

Safe care for every newborn and every child

Missions Briefing

08 September 2025, 9:00 – 10:00 hours CEST, WHO headquarters



Welcome

Dr Yukiko Nakatani

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World Health
Organization



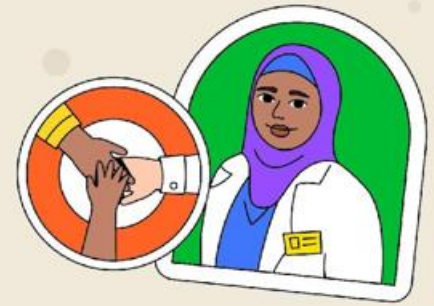
World
Patient Safety
Day 17 September 2025

Patient story

Ms Rose Namondo Mwambo

Senior Youth and Action
Counsellor Buea, Cameroon

Patient Safety Advocate with
the Health Improvement and
Population Safety Movement,
Cameroon



World Health
Organization



World
Patient Safety
Day 17 September 2025

Dahlia's Story

- My sweet daughter -Dahlia's life was cut short by a delayed diagnosis.
- Age 3 - Symptoms start.
- Age 3 to 8 years - Incorrect diagnoses and health decline
- Age 8 - Referred to cardiologist. Diagnosis made. Treatment given with no improvement.
- Taken to another health facility. Cardiac surgery advised.
- Dahlia passed on while making arrangements for surgery.
- Nothing was said or done by the health facility.
- We blamed ourselves.





WHAT IF?

- What if the health workers at our health facility were equipped to diagnose her condition early on?
 - What if Dahlia's condition was followed up better?
 - What if she was referred to a specialist earlier?
 - What if the first specialist listened to our concerns?
 - What if specialists were readily available?
 - What if we as parents were more aware of the signs and symptoms?
- 

Impacts of Dahlia's Passing

- Today, I am an advocate for safe healthcare through the **Health Improvement and Population Safety Movement** (HIPS Movement).
- I have also established the **Dahlia Memorial Foundation** (DMF) in honour of my daughter Dahlia.





What I ask as a mother and advocate..

I am calling on governments, health workers, advocates, families and all society to;

- Prioritize Safe and Quality health care for children - they are the future of our nations.
 - Organize and support patient safety awareness campaigns, especially patient safety in children.
 - Bring quality and safe health services closer to the population to prevent harm and save lives.
- 

THANK YOU



Technical overview



Dr Blerta Maliqi

Unit Head

Patient Safety and
Quality of Care



Dr Per Ashorn

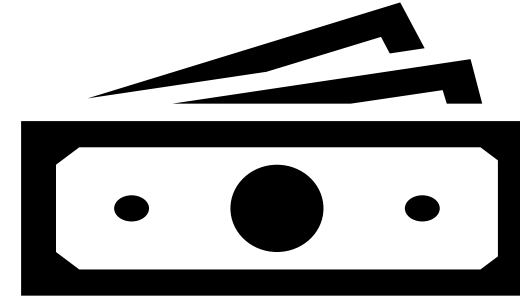
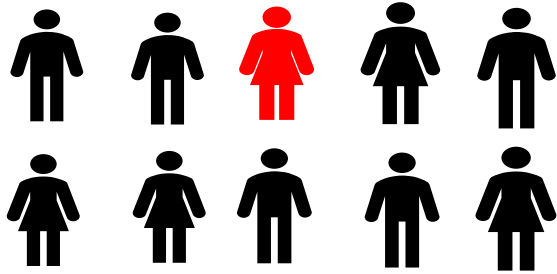
Unit Head

Newborn and Child
Health



Patient Safety – the global context

Burden of Unsafe Care



- 1 in every 10 patients is harmed in health care.
- More than **3 million deaths** occur annually.
- Above **50%** of harm is preventable.
- In low-to-middle income countries, as many as **4 in 100** people **die** from unsafe care.

- Direct costs in High-income countries - Up to **12.6%** of total health expenditure - approximately **USD 878 billion** annually.
- Indirect costs - reduces productivity and increases income loss.
- Improving safety could yield profound economic benefits, potentially increasing global economic output by **15%** over the next two decades.

Framework for Action - The 7x5 Matrix

1		Policies to eliminate avoidable harm in health care	1.1 Patient safety policy, strategy and implementation framework	1.2 Resource mobilization and allocation	1.3 Protective legislative measures	1.4 Safety standard, regulation and accreditation	1.5 World Patient Safety Day and Global Patient Safety Challenges
2		High-reliability systems	2.1 Transparency, openness and No blame culture	2.2 Good governance for the health care system	2.3 Leadership capacity for clinical and managerial functions	2.4 Human factors/ ergonomics for health systems resilience	2.5 Patient safety in emergencies and settings of extreme adversity
3		Safety of clinical processes	3.1 Safety of risk-prone clinical procedures	3.2 Global Patient Safety Challenge: Medication Without Harm	3.3 Infection prevention and control & antimicrobial resistance	3.4 Safety of medical devices, medicines, blood and vaccines	3.5 Patient safety in primary care and transitions of care
4		Patient and family engagement	4.1 Co-development of policies and programmes with patients	4.2 Learning from patient experience for safety improvement	4.3 Patient advocates and patient safety champions	4.4 Patient safety incident disclosure to victims	4.5 Information and education to patients and families
5		Health worker education, skills and safety	5.1 Patient safety in professional education and training	5.2 Centres of excellence for patient safety education and training	5.3 Patient safety competencies as regulatory requirements	5.4 Linking patient safety with appraisal system of health workers	5.5 Safe working environment for health workers
6		Information, research and risk management	6.1 Patient safety incident reporting and learning systems	6.2 Patient safety information systems	6.3 Patient safety surveillance systems	6.4 Patient safety research programmes	6.5 Digital technology for patient safety
7		Synergy, partnership and solidarity	7.1 Stakeholders engagement	7.2 Common understanding and shared commitment	7.3 Patient safety networks and collaboration	7.4 Cross geographical and multisectoral initiatives for patient safety	7.5 Alignment with technical programmes and initiatives

Global Patient Safety Action Plan 2021–2030



World Patient Safety Day 2019-2024

World Patient Safety
Day established
(WHA 72.6)

2019



Speak up for
patient safety!



