

Fifth report of Committee A

(Draft)

Committee A held its tenth meeting on 25 May 2019 under the chairmanship of Dr Silvia Paula Valentim Lutucuta (Angola) and Dr Yasuhiro Suzuki (Japan) .

It was decided to recommend to the Seventy-second World Health Assembly the adoption of the attached two resolutions relating to the following agenda items:

12. Other technical matters

12.5 Patient safety

One resolution, as amended, entitled:

– Global action on patient safety

One resolution

– Water, sanitation and hygiene in health care facilities

Agenda item 12.5

Global action on patient safety

The Seventy-second World Health Assembly,

Having considered the report by the Director-General on global action on patient safety;¹

Recalling resolution WHA55.18 (2002), which urged Member States to “pay the closest possible attention to the problem of patient safety; and to establish and strengthen science-based systems, necessary for improving patients’ safety and the quality of health care”; recognizing that patient safety is a critical element of, 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;

Recognizing that patient safety cannot be ensured without access to: safe infrastructure, 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;

Noting that patient safety builds on quality, basic and continued education and training of health professionals that ensures that they have the adequate professional skills and competencies in their respective roles and functions;

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

Noting further the importance of hygiene for patient safety and the prevention of health care-associated infections, and for reducing antimicrobial resistance;

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;

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 to 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;

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 under Sustainable Development Goal 3 (Ensure healthy lives and promote health and well-being for all at all ages);

Acknowledging that instilling a 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,

¹ Document A72/26.

trust and accountability, which can be strengthened, as appropriate, by international cooperation and collaboration;

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;

Concerned that the burden of injuries and other harm to patients from adverse events is likely one of the top 10 causes of death and disability in the world, comparable to that of tuberculosis and malaria, and that available evidence suggests that most of this burden falls on 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;

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, better organizational culture to improve practices, 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;

Recognizing the success, 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, such as insurance arrangements, patient ombudspersons, creating a patient safety culture throughout the health system, transparent incident reporting systems that allow learning from mistakes, and no-fault and no-blame handling of adverse events and their consequences; and a patient-centred approach to patient safety;

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 low- and middle-income countries;

Recognizing the importance of robust patient safety measurement to promote more resilient health systems, better and more focused preventive work to promote safety and risk 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 health care workforce operating within a supportive environment to make health care safe, and the importance of engaging and empowering patients and families in improving the safety of care for better health outcomes;

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

1. ENDORSES the establishment of World Patient Safety Day, to be marked annually on 17 September in order to increase public awareness and engagement, enhance global understanding, and work towards global solidarity and action by Member States to promote patient safety;

2. URGES Member States:¹

- (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 universal health coverage;
- (2) to assess and measure the nature and magnitude of the problem of patient safety 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 preventive action and implement systematic measures to reduce risks to all individuals;
- (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;
- (4) to work in collaboration with other Member States, civil society organizations, patients' 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;
- (5) to share and disseminate best practices and encourage mutual learning to reduce patient harm through regional and international collaboration;
- (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 and radiation safety, as well as to minimize the risk of inaccurate or late diagnosis and treatment, and to pay special attention to at-risk groups;
- (7) to promote a safety culture by providing basic training to all health professionals, developing a blame-free patient safety incident 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;
- (8) to build sustainable human resource capacity, through multisectoral and interprofessional competency-based education and training based on the WHO patient safety curricula and continuous professional development to promote a multidisciplinary approach, and to build an appropriate working environment that optimizes the delivery of safe health services;
- (9) to promote research, including translational research, to support the provision of safer health services and long-term care;
- (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

¹ And, where applicable, regional economic integration organizations.

services and health-related social care, while ensuring the protection of personal data, and to support the use of digital solutions to provide safer health care;

(11) to consider the use of traditional and complementary medicine, as appropriate, in the provision of safer health care;

(12) 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;

(13) to mark World Patient Safety Day annually on 17 September to promote all aspects of patient safety including progress towards reaching national milestones, in collaboration with relevant stakeholders;

(14) to consider participating in the annual Global Ministerial Summits on Patient Safety;

3. INVITES international organizations and other relevant stakeholders to collaborate with Member States in promoting and supporting patient safety initiatives, including marking World Patient Safety Day annually;

4. REQUESTS the Director-General:

(1) to emphasize patient safety as a key strategic priority in WHO's work across the universal health coverage agenda;

(2) to develop normative guidance on minimum standards, policies, best practice and tools for patient safety, including on safety culture, human factors, hygienic infrastructure, clinical governance and risk management;

