World Health Organization

## African Partnerships for Patient Safety

# National Patient Safety Policy and Strategic Planning Workshop

Harare - Zimbabwe
9-13 September 2013

# Workshop Report

**African Region HSS/ ESA IST**
**African Partnerships for Patient Safety (APPS)**

This is the official report on the workshop in which focal persons from 20 countries in the inter-country support team for Eastern and Southern Africa elaborated a national framework for patient safety policy and strategy as part of their overall national health planning

## Summary

This unique workshop focused on raising awareness, knowledge, and skills concerning patient safety and service delivery. The main objective of the workshop was to provide guidance for development of national patient safety policy and strategic plans. The 5-day meeting allowed participants to learn the process of patient safety activity planning, monitoring, evaluation and refinement. Country teams consisting of focal points from the Ministry of Health, WHO Country Offices and focal hospitals worked together to define a clear way forward for their respective countries but also focused on cross-country learning and developing a platform to continue to develop national patient safety policies and plans.

The first day focused on setting the scene for patient safety policy making and strategic planning at the country level. Following perspectives from the global, regional and national levels, the key issues concerning the relationship of patient safety to service delivery and health systems strengthening were explored through open dialogue.

The second day focused on defining the role of policy in national healthcare systems in the African Region. Following a debate that extracted wide perspectives on the issue, implementation focused material was presented. This allowed policy formulation to incorporate these core implementation-focused concepts. The day concluded with country teams formulating skeleton plans in three patient safety areas.

Day three started with an exploration of the potential utility of hospital partnerships in catalysing patient safety change in national systems. Split panels for each of the three participant groups then provided an opportunity to examine real implementation experience for application in policy formulation and implementation. Funding issues were examined and the day concluded with development of draft policies.

The fourth day focused on the development of strategic plans that build on national patient safety policy. Reflections were made on national policy points that were displayed overnight by each country team. Global, regional and national dimensions were explored before country groups worked to develop draft patient safety strategies in specific patient safety action areas.

The final day of the workshop was focused on reviewing policies and plans to cross-fertilize ideas. Attention turned to defining clear next steps post workshop. A closing ceremony allowed a clear moment of transition from learning to action and the creation of the “Harare family” for national patient safety policy strengthening.

## Background

Patient safety improvement results in saved lives, a decrease in morbidity and measurable fiscal impact. Patient safety improvement requires system change at all levels. Such a change requires strong national policy alongside a strategic implementation plan to ensure the policy's consistency and sustainability. However, patient safety concepts are not clear to many of those in decision-making roles. In addition, many authorities are under the misconception that introducing patient safety practices is a luxury and are unaware that effective patient safety practices can be cost reducing and quality improving.

Patient safety sensitization meetings have been held in each of the three WHO AFRO Inter country support team offices. Experiences from the implementation of African Partnerships for Patient Safety have been shared through newsletters and other modes of communication. However, country-based feedback suggests the need for focused support for national patient safety policy and strategy. The first step in meeting this need was the development of a guidance document on this subject developed by a team of experts. The next step – through this workshop – is to pilot the use of this document. Given the critical nature of this workshop it was co-sponsored by the WHO African Region Health Systems and Services and African Partnerships for Patient Safety.

## Purpose

It is critical to have clear national policy, which serves as a reference and standard by which to enforce effective safety practices, reflecting the context and needs of individual countries. Patient safety policy can reference internationally approved guidelines and recommendations. Implementation experiences from African hospitals participating in African Partnerships for Patient Safety can be effectively utilized to inform the development of national policy and strategic plans. This triangular approach between implementation experience, national policy and strategic planning is different from the usual linear thinking (policy to strategic plan to implementation). Further, the link between hospitals, the Ministry of Health and the WHO Country Office is vital to developing implementation-focused policies and plans.

With this in mind, the Workshop included focal persons from the Ministry of Health, the WHO Country Office and a designated country hospital. Country teams were tasked to develop a patient safety country policy and strategic plan framework, which will serve to promote improvement in the quality of health care service delivery. This workshop for policy and strategy framework development will serve as a platform for a common understanding and a harmonized awareness of patient safety across the range of health care service delivery.

