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PATIENT SAFETY IN AFRICAN HEALTH SERVICES: ISSUES AND SOLUTIONS

Report of the Regional Director

CONTENTS

Paragraphs

BACKGROUND

1.   Patient safety practice refers to processes or structures which, when applied, reduce the probability of adverse events resulting from exposure to the health-care system across a range of diseases and procedures.[1] It aims at making health care safer for both clients and staff.

2.   Every patient has the right to be treated using the safest technology available in health facilities. This implies freedom from unnecessary or potential harm associated with health care. Therefore, all health-care professionals and institutions have obligations to provide safe and quality health care and to avoid unintentional harm to patients.

3.   Medical errors could result in numerous preventable injuries and deaths. Adverse events have been estimated to occur in 4% to 16% of all hospitalized patients. More than half of these occur in surgical care, and more than half are preventable.[2] Unsafe injections, blood and medicines are other important sources of patient harm worldwide.

4.   Healthcare-associated infection is a global problem with over 1.4 million people suffering at any given time. It is estimated that in hospitals in developing countries 5% to 10% of patients acquire one or more infections, the risk being 2 to 20 times higher than in developed countries.[3, 4]

5.   In the WHO African Region, understanding of the problems associated with patient safety is hampered by inadequate data. Prevalence studies on hospital-wide healthcare-associated infection from some African countries reported high infection rates (Mali 18.9%, Tanzania 14.8%, Algeria 9.8%), with patients undergoing surgery being the most frequently affected.[5, 6]

6.   Resolution WHA55.18 of the Fifty-fifth World Health Assembly urged Member States to consider the problem and to establish or strengthen science-based systems necessary for improving patients' safety and quality of health care.[7] In addition, the Fifty-seventh World Health Assembly supported the creation of the World Alliance for Patient Safety. The Alliance is creating a strategy; action programmes; and a coalition of nations, stakeholders and individuals to transform the safety of health care worldwide.

7.   Following the adoption of Resolution WHA55.18, a number of countries took steps to prevent healthcare-associated infection to improve patient safety in the Region. Two studies were conducted in Kenya and South Africa on the prevalence of adverse events occurring in private and public health-care settings. A study on infection control by improving hand hygiene among health-care workers by systematically using hand rub alcohol before attending to patients is being conducted in Mali.

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[1]   Kohn L, Corrigan J, Donaldson M, eds, *To err is human: building a safer health system,* Washington, DC: Committee on Quality of Health Care in America, Institute of Medicine, National Academy Press, 2000.
[2]   Leape LL, Error in medicine, *JAMA* 272(23): 1851–1857, 1994.
[3]   WHO, *World Alliance for Patient Safety: Forward programme 2006-2007,* Geneva, World Health Organization, 2006.
[4]   Allegranzi B, Pittet D, Healthcare-associated infection in developing countries: simple solutions to meet complex challenges, *Journal of Infection Control and Hospital Epidemiology* 28: 1323–1327, 2007.
[5]   Gosling R et al, Prevalence of hospital-acquired infections in a tertiary referral hospital in northern Tanzania, *Annals of Tropical Medicine and Parasitology* 97: 69–73, 2003.
[6]   Koigi-Kamau R, Kabare LW, Wanyoike Gichuhi J, Incidence of wound infection rate after caesarean delivery in a district hospital in Central Kenya, *East African Medical Journal* 82(7): 357–361, 2005.
[7]   Resolution WHA55.18, *Quality of care: patient safety*, World Health Assembly, Geneva, World Health Organization, 2003.

8.   A network for patient safety, established as a starting point for further commitment and action in the African Region, convened its first regional workshop in Kigali, Rwanda, in December 2007. The workshop theme was "Clean Care is Safer Care", and recommendations included the use of standard precautions and best practices to reduce healthcare-associated infection.

9.   This document provides an update on current knowledge about patient safety; it describes issues and challenges and proposes actions for improving patient safety in the African Region.