2020

Safe health workers
Safe patients

2021



Act now for safe and
Respectful childbirth!

Medication
Without Harm



2022

Get it right, Make it safe!



2023

2024



Elevate the voice
of patients!



THEME:

Safe care for every
newborn and every child.



SLOGAN:

Patient safety from the
start!

Why Paediatric and Newborn Care?

Adverse events*: Health care-associated infections; Medication related; Surgical-related; Pulmonary related; Medical technical product-related (1)

- Studies report rates of adverse events as high as 91.6% in paediatric intensive care settings and up to 53.8% in general care settings (2).
- One in six patients in paediatric ICUs experience one or more Adverse Drug Events, with an incidence of 16.7 per 1000 patient-days and more than half of the ADEs thought to be preventable (3).
- In neonatal ICU:
 - between 0.7 and 2.4 adverse events per admission have been reported in single studies (4-8), with 56% - 97% of these events preventable (4-6).
 - medication error rates ranged from 4 to 35.1 per 1000 patient-days and from 5.5 to 77.9 per 100 medication orders (9).
- Rates of healthcare-acquired infection in neonatal units have been estimated at 15.2-62.0 per 1000 patient days in neonatal units, with higher rates in LMICs (10).

Mortality, vulnerable populations and contextual factors

- Improved quality of care could save up to 1 million newborns (11).
- Among hospital-born infants, hospital-acquired infections account for an estimated 4% to 56% of all deaths in the neonatal period, depending on the study and geographical area (12).
- Patient harm** more prevalent in children with special medical needs or reliant on medical technology (13)

*Incidence variable across paediatric inpatient research. (1)

** Children face higher risk of patient harm, though evidence base limited (1).

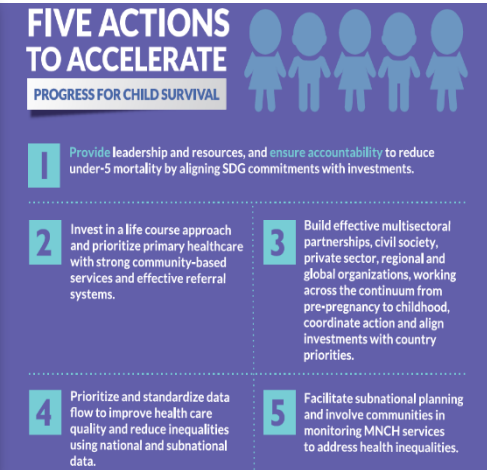
Global efforts to enhance safety in Paediatric and Newborn Care



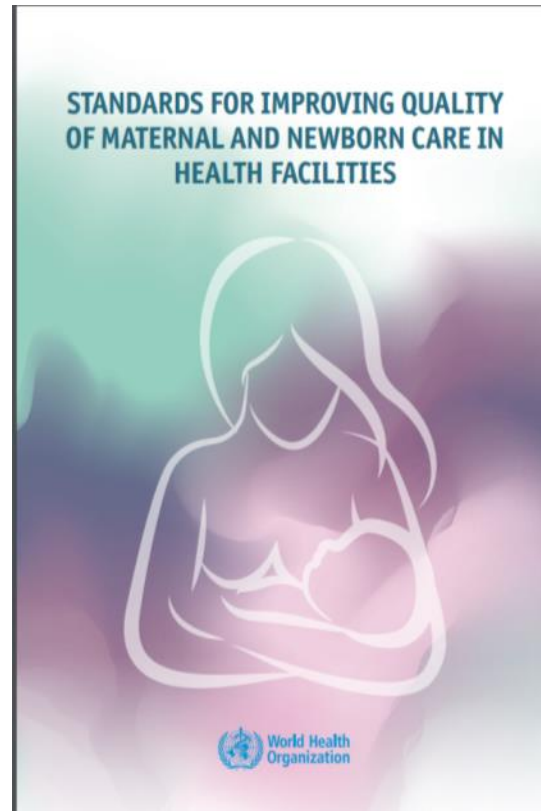
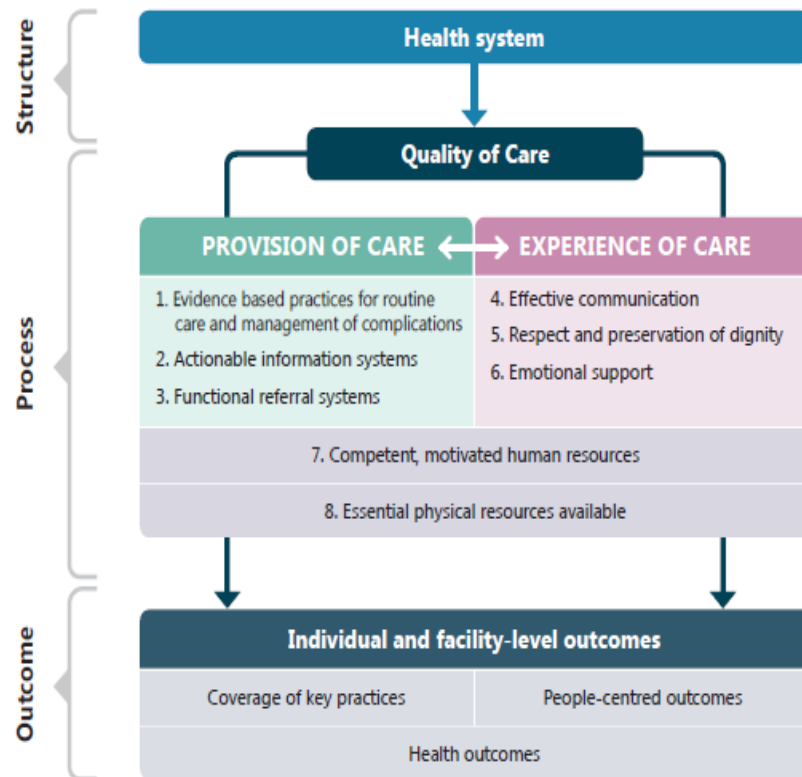
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Newborn and Paediatric Safety: A global Imperative