## Workshop Objectives

1. To raise awareness, knowledge, and skills concerning patient safety and service delivery.
2. To provide guidance for development of national patient safety policy and strategic plans.
3. To outline the process of patient safety activity planning, monitoring, evaluation and refinement.
4. To provide a platform to continue to develop national patient safety policies and plans.

## Daily Synthesis

### Day 1 - Monday, September 9

**Overview:** The day focused on setting the scene for patient safety policy making and strategic planning at the country level. Following perspectives from the global, regional and national levels, the key issues concerning the relationship of patient safety to service delivery and health systems strengthening were explored through open dialogue.

The workshop was opened by **Dr. Chris Mwikisa**, Coordinator of the Inter-country

Support Team for southern and eastern Africa. He emphasized the importance that WHO places on patient safety for national health system strengthening. He highlighted that patient safety is integral to quality and the delivery of safe health-care services across the African Region and that this must be guided by a clear national policy framework. Reflecting on regional work in this area, he articulated the 12 patient safety action areas as a clear framework for action at all levels. He encouraged all participants to dive in with full energy throughout the week to share experiences and define clear next steps for patient safety improvement. He placed an emphasis on advocacy for patient safety at every opportunity and at all levels.

**Dr Joyce Hightower** described each of the four workshop objectives. This was followed by a briefing for participants on health issues by **Sister Mutema, WHO Nurse** and security issues by **Dr Kathurima, ISU Manager.**

**Dr Shams Syed** provided an overview of the global patient safety landscape including the historical development of patient safety and the role of WHO in patient safety at the global, regional and country levels. He articulated a summary of estimated burden in relation to patient safety issues. He also outlined how the WHO is now developing its future work focused on health-care service delivery with patient safety as a core component. The concept of ‘one WHO’ was strongly emphasized. The need to develop national patient safety policy grounded in the realities of implementation experience was highlighted.

**Dr Joyce Hightower** provided an overview of the workshop objectives highlighting the importance of learning from hospitals participating in African Partnerships for

Patient Safety. She outlined the work that had been done to date on patient safety in the African Region and mentioned the key milestones in patient safety starting with a meeting in 2005 in Kenya. The unique nature of this workshop in providing a launch pad for national level action for patient safety was emphasized.

**Dr Josephine Chiware** from the Ministry of Health of Zimbabwe provided an outline of the developments in patient safety in the host country. This included the recent formation of a Quality Assurance Directorate, a patient safety plan for the country, national level training for 22 hospitals and focused work in improving three of the twelve patient safety action areas. She also reported on the creation of the first in-country hospital partnership between two hospitals in Zimbabwe as part of APPS. The plans in place envisage patient safety interventions in all 107 hospitals in Zimbabwe.

An **APPS Hospital Panel** consisting of APPS 1st and 2nd wave hospital representatives reflected on their substantial patient safety experiences. The panel provided an opportunity for all participants to hear directly from the implementation experience in a range of different hospitals across the African Region. It became apparent that a lot of ground work has been done through focused attention on three common areas: hand hygiene, safe surgical care and waste management, A range of key challenges were highlighted covering multiple areas including but not limited to human, financial and material resources. Mitigating factors to these challenges were discussed.

**A Patient Safety Policy Panel** consisting of representatives from Ethiopia, Zimbabwe and Namibia provided reflections on making policy for the first time. The involved countries discussed processes they went through in developing their policies.The lessons learned and development processes differed according to different contexts. The level of commitment can fluctuate depending on whether a push to develop policy was from within/out. Data can be used to advocate for patient safety issues. Major challenges that stood out - resistance of different stakeholders and financial constraints.

**Dr Shams Syed** provided an overview of the range of APPS tools that have been co-developed by the programme to be used in the implementation of patient safety change. Three key resources were highlighted: patient safety situation analysis, improving patient safety-first steps and the APPS resource map. Mention was made of a range of other tools and resources available for download on the WHO website.

