Health services are not as safe as they could be. Patient safety has become a key concern of modern health care, because as interventions have become more complex, patients are more at risk of medical errors. Global evidence suggests that one in ten hospital patients experiences an adverse event, and 20–40% of health spending is wasted due to poor quality care. There are compelling health and economic arguments for improving patient safety.

Patient safety, now a global agenda, is one of the key entry points for health-care quality improvement to support universal health coverage (UHC). Moreover, patient safety has to be addressed systematically, if countries are to make sustained progress towards UHC. Experience shows that improvements in services have to happen in parallel with improved financing if real progress on UHC is to be made.

The High-Level Preparatory (HLP) Meeting held in the WHO Regional Office in New Delhi from 29 June to 2 July 2015 reviewed the attached working paper outlining actions to improve patient safety to contribute to sustainable UHC in the South-East Asia Region and made the following recommendations:

**Actions by Member States**

(1) High political commitment to develop appropriate policies, legislation and other interventions, including raising community awareness on patients’ rights; and engagement with patients as stakeholders are essential to cover all aspects of ensuring patient safety in Member States.

(2) Health workforce capacity development in patient safety is desirable.

(3) Consider introducing patient safety multi-professional training curricula in all training schools of medical, nursing and other allied health professions, and conduct training and re-training programmes.

(4) Conduct country self-assessments on patient safety.
**Actions by WHO**

(1) Provide technical support to conduct self-assessments, develop country strategies and plans and support national and sub-national training programmes.

(2) Develop guidance on approaches, tools and instruments to strengthen patient safety in Member States.

(3) Report progress to the Regional Committee periodically.

(4) The title of the working paper should be amended to “Patient safety contributing to sustainable universal health coverage” before submission to the Regional Committee, and the content of the working paper modified accordingly.
Introduction

1. The resolution on universal health coverage (UHC) adopted in 2012 by the United Nations General Assembly urges governments to move towards providing all people with access to affordable, quality health-care services. It recognizes the role of health in achieving international development goals and calls for countries, civil society and international organizations to include UHC in the international development agenda. In the South-East Asia Region, Member States committed to implement the regional strategy for UHC by resolution SEA/RC65/R6 on 07 September 2012.

2. UHC has three main dimensions, namely availability, affordability and accessibility. There should be a national health system providing safe, good quality health-care services to everybody who needs them. At the same time, financial risk protection prevents people from being pushed into poverty when they have to pay for health services out of their own pockets. Access to safe, good quality health services enables people to be more productive and active contributors to their families and communities. UHC is thus a critical component of sustainable development and poverty reduction, and a key element of any effort to reduce social inequities. Universal coverage is the hallmark of a government’s commitment to improve the wellbeing of all its citizens.

3. However, health services are not safe as they could be. Data from upper income countries show that one in ten patients experiences adverse events in hospitals; 20–40% of total health spending is wasted due to poor quality care; and in some countries, additional hospitalization, litigation costs, iatrogenic infections/disabilities from complications, and lost productivity costs goes up to US$ 19 billion a year. The South-East Asia Region currently does not have adequate data to make more Region-specific estimates.

Access to good quality safe health-care services

4. Urban, rural and difficult-to-reach populations, rich or poor, all need access to safe as well as effective services.

5. Safety of health care, now termed “patient safety”, is a fundamental element of health care and can be defined as freedom for a patient from unnecessary or potential harm associated with health care. Medical errors can occur during prevention, diagnosis, treatment and follow-up. Health care today is becoming increasingly complex and may include an array of complex procedures and processes, thereby increasing the probability of error. At any given time, 1.4 million people worldwide suffer from health-care associated infections (HAI), at least 50% of which are preventable. Unsafe injections account for 33% of viral hepatitis B; 42% hepatitis C and 2% HIV infections; and over 70% of injections in primary care are unnecessary.

6. Patient safety has long been on the global agenda: the World Alliance for Patient Safety was created in 2004. There is agreement that patient safety should not be taken as a problem of a health-care provider alone, but of the system as a whole. This means a systems approach is needed to overcome the burden of unsafe care. Safety of health care is important to patients as well as health-care providers. If there is no adequate protection to the health-care workers who are dealing with highly infectious pathogens, countries can end up with disasters as experienced
with the Ebola virus disease epidemic in West Africa. Safe medical, surgical and intensive care are important aspects of basic health services, as are safe childbirth, injections, blood safety, cell organ and tissue transplantation safety, safe medication, anaesthesia safety, safe laboratory services, medical equipment safety as well as safe disposal of clinical and hospital waste. Providing a safe and clean environment by improving general hygiene, sanitation and proper management of health-care waste and general waste in health-care facilities are critical for infection prevention and control (IPC). Adopting basic IPC practices at all health-care facilities and by every health-care provider from top surgeon to sanitary labourer is equally important. Health-care facility management must ensure that all units of a facility are provided with basic required logistics and supplies to maintain proper IPC practices and that everyone is carrying out standard IPC practices.

Regional situation

7. In 2006, the Regional Committee for South-East Asia approved a resolution on promoting safety in health care. This was followed in 2007 by the Jakarta Declaration on “Patients for patient safety”, and by the creation of patient safety committees in some Member States. The reporting of errors when health care has been provided remains weak in the Region; hence it is still difficult to find regional data on the burden of unsafe care.

8. During 2013–2014, an ad hoc expert working group in the Regional Office developed a “Regional Strategy for Patient Safety” to support the development of national strategies within the Region and subjected to wide consultation within WHO, followed by a regional consultation for further improvement, in which all Member States participated.

9. There are six clear strategic objectives in this strategy document for Member States to develop and adopt national patient safety policies and programmes. They are to:

1. improve structural systems to support the quality and efficiency of health care and place patient safety at the core at national, subnational and health-care facility levels;
2. assess the nature and scale of adverse events in health care and establish a system of reporting and learning;
3. ensure a competent and capable workforce that is aware and sensitive to patient safety;
4. prevent and control health-care associated infections;
5. improve implementation of the global patient safety campaign and strengthen patient safety in all health programmes – safe surgery, safe childbirth, safe injections, medication safety, blood safety, medical device safety, and safe (organ, tissue and cell) transplantation; and
6. strengthen capacity for and promote patient safety research.

10. There are many possible interventions identified under each strategic objective for Member States to consider and adopt in their health service delivery system to ensure safe good quality health services.
11. In addition to development of strategies, it is important to monitor the progress of implementation of strategies. Hence together with the regional strategy, a “tool for assessment of implementation of regional patient safety strategy” has been developed to assist Member States.

**Way forward**

12. High-level political attention and support is needed to make significant progress on improving patient safety. Engagement of a wide range of other stakeholders is also needed to create a culture of safety for patients, families, communities and health-care providers themselves; to raise awareness and demand for action; and ensure a sustained and effective response.

13. Country self-assessments of their current situation on patient safety would help to fill a significant gap in knowledge on an important and neglected aspect of health care.

14. A culture of concern for patient safety needs to be inculcated in all health-care providers.

15. Patient safety needs to be introduced into the training curricula of all medical, nursing and other allied health professional training programmes in Member States. WHO has developed a multi-professional patient safety training curriculum to assist this.

16. Stronger reporting systems that can collect information regarding medical errors, near-misses and adverse events of health care are needed.

17. The Regional Committee is requested to adopt the regional strategy for patient safety and to recommend intensification of efforts by Member States to improve patient safety in the Region.

18. The High-Level Preparatory meeting suggested to bring a resolution on “Patient safety and its contribution to sustainable UHC” and to adopt the Regional strategy for patient safety.