- SDG 3.2 & 3.8 (child survival and UHC)
- EWEC Global Strategy for Women, Children and Adolescents (Survive–Thrive–Transform)
- Every woman Every Newborn Everywhere and Child Survival Action



Implementation Support- Framework for the quality of safe maternal, newborn and child care



2016



2018



2020

Engaging children and families

Medication Safety

Diagnostic Safety

Prevent hospital-acquired infections

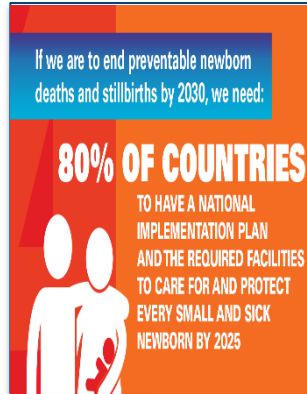
Small & Sick Newborns

WHO's Work to Ensure Safe Care for Newborns



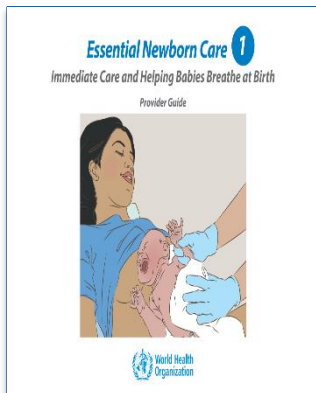
Kangaroo Mother Care

Scaling up KMC globally
Low-tech, high-impact safety



Level-2 Special newborn care

Safer neonatal intensive care
Standards for small and sick newborn care



Improving care for every newborn

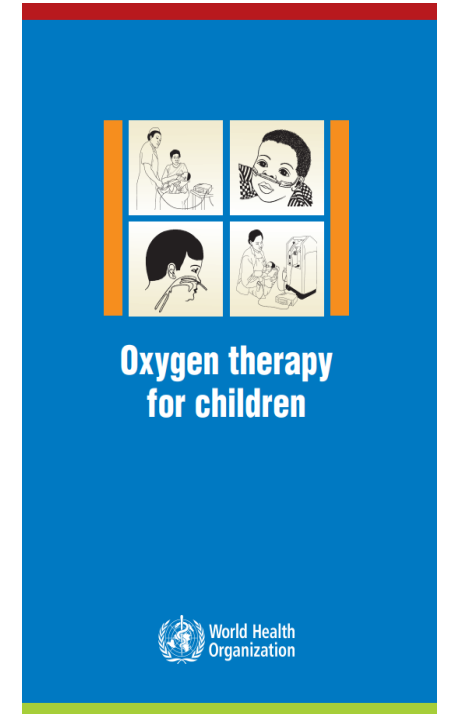
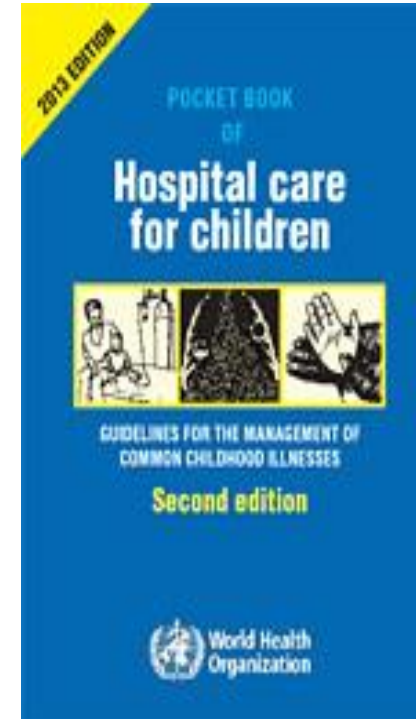
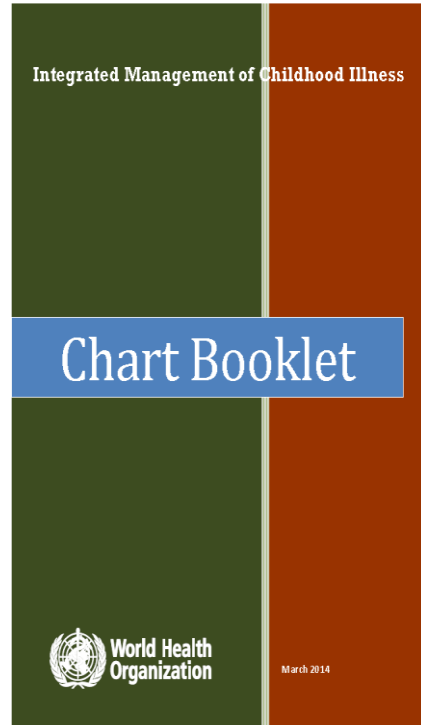
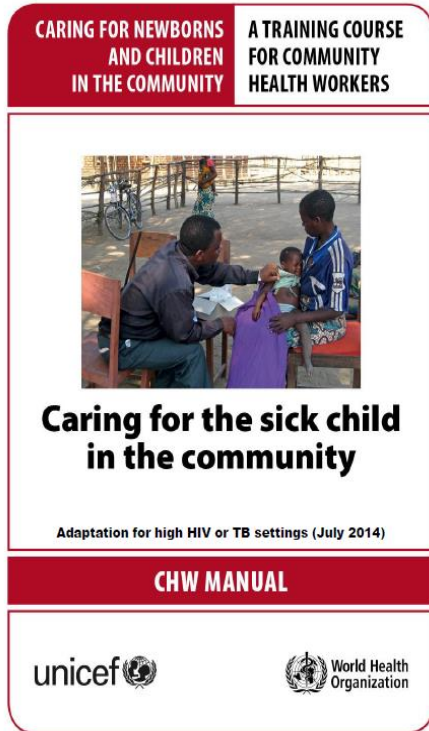
Evidence-based provider training through the ENC Course
Online format and simulation possibilities