A **Workshop Debate** with a motion of “patient safety is the quality key to universal access” was held including two speakers speaking for and against the motion. A substantial time was allocated for participation from the floor. Multiple perspectives emerged that could be used in making the case for patient safety in the national arena. The debate concluded with a call for the drivers of change to stand firm to advocate for patient safety using the perspectives shared within the debate.

| In Favour of the Motion | Against the Motion |
|---|---|
| The linkages between safety, quality and universal coverage were strong | Financing all of the patient safety activity was not possible and so should not be a priority |
| The challenges to buy-in can be met with systematic sensitization and mobilization on key issues. | While patient safety is important, the need for buy-in of different stakeholders was hard to establish |
| Access without quality was not true access | Access should be the priority and quality could come later |

"If you want to go fast go alone, but if you want to go far go together."
- An African proverb quoted by Joyce Hightower, WHO

## Daily Synthesis

### Day 2 – Tuesday, September 10

**Overview:** The day focused on defining the role of policy in national healthcare systems in the African Region. Following a debate that extracted wide perspectives on the issue, implementation focused material was presented. This allowed policy formulation to incorporate these core implementation-focused concepts. The day concluded with country teams formulating skeleton plans in three patient safety areas.

A summary of the previous day was provided by a **representative from Lesotho** (on behalf of Botswana, Eritrea, Ghana, Lesotho and Malawi)

A **Workshop Debate** with a motion of "Patient safety policy is critical to national healthcare strengthening" was held including two speakers speaking for and against the motion. After the formal presentation a substantial time was allocated for participation from the floor. Multiple points emerged from the debate that could inform strong strategic advocacy for patient safety. Key points are summarized in the table below.

| In Favour of the Motion | Against the Motion |
|---|---|
| There is need to develop patient safety policy supported by science based evidence. Policy and guidelines are fundamental to stimulating best practices. | It's a waste of time resources, cumbersome. After all, most documents gather dust in the shelves. We have enough guidelines and protocols already |
| The patient safety policy can be strong if integrated and not a stand-alone policy. | Existence of policy does not necessarily translate to its use. Need to focus on implementation component. |
| Patient safety policy is a guide for action and ownership at all levels of the system. | We should focus on overall healthcare delivery systems and not just narrow down to patient safety alone. |
| Patient safety is at the core of a human rights based approach to health-care delivery. | Emphasis should be on 6 health systems building blocks and not just on small, trivial tracer issue through stand-alone policies. |
| Patient safety policy will help reduce unacceptable adverse events in our health facilities which are high in Africa | M & E will be difficult as it increases workload |
| To avoid paying high costs due to litigation and insurance claims, as well as extended length of stays we need patient safety policy. | Resource mobilization will be difficult as it is very minor and insignificant. |
| Good for M & E and impact assessment. Provides guidelines and course of action. | Patient safety policy may not necessarily curb unprofessional procedures. |
| If we want to look for the big picture, the elephant, we have to eat it in small amounts.<br>In a forest one must chart out the path. | Patient safety policy has an opportunity cost. It is a luxury for African health systems. |

**Dr Joyce Hightower** outlined the 4-step approach for developing policy and strategic plan for a country (1. situational analysis; 2. national policy development; 3. national strategic plan development; 4. monitoring and evaluation). Patient safety – as an emerging priority – needs to be integrated into this process. The importance of evidence-based policy making was highlighted. The pilot tool to support the development of national patient safety policy and strategic plan was outlined. Emphasis was placed on not duplicating processes. National patient policy need to be part of the national health plan and not stand alone.

**Dr Shams Syed** provided an overview of APPS patient safety tools available on the website. A detailed description was provided on three key improvement tools mentioned briefly on day 1. In particular, the patient safety situational analysis was described and details of how to use this for hospital improvement was outlined alongside reflections on their use in the over 14 African countries that have already used the key tools in their implementation.

**Dr Chris Mwikisa** outlined linkages between sustainable health financing and political dimensions of patient safety. Strong health systems are key to patient safety and finances dictate improvement possibilities. National systems have resources but need to allocate more effectively. Evidence of patient safety burden and costs of

adverse events is key. If the case is understood then endorsement of patient safety policies will follow. He cautioned us to remember that it is important to finance "human well-being" not specific disease entities. Patient safety policy should not be stand-alone – link it with the system . He gave the update that the Regional Committee of the African Region this month highlighted that UHC systems have to include quality healthcare. Leadership therefore needs to be strong for patient safety as contributing to quality of care. The role of WHO is to catalyse national change and ensure sharing between countries. Workshop participants were encouraged to assume an advocacy role in national systems and align messages with the national policy arena.