(3) to provide technical support to Member States, especially low- and middle-income countries, where appropriate and where requested, to help to build national capacities in their efforts to assess, measure and improve patient safety, in collaboration with professional associations, as appropriate, and to create a safety culture, as well as effective prevention of health care-associated harm, including infections, by building capacity in leadership and management, and open and transparent systems that identify and learn from the causes of harm;

(4) to provide support to Member States, on request, in establishing and/or strengthening patient safety surveillance systems;

(5) 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, patients' organizations, professional associations, academic and research institutions, industry and other relevant stakeholders in building safer health care systems;

(6) to provide, on request, technical support and normative guidance on the development of human resource capacity in Member States through interprofessional competency-based

education and training based on WHO patient safety curricula, and, in consultation with Member States, develop “training-of-trainers” programmes for patient safety education and training, and develop global and regional networks of professional educational councils to promote education on patient safety;

(7) to develop and manage, in consultation with Member States, systems for global sharing of learning from patient safety incidents, including through reliable and systematic reporting, data analysis and dissemination systems;

(8) to design, launch and support Global Patient Safety Challenges¹, and to develop and implement strategies, guidance and tools to support Member States in implementing each Challenge, using the best available evidence;

(9) to promote, and support the application of, digital technologies and research, including translational research for improving the safety of patients;

(10) to provide support to 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 establishing and strengthening networks for engagement of patients, communities, civil society and patient associations;

(11) to work with Member States, international organizations and other relevant stakeholders to promote World Patient Safety Day;

(12) to formulate a global patient safety action plan in consultation with Member States¹ and all relevant stakeholders, including in the private sector, for submission to the Seventy-fourth World Health Assembly in 2021 through the 148th session of the Executive Board;

(13) to submit a report on progress in the implementation of this resolution, for the consideration of the Seventy-fourth, Seventy-sixth and Seventy-eighth World Health Assemblies.

¹ And, where applicable, regional economic integration organizations.

Agenda item 12.5

Water, sanitation and hygiene in health care facilities

The Seventy Second World Health Assembly,

Having considered the report on patient safety: water, sanitation and hygiene in health care facilities;¹

Recalling the Declaration of Astana from the Global Conference on Primary Health Care (Astana, 25 and 26 October 2018) which envisages strengthening primary health care as the most inclusive, effective and efficient approach to enhance people's physical and mental health, as well as social well-being, and that primary health care is a cornerstone of a sustainable health system for effective universal health coverage and health-related Sustainable Development Goals;

Recalling also resolution WHA64.24 (2011) on drinking water, sanitation and health, which emphasizes the tenets of primary health care as set out in the Declaration of Alma-Ata on Primary Health Care and other resolutions recalled therein (WHA35.17 (1982), WHA39.20 (1986), WHA42.25 (1989), WHA44.28 (1991), WHA45.31 (1992), WHA51.28 (1998) and WHA63.23 (2010)) and resolution WHA70.7 (2017) which stressed the role of improving safe drinking water, sanitation facilities, health care waste management and hygiene practices in primary health care;

Recalling further United Nations General Assembly resolution 64/292 (2010) on the human right to water and sanitation and resolution 72/178 (2017) and the United Nations Human Rights Council resolution 39/8 (2018), both on the human rights to safe drinking water and sanitation;

Noting that without sufficient and safe water, sanitation and hygiene services in health care facilities, countries will not achieve the targets set out in Sustainable Development Goal 3 (Ensure healthy lives and promote health and well-being for all at all ages) and Goal 6 (Ensure availability and sustainable management of water and sanitation for all), including reducing maternal and newborn mortality and achieving effective universal health coverage, and those in Sustainable Development Goals 1 (End poverty in all its forms everywhere), 7 (Ensure access to affordable, reliable, sustainable and modern energy for all), 11 (Make cities and human settlements inclusive, safe, resilient and sustainable) and 13 (Take urgent action to combat climate change and its impacts);

Noting also that the provision of safe water, sanitation and hygiene services is fundamental for patient safety and has been shown to reduce the risk of infection for patients, carers, health workers and surrounding communities, and noting that progress towards the provision of those services in health care facilities would also allow for effective and timely prevention of cholera, and care for patients with the disease, in addition to diarrhoeal and other diseases, as recognized in resolution WHA71.4 (2018) on cholera prevention and control;

Recalling WHA68.7 (2015) on the global action plan on antimicrobial resistance, which underscores the critical importance of safe water, sanitation and hygiene services in community and health care settings for better hygiene and infection prevention measures to limit the development and