Strengthening neonatal nursing cadre

Development of the neonatal nursing competency framework
Curriculum for skilled cadres

Supporting health care workers to provide safe care at primary and referral care level

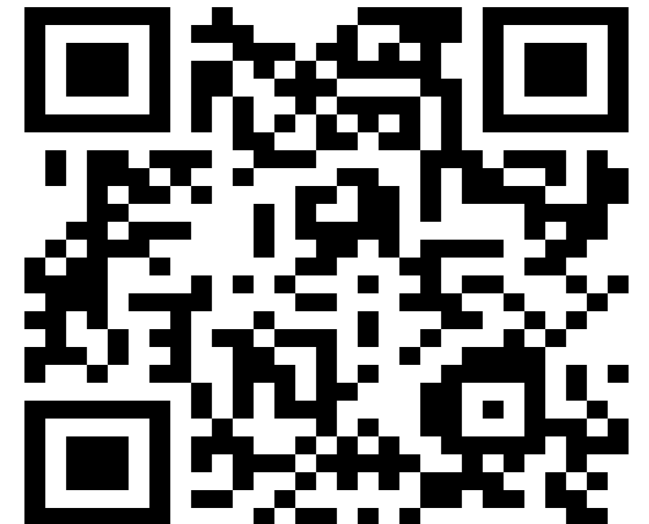


Programme manager's handbook for maternal, newborn, child and adolescent health – *Access all the tools*

The screenshot shows the WHO Resource Library website. The header includes the WHO logo and the text 'Resource library For Maternal, Newborn, Child, Adolescent Health and Ageing'. A 'Contact' button is in the top right. Below the header, there's a navigation bar with 'Department website' and 'Handbooks'. The main content area has a 'Welcome to Resource Library' section with a description of the collection and buttons for 'Start browsing' and 'Guided tour'. A 'Programme manager's Handbook' button is also present. On the right, there's a large image of a woman holding a child, with a 'Hide this message' button. Below the main content, there's a search bar and a filter section. The filter section shows 'Topic areas' with options like 'Policy and strategy directions', 'Programme planning and review', 'Interventions, norms, standards and guidelines', and 'Implementation and service delivery guidance'. The search results section shows 77 results, with a 'Show' button and a 'Sort by' dropdown set to 'Newest'. Two document covers are visible: 'Abortion care guideline' and 'Measuring and monitoring quality of care to improve maternal, newborn, child and adolescent health care'.

Website URL and QR Code

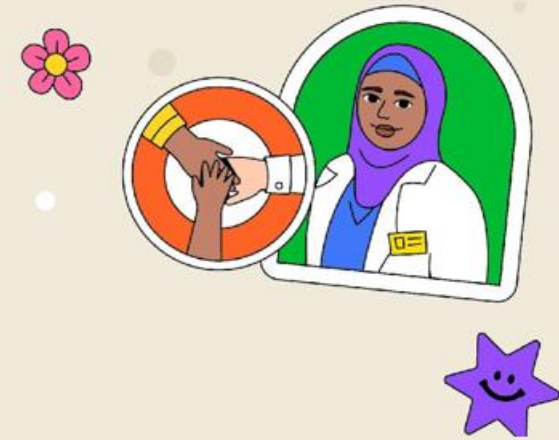
<https://www.who.int/teams/maternal-newborn-child-adolescent-health-and-ageing/handbooks/programme-manager-s-handbook-mncah>





Thank you!

World Patient Safety Day 2025 - Campaign overview



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World Health
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Campaign Scope

0 to 9 years



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World
Patient Safety
Day 17 September 2025



Campaign key messages

Children are more at risk of harm due to 4 Ds:



1. Development

2. Dependency

3. Differential epidemiology

4. Demographics





1. Children aren't small adults. They require individualized safe care.

Children need care that fits *them*—their age, weight, developmental stage, medical needs, ability to communicate and specific context.



2. Safety first, always and in every health care setting.

Children are most at risk in intensive care and during complex treatments. Protecting them from unsafe care must come first.



3. The most common causes of harm are known.

These include errors with medications and diagnosis, infections caught during care and missed warning signs when a child's condition starts getting worse.



4. Safer care depends on safe systems and teamwork.

Well-designed systems, supported staff and engaged caregivers keep children safe. Every voice counts.