ISSUES AND CHALLENGES

10.   In the African Region, most countries lack national policies on safe health-care practices. Inappropriate funding and unavailability of critical support systems, including strategies, guidelines, tools and patient safety standards, remain major concerns in the Region.[8] There is need for investment to enhance patient safety in health-care services.

11.   The high level of illiteracy and lack of mechanisms for forging strong partnerships limit the involvement of patients and civil society in the improvement of patient safety. This is due to cultural or societal norms regarding medical care as well as the complexity of some safety issues. In addition, other major health problems affect quality of care.[9] Creation of "patient for patient safety" associations and involvement of civil society in improving patient safety are at initial stage. Development of patient charters remains a challenge.

12.   Inadequate human resources for health, weak health-care delivery systems with suboptimal infrastructure, poor management capacity and under-equipped health facilities have brought about a situation where the likelihood of adverse events is high. This reflects the situation at all levels of health-care systems in the Region. Health-care systems that are not fully functional will inevitably result in error and patient harm. Availability of minimum supplies and basic treatment tools, lack of adequate working conditions in hospitals, overcrowding and limited microbiological information directly impact on the provision of safe patient care.

13.   Invasive procedures such as endoscopies, injections and blood transfusions are still a major concern in developing countries.[10, 11, 12] In 2004, 7% of the countries in the African Region did not test all donated blood for HIV; 22% did not test for hepatitis B and 51% did not test for hepatitis C.[13] The proportion of infections caused by syringes or needles reused without sterilization ranges from 1.5% to 69.4%.[14]

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[8]   Anon, First awareness raising regional workshop on patient safety, Kigali, Rwanda, December 2007. Unpublished manuscript.
[9]   WHO, The Global Patient Safety Challenge 2005-2006: "Clean Care is Safer Care, Geneva, World Health Organization, 2005.
[10] Logez S, Increasing access to injection equipment in Burkina Faso, SIGN Annual Meeting, New Delhi, India, 29–31 August 2001.
[11] Adegboye AA et al, The epidemiology of needle stick and sharp instrument accidents in a Nigerian hospital, *Journal of Infection Control and Hospital Epidemiology* 15: 27–31, 1994.
[12] Hoelscher M et al, Estimating the number of HIV transmissions through reused syringes and needles in the Mbeya Region, Tanzania, *AIDS* 8: 1609–1615, 1994.
[13] Tapko JB, Sam O, Diarra-Nama AJ, *Status of blood safety in the WHO African region: Report of the 2004 survey*, Brazzaville, World Health Organization, Regional Office for Africa, 2007.
[14] Kermode M Unsafe injections in low-income country health settings: Need for injection safety promotion to prevent the spread of blood-borne viruses, *Health Promotion International* 19(1): 95–103, 2004.

14.   WHO estimates[15] indicate that globally more than half of all medicines are prescribed, dispensed or sold inappropriately, and that half of all patients fail to take medicines correctly. The overuse, underuse or misuse of medicines results in wastage of scarce resources and widespread health hazards. Examples of irrational use of medicines include: use of too many medicines per patient (poly-pharmacy); inappropriate use of antimicrobials, often in inadequate dosage, for non-bacterial infections; overuse of injections when oral formulations would be more appropriate; failure to prescribe in accordance with clinical guidelines; inappropriate self-medication, often of prescription-only medicines; non-adherence to dosing regimes.

15.   In addition, an estimated 25% of medicines consumed in resource-limited countries are believed to be counterfeit. Developing countries account for around 77% of all reported cases of counterfeit and substandard drugs.[16] A survey conducted in south-east Asia suggested that fake artesunate is a substantial public-health problem with a prevalence of up to 38%.[17] A WHO survey of the quality of antimalarial drugs in seven African countries revealed that between 20% and 90% of the products failed quality testing.[18] Access to quality medicines remains a challenge.