¹ Document A72/27.

spread of antimicrobial-resistant infections and to limit the inappropriate use of antimicrobial medicines, ensuring good stewardship;

Noting the findings of the joint WHO and UNICEF report, *Water, sanitation and hygiene in health care facilities: status in low- and middle-income countries and way forward*,¹ which revealed that close to 40% of all health care facilities globally lack access to even rudimentary water supplies, 19% lack sanitation and 35% do not have water and soap for handwashing,² underscoring the implications of not having these basics in these places, including the spread of infections in places that are supposed to promote health and basic hygiene for disease prevention; and stressing the implications for the dignity of patients and other users who seek health care services, particularly women in labour and their newborn babies;

Recalling the statement of the United Nations Secretary-General making a global call for action for water, sanitation and hygiene in all health care facilities;

Noting that the Director-General's report to the Seventy-first World Health Assembly on health, environment and climate change³ identified global driving forces, including population growth, urbanization and climate change, which are expected to significantly affect the availability and quality of, and access to, water and sanitation services and freshwater resources, and the urgent need for addressing the links between climate, energy, safe water, sanitation and hygiene and health,

1. URGES Member States:⁴

(1) to conduct comprehensive assessments according to the national context and, where appropriate, to quantify: the availability and quality of, and needs for safe water, sanitation and hygiene in health care facilities; and infection prevention and control status, using existing regional and global protocols or tools^{5,6} and in collaboration with the global effort to improve provision of safe water, sanitation and hygiene in health care facilities;⁷

¹ WHO and UNICEF. *Water, sanitation and hygiene in health care facilities: status in low- and middle-income countries and way forward*. Geneva: World Health Organization; 2015.

² WHO and UNICEF will release Sustainable Development Goal baseline figures for safe water, sanitation and hygiene (WASH) in health care facilities in March/April 2019. These new figures will supersede the figures currently stated in the resolution.

³ Document A71/11.

⁴ And, where applicable, regional economic integration organizations.

⁵ WHO and UNICEF. *Water and sanitation for health facility improvement tool (WASH-FIT): a practical guide for improving quality of care through water, sanitation and hygiene in health care facilities*. Geneva: World Health Organization/UNICEF; 2018 (https://www.who.int/water_sanitation_health/publications/water-and-sanitation-for-health-facility-improvement-tool/en/, accessed 7 February 2019).

⁶ WHO. *National infection prevention and control assessment tool (IPCAT2) and Infection Prevention and Control Assessment Framework at the Facility Level (IPCAF)*, see <https://www.who.int/infection-prevention/tools/core-components/en/> and links therein (accessed 7 February 2019).

⁷ WHO and UNICEF are jointly coordinating the global efforts to improve safe water, sanitation and hygiene (WASH) in health care facilities. Action is focused on a number of key areas, including national assessments. More information can be found on the knowledge portal on WASH in health care facilities – global action to provide universal access by 2030: www.washinhcf.org (accessed 7 February 2019).

- (2) to develop and implement a road map according to national context so that every health care facility in every setting has, commensurate with its needs: safely managed and reliable water supplies; sufficient, safely managed and accessible toilets or latrines for patients, caregivers and staff of all sexes, ages and abilities; appropriate core components of infection prevention and control programmes, including good hand hygiene infrastructure and practices; routine, effective cleaning; safe waste management systems, including those for excreta and medical waste disposal; and, whenever possible, sustainable and clean energy;
- (3) to establish and implement, according to national context, minimum standards for safe water, sanitation and hygiene and infection prevention and control in all health care settings and build standards for safe water, sanitation and hygiene and infection prevention and control into accreditation and regulation systems; and establish accountability mechanisms to reinforce standards and practice;
- (4) to set targets within health policies and integrate indicators for safe water, sanitation and hygiene and infection prevention and control¹ into national monitoring mechanisms to establish baselines, track progress, and track health system performance on a regular basis;
- (5) to integrate safe water, sanitation and hygiene into health programming, including into nutrition and maternal, child and newborn health within the context of safe, quality and integrated people-centred health services, effective universal health coverage, infection prevention and control, and antimicrobial resistance;
- (6) to identify and address inequities and interruptions in the availability of adequate safe water, sanitation and hygiene services in health facilities, especially in facilities that provide maternity services and in primary health care facilities;
- (7) to align their strategies and approaches with the global effort for safe water, sanitation and hygiene in health care facilities² and contribute to the realization of Sustainable Development Goal 3 (Ensure healthy lives and promote health and well-being for all at all ages) and Goal 6 (Ensure availability and sustainable management of water and sanitation for all);
- (8) to have procedures and funding in place to operate and maintain services for safe water, sanitation and hygiene and for infection prevention and control in health facilities, and to make continuous upgrades and improvements based on needs so that infrastructure continues to operate and resources are made available to help facilities to access other sources of safe water in the event of failures in the normal water supply, so that environmental and other impacts are minimized and in order to maintain hygiene practices;
- (9) to educate and raise awareness, in line with regional agreements, on water, sanitation and hygiene, with a particular focus on maternity, hospital facilities and settings used by mothers and children; and to conduct ongoing education campaigns on the risks of poor sanitation, including