Be your child's safety champion. Stay informed. Stay involved. Speak up.

- ❑ **Track and share:** keep notes on symptoms, medications and appointments. Share everything with your health care team.
- ❑ **Keep informed:** learn about common medical conditions in children and what to watch out for. Understand hospital safety protocols, such as handwashing and visitor restrictions.
- ❑ **Have your say:** take part in the decisions being taken about your child's care.
- ❑ **Ask and confirm:** always ask about treatments. Double-check names, allergies and medications before interventions.
- ❑ **Trust your gut:** if something feels off, speak up. You know your child best.



Be a patient safety star, speak up for your safety!

- ❑ **Speak up:** tell an adult if you feel sick, are hurting, or if something feels wrong during your care. Try your best to describe what you're feeling, like pain or tiredness.
- ❑ **Stay safe during care:** share your name, birthday and allergies with your doctor or nurse. Ask what your medicine is for. If you get a cut or scrape, ask how to keep it clean while it heals.
- ❑ **Be a germ buster:** wash your hands often. Cover your cough or sneeze with your elbow or a tissue. It's okay to remind others to do that, too.
- ❑ **You can help:** if something doesn't look or feel right, tell an adult.



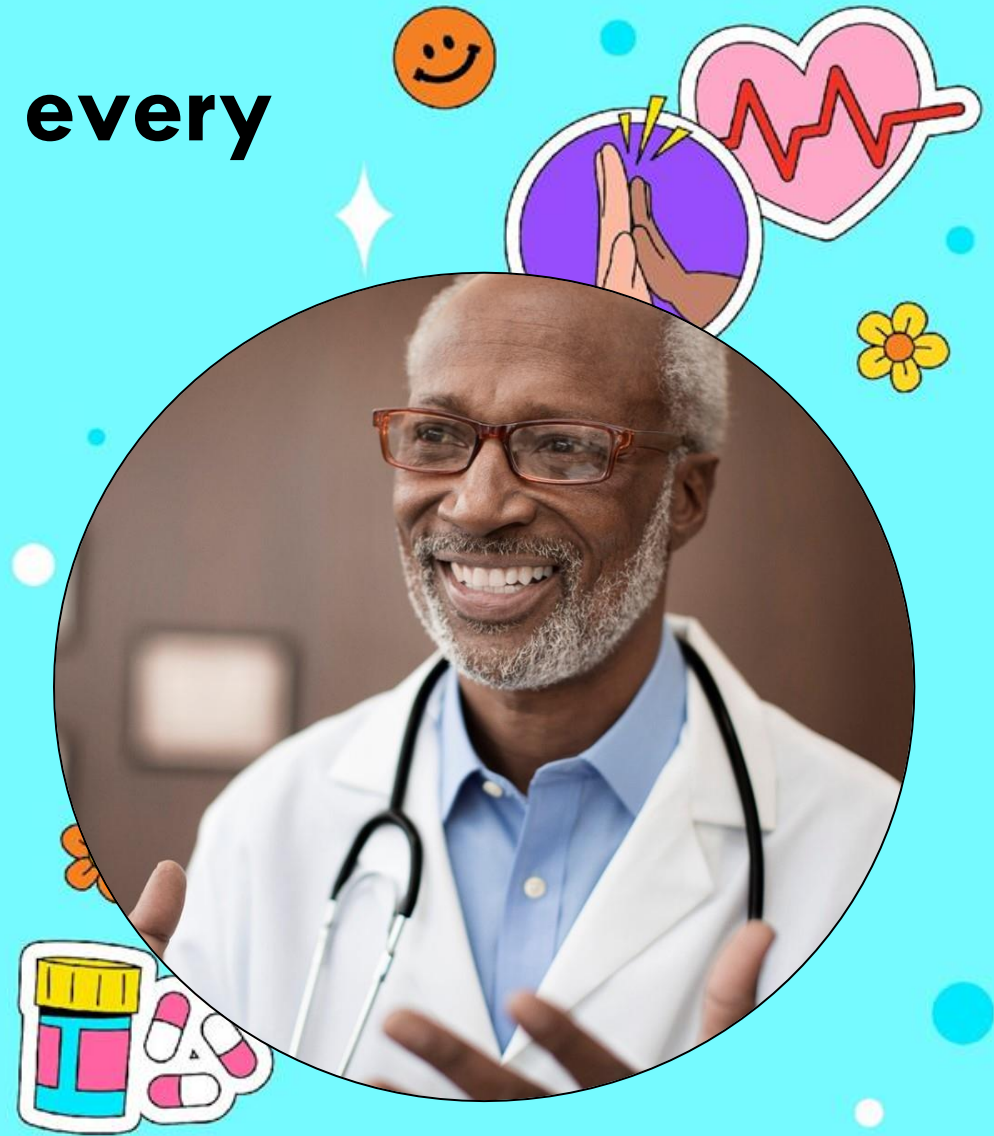
Deliver care that's safe and child-centred.

- **Tailor care to the child:** adjust for age, weight and development. Verify a child's identity before any intervention and check for allergies.
- **Prevent harm:** watch for the main causes of harm such as medication errors, health care-associated infections and diagnostic errors.
- **Act early:** spot signs of deterioration. Respond promptly.
- **Partner with parents and children:** communicate clearly. Listen actively. Encourage questions and involve them in the decision-making.
- **Coordinate and learn:** share information clearly across teams. Report incidents to improve care and contribute towards improvement efforts.



Make safe care the standard for every child, everywhere.