**Dr Ahmed Fahmi** provided an overview of issues related to hand hygiene. Burden of disease data were presented. Transmission mechanisms were described. The 5-moments for hand hygiene were described in detail along with hand hygiene techniques. Key barriers to implementation were described. WHO Patient Safety has provided a suite of tools to support health-care facilities in implementing a multimodal strategy in order to improve hand hygiene practices among health-care workers. This was explained in detail. The importance of hand hygiene beyond the hospital was highlighted. He emphasised that advocacy efforts for hand hygiene led by WHO can be utilized for national action.

**Mr Jean Paul Ngandu** provided an overview of healthcare waste management. Effective segregation was highlighted as key to decrease the overall amount of waste that needs to be managed. Types of healthcare waste were described. The range of persons at risk within a health facility was outlined. Ideal mechanisms for handling, storage and transportation of waste were described. National experience in developing waste management systems in Namibia were communicated .

**Dr Shams Syed** presented an overview of the development and utilization of the safe surgical checklists. Each component of the checklist was explained in detail. Emphasis was placed on how the checklist can be an entry point to improve surgical safety. Adaptation of checklists in African settings was described. The pitfalls of checklist use were discussed, including potential un-intended consequences of ineffective implementation.

**Group work** participants were paired by countries to develop policy points in three areas: health care associated infections, safe surgery and waste management.

"How do you eat an Elephant? You eat one bite at a time."
- An African Proverb quoted by Dr F Njau, WHO Tanzania

# Daily Synthesis

## Day 3 – Wednesday, September 11

**Overview:** The day started with an exploration of the potential utility of hospital partnerships in catalysing patient safety change in national systems. Split panels for each of the three participant groups then provided an opportunity to examine real implementation experience for application in policy formulation and implementation. Funding issues were examined and the day concluded with development of draft policies.

A summary of the previous day was provided by a **representative from Kenya** (on behalf of Comoros, Ethiopia, Kenya, Madagascar, and Mozambique)

**Dr Shams Syed** delivered a presentation titled "Partnership: Why? What? How?" He explained why the APPS experience shows that partnerships based on bidirectional flow of information allows spread of best practices and innovation benefiting both sides of the partnership. He went on to share the APPS partnership definition that emphasizes the importance of a collaborative relationship based on trust, equality, and mutual understanding. Shared accountability is critical. Finally he explained the "how" through describing the APPS 6-step process and key tools for each step. He emphasized the central role of a key partnership resource – the APPS Partnership Preparation Package. He encouraged all to become part of the APPS community through registration with the programme.

**Mr Andrew Jones** provided an overview of the experience of THET in Health Partnerships. He described key lessons on the use of partnerships as one mechanism of improving healthcare. He went on to reflect on how this can be incorporated into national planning. Starting 25 years ago with the vision of Professor Sir Eldryd Parry to help in the training of doctors in Ethiopia, THET has grown to play a major role, in supporting and developing health partnerships. The organization is a major grant-giver to UK-based partnerships. The Health Partnership Scheme is the largest ever investment in this model of working. While investment is critical, partnership values and passion drive success.

Participants were divided into three **discussion groups** for small group interactions and sharing of experiences. The first group consisted of all Ministry of Health focal points and the discussions focused on how best to formulate patient safety policy points aligned with their national systems. The second group consisted of all focal points from the WHO Country Offices and the discussions focused on how WHO could best catalyse patient safety policy development and implementation. The final group consisted of all hospital representatives and the discussions focused on how hospital implementation experiences could be best utilized to drive grounded policy development. All groups examined enablers and barriers to patient safety policy development and implementation.

**Dr Joyce Hightower** outlined three key mechanisms for resource generation to support activities. 1. Improved use of available funds through clear planning on evidence based interventions. 2. Increased collaboration between stakeholders to share costs, including the leverage of private sector, civil society and the community. 3. Enhanced access to funding opportunities with collaborative activity planning between agencies, departments and organizations. Implications for patient safety planning and implementation were explored. Experience in resource mobilization for patient safety activities in Ethiopia were shared by country representative.

**Paired country groups** worked on developing a list of resources for their country's funding mobilization and generation for patient safety activities. The resource grid completed by teams allowed the further development of policy to be informed by these considerations. Sharing ideas between paired country teams allowed further idea generation.

