
INTERIM REPORT
Based on the FIRST SURVEY of patient safety in WHO Member States

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INTRODUCTION

Background

Adoption of the Global Patient Safety Action Plan 2021–2030 by the Seventy-fourth World Health Assembly in 2021 was a milestone in the global movement for patient safety. In decision WHA74(13), the World Health Assembly requested that progress in its implementation be reported to the Seventy-sixth World Health Assembly in 2023 and thereafter every 2 years until 2031. A similar mandate was given by the Seventy-second World Health Assembly in May 2019 for reporting on progress in implementing resolution WHA72.6 on Global action on patient safety. The Global Patient Safety Action Plan 2021–2030 comprises seven strategic objectives, each of which consists of five strategies. The global action plan also provides core and advanced indicators for monitoring improvements in patient safety, aligned with the seven strategic objectives.

Purpose and approach

The purpose of this interim report is to give a snapshot of progress made in achieving the strategic objectives and strategies of the global action Plan. As mandated in decision WHA74(13), the WHO secretariat requested all Member States to participate in a survey on patient safety in 2022. Member States were requested to nominate a responsible officer in their ministries of health to coordinate and respond to the survey. As patient safety is central to all clinical and health programmes, close collaboration and information-sharing were required with various organizations, institutions and organizations. When possible, small working groups were constituted to assist in collating information from different sources.

The survey

The survey is designed for self-assessment, triggering action to improve patient safety and building a conducive policy environment in which a culture of safety and a sustainable patient safety programme are developed and sustained.

The tool used for the survey was designed for objective measurement of progress in implementing the strategic framework of the Global Patient Safety Action Plan 2021–2030. The structure of the tool corresponds to the 7 x 5 strategic matrix of the framework for action, with seven strategic objectives and 35 strategies, each of which contains five assessment criteria, resulting in a total of 175 criteria. The criteria are based on recommended actions for each of the strategies. Some of the strategies include supplementary questions. The survey was administered in a standard WHO dataform (Lime survey) and could be accessed by countries only with a unique link and a passcode.
The survey was disseminated on an online survey platform (dataform). Unique links were created for each Member State, which were shared with the patient safety nodal officers in their ministries of health through the WHO regional and country offices. The data were validated and analysed by the WHO secretariat, and their inferences are presented in this interim report.

**Response characteristics**

A total of 194 WHO Member States and 3 associate members were requested to participate in the survey. 135 countries responded to the survey, out of which 102 completed the survey as of 13 April 2023. Only fully completed survey responses were analysed. Countries in all six WHO regions responded to the survey. The rate of response differed by regions (Figure 1).

![Figure 1: Distribution of countries that completed the survey by WHO region](image)

The countries that responded to the survey were representative of all World Bank income groups, although the response rates were marginally better from high-income countries (Figure 2).

![Figure 2: Distribution of countries that completed the survey by World Bank income group](image)
STRATEGIC OBJECTIVE 1

Make zero avoidable harm to patients a state of mind and a rule of engagement in the planning and delivery of health care everywhere.

1. Most countries (96%) recognized patient safety as a national health priority. About half (55%) had explicitly identified patient safety as a priority in their national health policy. In most countries, patient safety was important for achieving universal health coverage. One third of the countries had fully integrated patient safety into service packages for universal health coverage.

2. While the countries recognized patient safety as a health priority, clear policies, strategies, action plans and programmes for patient safety were still in the early stages of development. While 27% of countries reported that they had a national action plan on patient safety, only around 12% reported that they had adequate financial and human resources for activities (Figure 3).
3. Establishment of regulatory mechanisms such as licensing is a key approach for ensuring safety in health services. Mandatory licensing of health-care facilities is the most prominent way of enforcing safety regulations in countries, and 94% reported that they had a licensing system in place. Three quarters (78%) of countries had enacted laws for authorization of use of medical products, and about half had defined minimum safety standards for health-care facilities. One fourth (28%) reported dedicated legislation for patient safety.

4. World Patient Safety Day was established by the Seventy-second World Health Assembly in May 2019 in resolution WHA72.6 to promote patient safety and encourage international solidarity to keep health care safe from preventable harm. Since then, the Day has had overwhelming support from governments, patients and communities. This is reflected in the responses to the survey, in which two thirds of Member States reported having national campaigns aligned with theme of the annual World Patient Safety Day and having organized national events to commemorate the Day each year. Social media campaigns, meetings with stakeholders and press conferences were the most frequent activities for observing the Day (Figure 4).

5. The Global Patient Safety Challenges identify a significant risk to patient safety and health, develop front-line interventions, and partner with countries to implement the interventions. Each Challenge focuses on a topic that
poses a major, significant risk to patient health and safety. Since 2004, WHO has initiated three Global Patient Safety Challenges: *Clean care is safer care*, *Safe surgery saves lives* and *Medication without harm*. The third Challenge was launched in 2017, with the goal to reduce severe, avoidable medication-related harm by 50% over a period of 5 years.