- **Streamline safety:** apply WHO quality of care standards. Establish core safety systems such as patient identification, safe medication, infection prevention, and care escalation.
- **Support the workforce:** ensure staff are trained in safe paediatric care skills. Foster teamwork, open communication and standardized care.
- **Make care child-friendly:** provide appropriate child-friendly spaces and equipment.
- **Use data to improve care:** establish a safety culture. Support incident reporting by staff and caregivers. Track safety indicators and act on insights.



Invest in safe care for children. Save lives and resources.

- **Embed paediatric safety within policy:** integrate safety into national health policies and strategies.
- **Invest in safer care:** build workforce capacity and equip facilities with the tools, training and infrastructure needed to keep children safe.
- **Lead with data and learning:** strengthen data systems. Promote a culture of safety and learning.
- **Engage communities:** involve civil society, patient advocates, child protection groups and educators in building safer systems and promoting patient safety in schools.



Empower children to participate in their health care.

- **Empower children:** teach them to speak up, ask questions and share symptoms or concerns.
- **Create safe spaces:** listen with empathy. Reduce fear around health care.
- **Promote safety education:** partner with health workers. Build children's hygiene habits, health literacy and awareness of patient safety.
- **Practice and celebrate:** recognize and praise children when they make safe health decisions, such as regular handwashing and coughing into the elbow.



Raise awareness. Mobilize communities. Demand safe care for every child.

- **Raise awareness:** promote health literacy. Share clear, accessible information on patient safety risks and the prevention of harm.
- **Promote equity:** advocate for safe care in all settings, especially those in low-resourced, marginalized or humanitarian settings, where risks are greatest.
- **Amplify voices:** represent patients in health dialogues. Co-create safer systems with health workers.





Communication materials



Social Media: Broad messages and targeted messages to families and health practitioners

Influencer



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World Patient Safety Day

17 September 2025

[Campaign essentials](#)[World Patient Safety Day 2025 Event Page](#)[Previous World Patient Safety Days](#)[Patient Safety health topic](#)[Patient Safety Flagship](#)[WHO resource centre](#)[Global Knowledge Sharing Platform](#)

World Patient Day 2025: explore free courses to enhance newborn and child health

14 August 2025 | Departmental update | Lyon, France | Reading time: Less than a minute (212 words)

[Infection Prevention and Control in Maternal and Neonatal Care](#)[Essential postpartum family planning counselling](#)[Respectful maternity and newborn care](#)[Oral Health Care of Pregnant Women and Newborns](#)[Accelerating elimination of congenital syphilis: ensuring adequate diagnosis and treatment](#)[Integrated management of childhood illness](#)

SingHealth DukeNUS
ACADEMIC MEDICAL CENTRE
Institute for
Patient Safety & Quality



Share your plans for World Patient Safety Day 2025 [here](#)

Light up a monument

On 17 September, let's cast an orange glow across the globe to shine a light on the importance of safe care for every newborn and every child. From hospitals to homes, every child deserves a safe start in life. Let's illuminate buildings, landmarks, and monuments as beacons of our shared commitment to protecting the youngest and most vulnerable among us. This year, WHO will light up the iconic Jet d'Eau in Geneva, symbolizing our global dedication to patient safety from the very beginning.

Join the worldwide wave—light up the night in orange and stand for safer care for every child!



September Events

- ❑ Global Webinar – 8 September, 14:00 – 16:30 CEST
- ❑ International Conference for Prevention and Infection Control – 16 to 19 September
- ❑ News piece – 17 September
- ❑ Social media campaign – 17 September
- ❑ Lighting up of Jet d'Eau – 17 September

Asks from missions

1. Champion the campaign with national counterparts and engage in activities

Encourage your Ministry of Health to observe WPSD.

Consider lighting up your permanent mission in orange on 17 September.

Promote the campaign through your mission's social media accounts.

2. Promote the theme in multilateral forums

Highlight the importance of patient safety for newborns and children in relevant discussions in Geneva

Support future inclusion of the topic in relevant resolutions or statements.

4. Support alignment with national and global agendas

Help ensure the campaign aligns with your country's commitments to UHC, SDG 3.2, quality of care, and child health strategies.

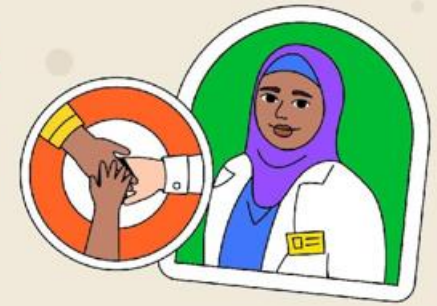
Encourage integration of patient safety in ongoing health systems and child health initiatives at the national level.



Thank you



World Patient Safety Day 2025 Goals



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WHO Headquarters



Dr Nuhu Yaqub

Technical officer, Child Health, Department of
Sexual, Reproductive, Maternal, Child,
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World Health
Organization



World
Patient Safety
Day 17 September 2025

World Patient Safety Day Goals 2025

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adolescent health and ageing

World Patient Safety Day goals 2025

Safe care for every
newborn and every child



World Patient Safety Day Goals – Positioning

Annual call for improvement aligned with the World Patient Safety Day theme

Includes 5 aspirational statements with rationale and suggested actions

Focused on high-priority, risk-prone, or high-impact interventions

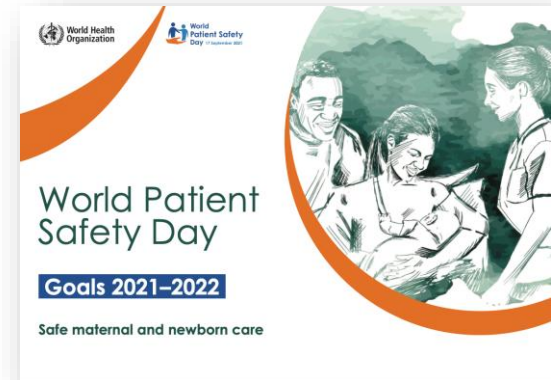
All actions based on existing WHO guidance