16.   Unsafe surgical care is a serious challenge affecting all countries with major complication rates ranging from 3%–16% and death rates ranging from 0.2% to 10% annually; the result is at least 7 million disabling complications and one million deaths each year.[19] The WHO recommendations in various surgical guidelines are simple and widely applicable; however, the guidelines are not widely used.[20]

17.   Poor management of health-care waste exposes health-care workers, caregivers, waste handlers and the community to infections, toxic effects and injuries. Unsafe health-care waste management leads to death and disability. Lack of technical guidance for assessing the quantities and types of waste produced and the absence of national action plans on health-care waste management remain major challenges in the Region.

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[15] http://www.who.int/medicines/areas/rational_use/en/index.html; accessed 02 April 2008.

[16] WHO, *Progress in essential drugs and medicines policy*, *1998-1999,* Geneva, World Health Organization, 2000 (WHO/EDM/2000.92).

[17] Newton P et al, Fake artesunate in Southeast Asia, *The Lancet* 357 (9272): 1948–1950.

[18] WHO, Fact sheet No. 275: Substandard and counterfeit medicines, Geneva, World Health Organization, November 2003.

[19] WHO, *World health systems: Improving performance*, Geneva, World Health Organization, 2000.

[20] WHO, The Second Global Patient Safety Challenge 2007-2008: "Safe Surgery Saves Lives" Geneva, World Health Organization, 2007.

18.   Shortages of human resources, low level of staff preparedness and lack of continuing health professional education are issues of paramount concern. In addition, health-care workers in developing countries are at serious risk of infection from bloodborne pathogens, and their protection remains a challenge.[21]

19.   Errors in health care are economically costly. Diminishing patient satisfaction leads to their loss of trust in the health system. Patients who experience long stays in hospital or sustained disability because of errors pay with physical and psychological discomfort. Health-care professionals also pay with loss of morale and frustration for not being able to provide the best care possible. Quantifying the impact of these losses continues to be a challenge.

20.   Lack of data is restraining the development of evidence-based strategies and relevant effective solutions for improving patient safety and quality of care in the African Region. This is one of the major drawbacks and is due to weak health information systems, insufficient surveillance for healthcare-associated infections and other issues related to overall patient safety. The multiplicity of issues regarding patient safety and the lack of information for action pose major challenges.

21.   The challenges for safer patient care are numerous and serious, calling for global action to ensure that all concerned players contribute to the best of their ability. Improving patient safety requires well-designed health-care systems to minimize risks to patients. Change is needed not only at systems level but also among individual health-care workers, teams and organizations. Of vital importance are competent, conscientious and safety-conscious health-care workers in front-line services that are supported to deliver safe health care.

ACTIONS PROPOSED

22.   **Develop and implement national policy for patient safety.** Guidance on the concepts and safe procedures for patient safety is an important intervention. A national policy should define standardized procedures for patient safety components. WHO guidelines could serve as the basis for the development of a national policy for patient safety. A multidisciplinary approach is necessary to address patient safety issues within the framework of strengthening the health-care system. The way forward is to mobilize additional resources as part of the investment in patient safety as a health priority. Ministries of health should create bodies to promote and monitor patient safety and quality of health care. The national policy for patient safety should also include norms, standards and codes of ethics on patient safety.

23.   **Improve knowledge and learning in patient safety.** Provision of guidance on the concepts and safe practices and procedures for patient safety is an important intervention. Intensive sensitization campaigns on the prevention of adverse events should be held on a regular basis for health-care workers. In addition, special training programmes need to be developed to provide an understanding of the potential causes of errors. It is always necessary to investigate and analyse all medical errors in order to understand the underlying causes and prevent future occurrences. Patient safety should be included in the curricula of health-related training institutions.

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[21] Simonsen L et al, Unsafe injections in the developing world and transmission of bloodborne pathogens: a review, *Bulletin of the World Health Organization* 77: 789–800, 1999; Sagoe-Moses C et al, Risk to health care workers in developing countries, *New England Journal of Medicine* 345(7): 538–541, 2001.

