach, and an appropriate working environment that optimizes the delivery of safe health care (EU and US RESERVE) services;

OP1.9: to promote research, including translational research, to support the provision of safer health services and long-term care;

OP1.10: to promote the use of new technologies, including digital technologies for health, including to build and scale up health information systems and to support data collection for surveillance and reporting of risks, adverse events, and other indicators of harm at different levels of health services and health-related social care, whilst ensuring the protection of personal data, and to support the use of digital solutions for provision of safer healthcare;

(India) **OP1.10. bis:** to (EU consider the use of traditional and complementary medicine, as appropriate, in the provision of safer healthcare) promote the use of traditional medicines, as appropriate to support the promotion of safer healthcare (RESERVE US)

OP1.11: to put in place systems for the engagement and empowerment of patients families and communities (especially those who have been affected by adverse events) in the delivery of safer health care, including capacity building initiatives, networks and associations; and to work with them and civil society, to use their experience of safe and unsafe care positively in order to build safety and harm minimization strategies, as well as compensation mechanisms and schemes, into all aspects of the provision of health care, as appropriate;

OP1.12: to mark (Co Chairs establish) an annual World Patient Safety Day on 17 September (IN 29 November the date of launch of the landmark report “To err is human”

which marks the launch of the global patient safety movement) as part of national patient safety strategies, (Co Chairs DEL and a global patient safety movement) to increase public awareness and engagement, enhance global understanding, and work towards global solidarity and action by Member States (Co Chairs , in collaboration with international organisations and other relevant stakeholders,) to address patient safety challenges (IN, as appropriate). (Norway EU reserve position)

OP1.13: to consider participating in the annual Global Ministerial Summits on Patient Safety;

[Co Chair DEL **OP2:** Invites international organizations and other relevant stakeholders to collaborate with Member States in promoting and supporting patient safety initiatives, including marking an annual World Patient Safety Day, to strengthen national health systems.] (EU Norway RESERVE)

OP3: REQUESTS the Director-General:

OP3.1: to (US BR DEL identify) (US BR emphasize) patient safety as a key strategic priority in WHO's work across the UHC agenda (Co Chairs MOVE TO OP3.10 bis and formulate a global patient safety action plan in consultation with Member States¹ and all relevant stakeholders, including in the private sector) (IN add timeline) (EU reserves position);

OP3.2: to develop normative guidance on minimum standards, policies, best practice and tools for patient safety, including on safety culture, human factors, (US hygienic infrastructure,) clinical governance and risk management; and to provide technical support to Member States on request, to help build national capacities in their efforts to assess, measure and improve patient safety, in collaboration with professional associations, as appropriate, (US and open and transparent systems that identify and learn from the causes of harm by building capacity in leadership and management,) with a particular focus on LMICs; (EU reserves position)

OP3.3: to provide technical support and normative guidance to Member States, where appropriate and where requested, in creating a safety culture, effective prevention of health care-associated (IN harm, including) infections, and open and transparent systems that identify and learn from the causes of harm by building capacity in leadership and management; (Co-chairs to propose language to split OP3.2 and OP3.3 into one para technical and one para normative guidance)

OP3.4: to strengthen global patient safety networks to share best practice and learning and foster international collaboration including through a global network of patient safety trainers; and to work with Member States, civil society organizations, patient organizations, professional bodies, academic and research institutions, industry and other relevant stakeholders in building safer health care systems; (EU reserves position)

OP3.5: to provide, on request, technical support and normative guidance on the development of human resource capacity in Member States through inter-professional competence-based education and training based on WHO patient safety curricula, (IN BR

¹ And regional and economic integration organizations.

and, in consultation with Member States,) develop “train-the-trainers” programmes for patient safety education and training, and (IN DEL develop) global and regional networks of professional educational councils to promote education on patient safety; (EU reserves position)

OP3.6: to develop, in consultation with Member States, and manage systems effectively for global sharing of learning from patient safety incidents including through reliable and systematic reporting, data analysis and dissemination systems, and help Member States build and strengthen national health systems to support health care professionals in recognizing, reporting and learning from adverse events; (EU reserve position)

(Botswana) **OP3.6 bis:** to support (EU BR IN Member States, on request, in establishing) (EU BR IN DEL the establishment) and/or the strengthening of patient safety surveillance systems (US DEL for the promotion of quality universal health care coverage). (EU reserve position)

OP3.7: to design, launch and support ‘Global Patient Safety Challenges’, and to develop and implement strategies, guidance and tools to support Member States in implementing each Challenge using the best available evidence;

OP3.8: to promote, and support the application of digital technology and (IN research, including) translational research for improving the safety of patients;

(India) **OP3.8 bis:** (US EU DEL to promote,) and (EU to support Member States on request) (US to support) the appropriate use of safe traditional and complementary medicine in the provision of health care for patient safety.) (EU Norway reserves position)

OP3.9: to support Member States, upon request, in putting into place systems to support the active engagement, participation and empowerment of patients, families and communities in the delivery of safer health care; and in strengthening networks for engagement of communities, civil society and patient associations, and patients’ networks;

OP3.10: to work with Member States, international organizations and other relevant stakeholders to promote World Patient Safety Day; (EU Norway reserve position on this para)

[(Co-Chairs) **OP3.10 bis:** to formulate a Global Patient Safety Action Plan in consultation with Member States¹ and all relevant stakeholders, including in the private sector, for presentation at the 74th World Health Assembly through the 148th Executive Board]

[**OP3.11:** to submit a report on the implementation of this resolution, (Co Chairs DEL along with a draft global patient safety action plan,) for the consideration of the 74th (Co Chairs 76th and 78th) World Health Assembl(ies) (Co Chairs DEL, through the 148th Executive Board)

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¹ And regional and economic integration organizations.