Targeted mainly at health care facilities and providers

Supported by process and outcome measures

Voluntary sign-up and sharing of achievements

Earlier WPSD Goals



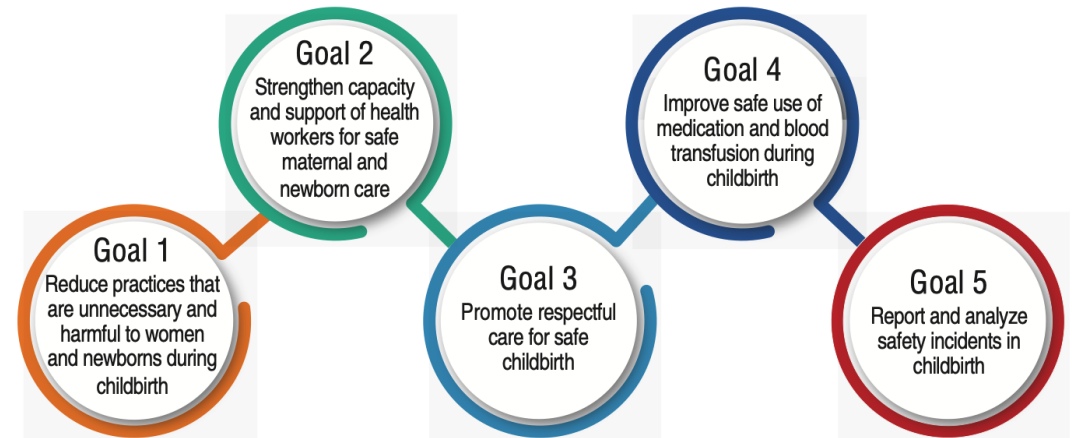
World Patient Safety Day Goals 2020–21

Health worker safety: a priority for patient safety



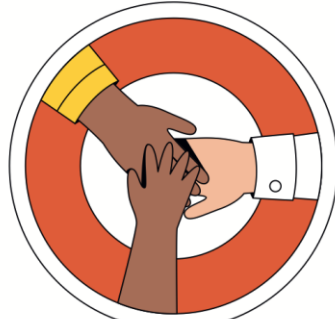
WORLD PATIENT SAFETY DAY GOALS 2021–2022

Safe maternal and newborn care



Introducing World Patient Safety day Goals 2025

Goal 1



Engage children,
parents and families

Goal 2



Enhance medication
safety

Goal 3



Improve
diagnostic safety

Goal 4



Prevent health care-
associated infections

Goal 5



Reduce risks for small
and sick newborns

Presentation of each goal

Suggested Actions



People

Skills, knowledge, attitude, training
cognitive and psychosocial attributes



Workspace environment

Layout, amenities, ambience,
workspace organization, controls



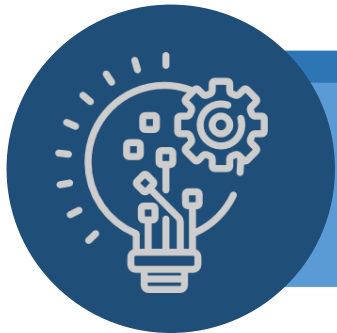
Tasks

Activities, protocols, precautions,
communication, decision making



Organization

Policies, procedures, programs,
culture, monitoring feedback



Tools and technology

Checklists, job aids, equipment, digital
technologies, automation, decision support



Measures

Indicators for measuring
improvement



Engage children, parents and families



People

- Train health workers in engagement
- Promote child & parent awareness
- Involve parents in hospital committees
- Allow parents to remain with child



Tasks

- Share clear, timely, age-appropriate info
- Involve parents and children in decisions
- Include family views in care processes
- Respond quickly to concerns
- Give clear discharge summary



Tools and technology

- Use WHO 5 Moments tools
- Provide visual resources in consultation
- Use secure ID for all children
- Ensure age-appropriate equipment and supplies

- Provide child-friendly spaces for care
- Design separate care areas for children
- Make spaces accessible for all parents
- Implement child-specific safety measures

- Provide safe channels for feedback and escalation
- Ensure informed consent, record access, and disclosure
- Implement rooming-in for parents
- Co-design safety initiatives with parents

- Patient/family-reported outcomes (PROM)
- Patient/family-reported experience (PREM)
- % children/parents satisfied with information & support
- % committees including patient representatives



Workplace environment



Organization



Measures



Goal 2

Enhance medication safety



People

- Enhance patient medication literacy
- Train staff on reporting medication errors
- Educate parents on safe medication use
- Train health workers on paediatric dosing



Tasks

- Include full details on every prescription
- Prescribe only necessary, effective medicines
- Double-check all high-risk medications
- Strengthen medication review and reconciliation
- Verify authenticity of medicines



Tools and technology

- Provide age-appropriate scales and calculators
- Use standardized dilution charts
- Implement electronic prescribing
- Integrate EHR with decision-support tools

- Create “no-interruption” zones for medication preparation and administration
- Provide well-lit and organized workspaces
- Store high-risk medicines securely
- Separate and clearly label LASA medicines

- Implement WHO challenge Medication Without Harm
- Develop protocols for rational medicine use
- Monitor medication errors
- Prevent stockouts/expired drugs
- Ensure paediatric formulations