**Group work** participants worked in country teams to finalize policy points in three areas: health care associated infections, safe surgery and waste management. The aim was to incorporate further discussions during day 3 thus building on the draft points already developed. The aim was to display the completed template in the morning of Day 4.

"It's not enough to just use good practice in projects; you also need too to be able to prove that the projects are appropriate and effective."

– Andrew Jones, THET, London

# Daily Synthesis

## Day 4 – Thursday, September 12

**Overview:** The day focused on the development of strategic plans that build on national patient safety policy. Reflections were made on national policy points that were displayed overnight by each country team. Global, regional and national dimensions were explored before country groups worked to develop draft patient safety strategies in specific patient safety action areas.

A **peer-review session** was held prior to the commencement of the formal proceedings of the workshop. Participating country teams displayed the policy points that they had developed the day before for comment and spread. Reflections were shared by participants.

A summary of the previous day was provided by a **representative from Uganda** (on behalf of Mauritius, Rwanda, Swaziland, Uganda and Zimbabwe).

**Dr Edward Kelley** outlined the development of global patient safety and how global policy has affected the regional and national context. He underscored the need for safety worldwide using the experiences of a patient in Uganda and a care giver of a patient in ICU in the USA. The risks associated with healthcare were compared with other activities e.g. mountain climbing, driving, bungee jumping among others. The point emphasized was that healthcare is full of risks and that there are clear interventions to mitigate these risks.

Dr Kelley then went on to describe the patient safety movement in the African Region. He outlined the linkages between WHO leadership, national planning and hospital experiences. The importance of innovation exchange through healthcare partnerships was underscored. The evolving WHO role in the future of service delivery strengthening was described, placing emphasis on an integrated approach to patient safety and health service delivery as part of the contribution towards universal health coverage (UHC).

**Dr Joyce Hightower** provided an overview of regional perspectives from the African Region on measurement and evaluation. The linkages between data and finances were discussed. The African Health Observatory was highlighted as a key regional initiative to share data and knowledge across the region.

**Dr Shams Syed** provided some principles that should be the foundation of evaluation and examined the use of key indicators in relation to patient safety at the institutional level. The use of data to inform decision making was highlighted. An explanation was provided on how indicators related to health care associated infections, health care waste management and safe surgery can be utilized. **Dr. Hightower** provided some perspectives on the implementation of monitoring and evaluation mechanisms

**Group work** participants worked in country teams to develop national strategy points (2 years and 5 years) in three areas: health care associated infections, safe surgery and waste management. The aim was to display the completed template in the morning of Day 4.

> "...no country that has truly made national level, lasting improvement has done so without policy support."
> - Edward Kelley, WHO Geneva

## Daily Synthesis

### Day 5 – Friday, September 13

**Overview:** The final day of the workshop was focused on reviewing policies and plans to cross-fertilize ideas. Attention turned to defining clear next steps post workshop. A closing ceremony allowed a clear moment of transition from learning to action and the creation of the "Harare family" for national patient safety policy strengthening.

**Dr Ahmed Fahmi** opened with the objective for the day after the summary report for day 4 was given by a representative from **South Sudan** (on behalf of Seychelles, South Sudan, Tanzania, and Zambia)

A **peer-review session** was held prior to the commencement of the formal proceedings of the workshop. Participating country teams displayed the strategic plan points that they had developed the day before for comment and spread. Reflections were shared by participants.

After the plenary discussion on strategic plans displayed, participants were asked to discuss within their national group and select the best points of their national policy and then the greatest problems or hurdles that would be encountered in the process of implementation through the strategic plan.

**Best point identification:** Each country group was given one minute to highlight what they considered to be the one best point of the plan they had framed during the workshop.