6. The Global Patient Safety Challenge initiatives were implemented by countries, with 87% reporting that they had addressed at least one of the challenges and 58% that they were addressing all three.

**STRATEGIC OBJECTIVE 2**

Build highly reliability health systems and health organizations that protect patients daily from harm.

1. A culture of safety is a prerequisite for sustaining patient safety. This includes an enabling environment to promote respect, openness and transparency and to encourage learning and not blame or retribution. The importance of a safety culture in health-care organizations was recognized by most countries (82%), although concrete efforts are still required. A system for reporting “never” or sentinel events was reported by 36% of countries. Only 25% reported having a “No blame policy” to protect people who report adverse events, and only 16% had a legal mechanism to protect health workers against punishment for reporting safety incidents. Most such activities are concentrated in high- and upper- to middle-income countries (Figure 5).

![Figure 5: Elements of an enabling environment for a patient safety culture](image)

2. The Global Patient Safety Action Plan 2021–2030 recommends the development and use of effective good governance mechanisms for sustaining patient safety programmes. About half of the countries reported having a designated national patient safety officer and had assigned a national body to coordinate patient safety activities. The response rates on appointment of national focal points for patient safety did not differ markedly according to income group. This indicates that appointing a patient safety officer could be a means for initiating patient safety, irrespective of resource setting. About one third (38%) of countries had established an institutional framework for patient safety, and 21% also had functional patient safety committees at subnational level.

3. Human factors and ergonomics should be considered in ensuring reliable, resilient health-care systems and organizations. Some activities for including human factors in clinical practice to improve patient safety were reported by 47% of countries. Only 19% reported applying human factor approaches to improving the safety of medical products and service delivery. Training on application of human factors for health-care professionals and managers was reported by 24% of countries.
4. Appropriate infrastructure is a minimum requirement for providing safe health-care services. Issues such as inadequate structural, fire and electrical safety can result in catastrophic incidents and tarnish the image of health services. While most countries reported that they had defined norms for the structural (84%) and non-structural (82%) safety of health-care facilities, only around half reported that they were able to enforce those norms through mechanisms such as authorization, licensing and periodic inspections.

5. Proactive risk management can ensure highly reliable health systems. About one fourth of countries reported having a system for identifying potential safety threats, a risk management strategy and routine rehearsals (mock drills) to test and improve responses to identified safety risks.

**STRATEGIC OBJECTIVE 3**

Assure the safety of every clinical process.

1. When patients attend a health-care establishment for medical advice, investigation, diagnosis, treatment and rehabilitation, they enter a series of care processes that are often closely interconnected. It is critical to identify patient care processes that are potential sources of significant risk and harm and to develop initiatives to address safety failures in those processes. Of the responding countries, 27% reported that they identified and documented clinical practice domains and procedures that contribute to significant harm. Another 41% reported constituting expert groups to make progress in that direction, while 40% reported having initiated improvement of patient safety in addressing sources of harm relevant to their specific contexts.

2. Health care-associated infections (83%) and medication errors (79%) were identified as priority areas by most countries in which patient safety initiatives have been implemented. Surgical care (74%), obstetrics and gynaecology (68%) and intensive care (66%) were the main clinical programmes in which patient safety initiatives had been instituted, with no detectable trend according to income group of countries, although more of those in lower-middle- and lower-income groups reported patient safety improvement programmes in obstetrics and gynaecology and paediatric care. Oral care (30%), mental health (35%) and palliative care (30%) received less attention for patient safety improvement programmes (Figure 6).

![Figure 6: Clinical disciplines and specialties in which patient safety improvement programmes were instituted](image)

3. The third WHO Global Patient Safety Challenge: *Medication Without Harm*, addresses three priority areas—high-risk situations, polypharmacy and transitions of care. Engagement in the Challenge was encouraging, with
56% of countries having created a national expert group on medication safety. One fourth of the countries reported that they had identified all three key action areas and 63% had started work in at least one area. Key interventions for improving medication safety include raising public awareness and medication literacy (77%); education and training of health-care providers (85%); naming, labelling and packaging medicines (83%); and ensuring safe prescription and dispensing of medications (83%).

4. Although patients receive significant harm due to unsafe health care in primary and ambulatory settings, safety in primary care has received less attention than that in hospitals. Only 18% of countries reported that they included patient safety systematically in their primary care programmes; 25% had implemented standard operating procedures for safe clinical handovers during transitions of care; and 40% had established a diagnosis and treatment pathway for primary care settings. Only 24% had implemented patient safety interventions in mental health care facilities and programmes.

STRATEGIC OBJECTIVE 4

Engage and empower patients and families to help and support the journey to safer health care.

1. Patient engagement and empowerment are perhaps the most powerful means for improving patient safety. Patients, families and other informal caregivers can provide insights from their experiences of care. Patient organizations and networks also bring the user’s perspective to making health care safer. About two thirds of the countries had identified patient organizations, networks and civil society organizations working for patient safety, though only 19% reported having included patient representatives on their committees for policies and programmes to make health care safer. Only 13% of countries reported that they had a patient representative on the governing board of most (> 60%) hospitals. Most of these good practices were concentrated in high-income countries.

