



**European Union  
Statement**

**WHO  
72<sup>nd</sup> World Health Assembly  
(20-28 May 2019)**

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**Agenda item – 12.5  
Global Action on Patient Safety**

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**Geneva, 24 May 2019**

**- CHECK AGAINST DELIVERY -**

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**72<sup>nd</sup> World Health Assembly**  
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**EU Statement**

Honourable Chair,

Distinguished Director-General,

Colleagues,

I am speaking on behalf of the European Union and its Member States.

The Candidate Countries Turkey, Montenegro\*, Serbia\* and Albania\*, the country of the Stabilisation and Association Process and potential candidate Bosnia and Herzegovina, as well as Ukraine as well as Georgia align themselves with this statement.

The EU and its Member States welcome the Report by the Director General on ‘Global Action on Patient Safety’ and support the adoption of the resolution with the same name as agreed at the last EB, which we co-sponsor.

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\* Montenegro, Serbia and Albania continue to be part of the Stabilisation and Association Process.

Patient safety is a relatively young discipline and we must strive for continuous development of the field. Patient safety must be enhanced in all countries, including by exchanging knowledge, experiences and best practices, to support capacity building based on the WHO Patient Safety Curriculum Guide<sup>†</sup>, which incorporates key competencies required to provide safe patient care.

Patient safety must be regarded as an issue spanning all areas, levels, settings and contexts of care, including health services that are provided within social care and those requiring effective coordination such as patient transfers from one sector to another which constitute a particular patient safety risk.

Key clinical programmes and risk areas causing the most significant burden of harm include medication, diagnostics, health care associated infections, anaesthesia, surgery and venous thromboembolism.

In practice, it is important to address patient safety primarily with non-punitive measures, creating a ‘just culture’, where health professionals can learn from errors in a fair and open learning culture which is free of fear, for example in relation to the reporting of adverse events.

Furthermore, patient empowerment should be taken into account in the development of patient safety. Patients are necessary and strong partners in improving patient safety. Therefore, education and public debate are crucial factors.

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<sup>†</sup> WHO report A72/26 (of 25 March 2019), page 5: “WHO has published the Multi-professional Patient Safety Curriculum Guide to assist in patient safety education in universities, schools and professional institutions in the fields of dentistry, medicine, midwifery, nursing and pharmacy.”

Digital solutions such as electronic health records and e-prescriptions are emerging as new approaches to improving patient safety. It is important, however, to recognise that their application may also create new safety risks related to the management of patient data. In order to avoid or minimise these safety risks, a proactive approach is required.

Finally, we would like to take this opportunity to strongly underline the importance of patient safety as an essential component for strengthening health systems.

We hold that patient safety is a priority for advancing quality health services required for the achievement of universal health coverage as well as for reducing the risks from antimicrobial resistance.

Patient safety is a shared responsibility across all levels of the health system.

Strong WHO leadership in this area will be welcomed to support sharing of effective policies that promote an open and transparent patient safety culture and foster a good understanding of safe practices at all levels.

Thank you.