- % children experiencing medication errors
- % patients receiving medication reconciliation
- % patients with unintentional discrepancies
- % children given unnecessary medicines



Workplace environment



Organization



Measures



Improve diagnostic safety



People

- Know age-specific vital signs and presentations
- Perform self-checks to reduce cognitive bias
- Keep missed diagnoses in mind
- Seek second opinions for complex cases



Tasks

- Take comprehensive, age-appropriate history
- Follow evidence-based guidelines and diagnostic pathways
- Use structured differential diagnosis
- Question inconsistent lab/test results



Tools and technology

- Implement EHR with decision support
- Use checklists for differential diagnosis
- Use technology to strengthen reasoning and follow-up
- Enable collaborative diagnosis (telemedicine, e-consults)

- Minimize distractions in diagnostic workspaces
- Ensure access to point-of-care equipment
- Provide well-lit, ventilated, private spaces for assessment
- Design layouts to support direct patient observation



Workplace environment

- Foster a blame-free culture for reporting errors
- Use up-to-date diagnostic guidelines and SOPs
- Promote teamwork and shared decision-making
- Provide adequate for time patient assessment



Organization

- Missed or delayed diagnoses
- % children with danger signs assessed within 15 min
- % febrile children with differential diagnosis investigated



Measures



Prevent health care-associated infections



People

- Align nurse/patient ratio to reduce HAI
- Provide annual IPC training for all staff
- Educate parents on their role in HAI prevention
- Involve families in care (e.g., KMC)



Tasks

- Assess risk of exposure before care activities
- Perform hand hygiene at WHO 5 Moments
- Use PPE based on risk
- Apply aseptic technique for invasive procedures
- Always use sterile syringes/needles



Tools and technology

- Ensure reliable energy for water, waste management, lighting
- Post reminders to promote IPC practices
- Maintain adequate supply of clean, sterile equipment

- Ensure handwashing stations and alcohol rub
- Design NICU/PICU per space and staffing standards
- Provide safe waste disposal, including sharps
- Install ventilation to reduce airborne infections
- Keep bed occupancy within capacity
- Establish a resourced IPC programme
- Implement guidelines on standard & transmission-based precautions
- Conduct HAI and AMR surveillance
- Monitor/audit IPC practices



Workplace environment



Organization



Measures

- Culture-positive sepsis rates
- CLABSI and VAP rates
- Length of stay due to HAIs
- Hand hygiene compliance



Goal 5

Reduce risks for small and sick newborn



People

- Ensure sufficient staff with newborn skills
- Involve parents as part of the care team
- Provide in-service and annual refresher training
- Minimize rotation of neonatal-trained nurses



Tasks

- Provide 24/7 triage and assessment within 15 minutes
- Identify at-risk newborns early
- Monitor preterm newborns on oxygen
- Promote breastfeeding and early colostrum
- Standardize handover communication



Tools and technology

- Equip every unit with monitoring tools
- Post emergency care charts visibly
- Keep manuals and job aids handy

- One newborn per cot, with safe spacing
- Private areas for KMC and family-centred care
- Maintain physical safety measures
- Reliable power supply with backup
- Designated emergency care space

- Authorize trained neonatal nurses for defined interventions
- Conduct team walk-throughs and safety reviews
- Enable inter-professional collaboration with clear roles
- Appoint quality-of-care leads and review progress

- % newborns with health care-associated infections
- % preterm mortality within 7 days
- % small/sick newborns exclusively breastfed
- Rates of retinopathy, intracranial haemorrhage, enterocolitis



Workplace environment



Organization



Measures

Request to Member States

- Adopt and prioritize World Patient Safety Day (WPSD) goals nationally.
- Motivate health care facilities to sign up to these goals.
- Promote sustained implementation across all health care facilities.
- Set measurable targets and monitor progress.
- Recognize and reward successful adopters.
- Share success stories and best practices.
- Integrate the Global Patient Safety Action Plan 2021-2030 into local policies using a systems approach.

Implementing WPSD Goals at health care facility level

- **Sign up to the goals** as a commitment to safe care
- **Adapt** them to local context, services, and resources
- **Integrate** them as part of the ongoing efforts to improve newborn and child health: EWENE, Child Survival Action Plan
- **Prioritize** based on greatest risks and most urgent needs
- **Implement** through teamwork, systems, and supportive culture
- **Measure** performance using suggested indicators and provide feedback
- **Improve** by learning from practice, feedback, and innovation
- **Sustain** by embedding into daily routines and continuous monitoring
- **Share learning and best practices** across teams and with other facilities

Sign up to World Patient Safety Day Goals 2025

<https://www.who.int/campaigns/world-patient-safety-day/2025/goals>



World Patient Safety Day Goals 2025

On the occasion of World Patient Safety Day 2025, with the theme "**Safe care for every newborn and every child**", WHO is proposing a set of Goals to facilitate action for improvement at the point of care. These goals highlight priority areas where health facilities, organizations, health care leaders, managers and health practitioners can make tangible changes to reduce avoidable harm and improve safety for newborns and children.

Explore goals

Goal 1 	Goal 2 	Goal 3 	Goal 4 	Goal 5 
Engage children, parents and families	Enhance medication safety	Imrpove diagnostic safety	Prevent health care-associated infections	Reduce risks for small and sick newborns

Take action

[Sign up for the goals!](#)

Thank you



Partnership for Maternal, Newborn and Child Health



Mr Rajat Khosla

Executive director,
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Health



World Health
Organization



World
Patient Safety
Day 17 September 2025

Discussion and Q&A



Closing remarks

Dr Kalipso Chalkidou

Director, System performance,
financing and delivery

WHO Headquarters



Thank you