¹ WHO and UNICEF. Core questions and indicators for monitoring WASH in health care facilities in the Sustainable Development Goals. 2018 (https://www.who.int/water_sanitation_health/publications/core-questions-and-indicators-for-monitoring-wash/en/, accessed 7 February 2019).

² WHO/UNICEF global activities on WASH in health care facilities. (https://www.who.int/water_sanitation_health/facilities/en/, accessed 7 February 2019).

open defecation, to discourage this practice, and encourage community support for use of toilets and safe management of faecal waste by health workers;

(10) to establish strong multisectoral coordination mechanisms with the active involvement of all relevant ministries, particularly those responsible for health, finance, water and energy; to align and strengthen collaborative efforts and ensure adequate financing to support the delivery of all aspects of safe water, sanitation and hygiene and infection prevention and control across the health system; and to invest in a sufficient and well-trained health workforce, including health care workers, cleaners and engineers to manage safe water, sanitation and hygiene services, provide ongoing maintenance and operations and perform appropriate safe water, sanitation and hygiene and infection prevention and control practices, including strong pre-service and ongoing in-service education and training programmes for all levels of staff;

(11) to promote a safe and secure working environment for every health worker, including working aids and tools, safe water, sanitation and hygiene services and cleaning and hygiene supplies, for efficient and safe service delivery;

2. INVITES international, regional and local partners:

(1) to raise the profile of safe water, sanitation and hygiene and infection prevention and control in health care facilities, in health strategies and in flexible funding mechanisms, and thereby direct efforts towards strengthening health systems as a whole, rather than focusing on vertical or siloed programming approaches;

(2) to support government efforts to empower communities to participate in the decision-making concerning the provision of better and more equitable safe water, sanitation and hygiene services in health facilities, including their reporting to authorities about insufficient or inadequate safe water, sanitation and hygiene services;

3. REQUESTS the Director-General:

(1) to continue to provide global leadership and the development of technical guidance to achieve the targets set out in this resolution;

(2) to report on the global status of access to safe water, sanitation and hygiene in health care facilities as part of efforts to achieve Sustainable Development Goal 6 (Ensure availability and sustainable management of water and sanitation for all), including through the Joint Monitoring Programme, and to include safe water, sanitation and hygiene and infection prevention and control in health care facilities within effective universal health coverage, primary health care and efforts to monitor the quality of care;

(3) to catalyse the mobilization of domestic and external resources from the public and private sectors, and to support the development of national business cases for investment in safe water, sanitation and hygiene and infection prevention and control in health care facilities;

(4) to continue to raise the profile of safe water, sanitation and hygiene and infection prevention and control in health care facilities within WHO and at high-level political forums, and to work with other United Nations agencies in order to respond to the United Nations Secretary-General's call to action in a coordinated manner;

- (5) to work with Member States and partners to review, update and implement the global action plan and support Member States in the development of national road maps and targets for safe water, sanitation and hygiene in health care facilities;
- (6) to work with partners to adapt existing reporting mechanisms and, if necessary, develop new such mechanisms in order to capture and monitor progress on the coordination, implementation, financing, access, quality and governance of safe water, sanitation and hygiene and infection prevention and control in health care facilities, according to established indicator reporting methodology for Sustainable Development Goal 6 (Ensure availability and sustainable management of water and sanitation for all);¹
- (7) to support coordination and implementation of safe water, sanitation and hygiene and basic infection prevention and control measures in health care facilities and triage centres in times of crisis and humanitarian emergencies through the Health and WASH clusters, leveraging partnerships to prevent disease outbreaks in these contexts;
- (8) to report on progress in the implementation of the present resolution to the Health Assembly in 2021 and 2023.

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¹ Includes protocols, methods and reporting conducted by the WHO/UNICEF Joint Monitoring Programme and the WHO-led UN-Water Global Analysis and Assessment of Sanitation and Water.