24.   **Raise awareness.** Due to inadequate awareness of patients about their rights, countries should develop patient charters and provide them in local languages. The involvement of patients in raising awareness and campaigning for the development and implementation of safety improvement measures in health-care settings is crucial. In addition, creating awareness by sharing information among health-care workers and the general population will help improve patient safety.

25.   **Address the context in which health services and systems are developed.** Reducing adverse events and the risk of error in health care requires a significant and sustained response across all levels of the health-care system. Health systems should be reoriented to make patient safety an integral part of quality care improvement activities, including improvement of health infrastructure and provision of essential equipment and supplies for infection control.

26.   **Minimize healthcare-associated infection.** The implementation of simple measures such as improved hygiene conditions, health-care waste management and safe use of injections, invasive devices and blood transfusions will minimize healthcare-associated infections. Hand hygiene has a very high impact on morbidity and mortality and is the most effective infection control measure. It should be promoted as the entry point for subsequently enforcing other essential preventive measures. WHO and partners have published numerous tools and guidelines on management of health-care workers, blood safety, injections and hand hygiene; these could be adapted to national contexts and subsequently implemented.

27.   **Protect health-care workers.** Provision to health-care workers of adequate equipment and commodities (masks, gloves, gowns) will protect them from contact with body fluids. In case of unknown epidemics, personal protective equipment should be provided to the health-care workers and properly used all the time. Vaccination against HBV and other vaccine-preventable pathogens would increase protection.

28.   **Ensure health-care waste management.** Availability in health-care settings of safe disposal systems for the secure containment and elimination of contaminated waste will improve the management of waste in health-care settings. Tools and guidelines developed by WHO and partners should be adapted to the national context and implemented in order to improve health-care waste management. Health-care workers should be trained on how to sort out medical waste according to type and nature.

29.   **Ensure safe surgical care.** The goal is to improve surgical outcomes for patients regardless of circumstance or environment, by improving the processes already in place in many operating theatres. Various publications on surgical safety, developed by WHO and partners, should be widely disseminated and used to ensure that basic tasks are completed during the entire operation procedure.[22]

30.   **Ensure appropriate use, quality and safety of medicines.** A national multidisciplinary coordinating body to enhance implementation of policies on medicine should play a critical role in promoting appropriate use of medicines. Interventions should rely on clinical guidelines, a national list of essential medicines, an effective functioning hospital drug and therapeutics committee, noncommercial information on medicines, continuing in-service medical education, and good prescribing and dispensing practices. Strategies should be developed to educate consumers on

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[22] For example, WHO, *Guidelines for safe surgery*, Geneva, World Health Organization, 2008.

responsible self-medication to prevent unnecessary consumption errors. National surveys should be conducted to measure the extent of inappropriate use of medicines, adverse drug reactions and medication errors. National regulatory authorities should better educate consumers and enforce appropriate measures to ensure the quality and safety of medicines. Legislation should be strengthened to control the quality of medicines.

31.   **Promote partnerships.** Increased partnerships between patients, family members, health professionals and policy-makers will effect meaningful change in patient safety. The establishment of national associations of patients for patient safety will contribute to create safer health-care settings. The involvement of patients and civil societies in the discussion of the establishment of procedures related to patient safety will enhance quality of care and increase utilization of health services.

32.   **Provide adequate funding.** Allocation of funds for patient safety activities by national authorities will demonstrate government commitment to improve safety in health-care settings; such commitment will encourage and enhance partner intervention in this area of public health. Increasing funding for patient safety will improve conditions in the workplace environment which may improve attitudes of health-care workers.

33.   **Strengthen surveillance and capacity for research.** Establishment or improvement of basic data collection and promotion of research projects will allow countries to know the real magnitude of the patient safety problem. Research priorities should include epidemiological surveys of adverse events, optimal and standardized injection and blood transfusion practices, safer maternal and newborn care, patient safety solutions, and improvements in infection control. It is necessary to provide regular reporting of all adverse events occurring in all health-care facilities.

34.   The Regional Committee is requested to examine and endorse the actions proposed in this document.