2. A patients’ rights charter had been established in 44% of the countries, with emphasis on patient safety. Minimal variation was seen by income group, indicating global commitment at policy level.

3. Health services seek feedback from patients, families and communities to improve their services throughout the world. About 80% of countries had a mechanism for seeking feedback from patients and families on the safety and quality of services; however, only 23% reported use of patient feedback to improve the delivery of health services.

4. Patient information and education are prerequisites for their engagement and empowerment. National guidance on obtaining informed consent from patients was available in 66% of countries, and about half reported procedures to give patients access to their medical records. Only 24% reported a mechanism for disclosing adverse events to patients and families, and only 10% provided guidance on psychological support to patients and health workers after serious safety incidents (Figure 7).

Figure 7: Initiatives for patient information and education

![Figure 7: Initiatives for patient information and education](image-url)
STRATEGIC OBJECTIVE 5

Inspire, educate, train and protect health workers in contributing to the design and delivery of safe care systems.

1. All health workers, managers and health-care leaders should understand what constitutes patient safety, including the nature and importance of risks, how harm occurs and the concepts of patient safety science.

2. WHO has published a Patient Safety Curriculum Guide for Medical Schools in 2009, and subsequently Patient Safety Curriculum Guide: Multi-professional Edition in 2011. Both guides have been widely disseminated and had been adopted or adapted in 19% of countries, while another 45% reported working towards adoption. About one fifth of countries included patient safety in undergraduate and postgraduate curricula for all health professionals, and about half reported that some elements of patient safety were included in curricula. Only 10% reported having adequate numbers of trainers to provide patient safety training (Figure 8).

3. Inclusion of patient safety in educational curricula was most common in nursing education programmes (66%). Marked variation was seen across other educational programmes (Figure 9).
4. One fourth of countries reported that they had defined the competencies required for each category of professionals for patient safety. Only 12% had linked core competencies in patient safety with licensing and relicensing requirements for health-care professionals, while 17% had linked required competencies with credits for continuing professional development.

5. The safety of health workers directly influences patient safety. This relation was strengthened during the COVID-19 pandemic. In the survey, 40% of countries had established a national programme on occupational health and safety for health workers; 87% had made vaccination available for health workers; and 69% had taken initiatives to prevent violence against health workers, of which half had enacted a corresponding law or policy.

**STRATEGIC OBJECTIVE 6**

Ensure a constant flow of information and knowledge to drive the mitigation of risk, a reduction in levels of avoidable harm, and improvements in the safety of care.

1. A system for reporting and learning from patient safety incidents is one of the main means for understanding and improving safety. Although some countries had made initial progress, most were establishing a system specific to their health care and policy environment. About one third of countries reported a reporting and learning system to which most (> 60%) health-care facilities report.

2. About one fourth (28%) of countries had designated a national institution to coordinate and manage incident reporting, analysis and learning. Of the systems, 24% required voluntary reporting; reporting was mandatory in 30%; and reporting was mixed in 41% systems, with mandatory reporting of selected harm incidents and voluntary reporting of others according to the protocols of local health-care facilities. In 59% of countries, patient safety incidents are reported nationally.

3. About two thirds of the countries had identified indicators of patient safety, although only 23% had incorporated them into the health information system and regularly collected data on the indicators. Only 18% of countries published an annual report on patient safety, and only 13% had estimated the burden of harm due to unsafe care (Figure 10).

*Figure 10: Sources of data on patient safety*
4. Research on patient safety is still not a priority for most countries. Only 10% of countries identified such research as a priority, while 24% reported that safety risk assessment was an integral part of health technology assessment programmes.

STRATEGIC OBJECTIVE 7

Develop and sustain multisectoral and multinational synergy, partnership and solidarity to improve patient safety and quality of care.

1. Mechanisms should be developed to integrate patient safety strategies into all technical, clinical and health programmes, vertical disease programmes and clinical risk areas. One third of the countries reported that they had mapped all national and subnational entities for implementing patient safety programmes.

2. In 65% of countries, private health care providers had been engaged in some initiatives for patient safety and quality of care, although only 13% of countries could fully engage with the private sector. Professional associations and academic institutions have been engaged as stakeholders in most countries.

3. Patient safety networks to coordinate implementation of programmes and share best practices in patient safety and quality of care had been established in 22% of countries. Efforts had been made to integrate elements of patient safety into various technical programmes within health systems, but only a few countries reported full integration.

WAY FORWARD

The findings reported here indicate an urgent need for policy and resource investment at national and subnational levels to achieve the mission and goals of the global action plan. The secretariat will publish a Global Patient Safety Report 2023 aligned with the framework of the Plan and will further strengthen collaboration with countries, non-State actors and other relevant stakeholders to implement priorities for patient safety and achieve the targets set in the global action plan within the defined time.