| | |
|---|---|
| **Uganda** | Plan builds on the implementation of aspects of patient safety already in place |
| **Ethiopia** | Existence of a strong IPCPS technical working group composed of 11 donor partners |
| **Madagascar** | Possibility to insert patient safety in curriculum and elaboration of national strategic plan |

| | |
|---|---|
| **Kenya** | Patient safety partnerships foundations already laid |
| **Seychelles** | Promotion of hand hygiene in the country |
| **Swaziland** | An effective reintroduction of the safe surgery check list |
| **Lesotho** | Will roll out the piloted waste management system with monitoring quarterly |
| **Zimbabwe** | Establishment of effective waste disposal through institution committees to monitor and evaluate activities and outcomes |
| **South Sudan** | National framework that takes care of all patient safety and quality assurance issues that all stakeholders will adhere to |
| **Botswana** | Opportunity to review current policies related to patient safety in the country and develop links in planning |
| **Eritrea** | Identification of patient safety as an entry point for strengthening service delivery through mandatory hand hygiene adherence in all health service delivery points |
| **Mozambique** | Ownership and involvement of MOH in the acquisition of patient safety programme supplies |
| **Malawi** | Hand hygiene training will be a prerequisite for induction of health care workers at all health facilities |
| **Rwanda** | Performance based contracting approach is a national priority allowing implementation |
| **Zambia** | Safe surgery check list to be mandatory for all institutions offering surgical services |
| **Mauritius** | The history of haemovigilance and pharmacovigilance will facilitate the integration of the 12 patient safety action areas |
| **Comoros** | IPC in health facilities through pre service training |
| **Ghana** | All teaching and regional hospitals will implement the 3 action areas by end of 2015 through partnership with KATH |
| **Tanzania** | There is a Quality Assurance Directorate in the MOH to support implementation |
| **South Africa** | Inclusion of at least 8 patient safety action areas in the national Quality Standards |

**Problem identification**: Each country group was given 1 minute to highlight what they thought was the one biggest problem or major hurdle they would face in the process of implementing the plan they had framed through the strategic plan during the workshop. The abbreviated points are listed below.

| | |
|---|---|
| **Uganda** | No comprehensive situational analysis conducted to inform the strategic planning process |
| **Ethiopia** | The budgeting system of partners in the national advisory technical work group on infection prevention and patient safety is HIV driven |
| **Madagascar** | Coordination for HCWM is focused on EPI financially |

| | |
|---|---|
| **Kenya** | Each of the 12 action areas is coordinated by a different department/ technical working group |
| **Seychelles** | The capacity for assessment and monitoring of waste management activities |
| **Swaziland** | Waste management issues fall under different departments not a single focal unit |
| **Lesotho** | Safe surgery is compromised due to lack of monitoring equipment |
| **Zimbabwe** | Patient safety a low priority resulting in inadequate resources (financial, human, materials) |
| **South Sudan** | Inadequate human resources for health |
| **Botswana** | Resistance and lack of buy-in by the implementers at the ground level in health facilities because of perceived increase in workload |
| **Eritrea** | Lack of resources (financial and technical) to implement the planned activities |
| **Mozambique** | To best position patient safety within other programmes during the integration process |
| **Malawi** | High turnover of knowledgeable staff |
| **Rwanda** | Establishing an electronic surveillance system for all action areas of patient safety |
| **Zambia** | Changing public and staff attitudes in waste disposal |
| **Mauritius** | Absence of a dedicated unit to ensure and sustain quality assurance of health care delivery |
| **Comoros** | Finding sustainable funding for plan |
| **Ghana** | Getting facilities to fund training activities and continuously support supplies/logistics |
| **Tanzania** | Financial gap to scale up patient safety country wide |
| **Comoros** | Sustaining funding for plan because of lack of donors |
| **Rwanda** | Partnership focus on national health priorities |
| **South Africa** | Establishing a surveillance system for all12 action areas of patient safety |

Each participant was then given a star to place beside one of the 20 problems listed as the means of reconfirming, after discussion, what they considered to be the overall biggest problem or major hurdle they would face in policy development, strategic planning and implementation. The list naturally fell into four categories: 1. Resources (financial, human & material); 2. Advocacy; 3. Capacity; 4. Technical Support. See page 15. The category containing the highest number of selected greatest problem or hurdles that would be faced was that of Resources. Discussion then focused on the comments/suggestions on the selected top 3 biggest problem and the needed follow up, particularly in terms of technical support.

## 1. Resources

| | |
|---|---|
| Ethiopia | The budgeting system of partners in the national advisory technical work group on infection prevention and patient safety is HIV driven |
| Madagascar | Coordination for HCWM is focused on EPI financially |
| Zimbabwe | Patient safety a low priority resulting in inadequate resources (financial, human, materials) |
| South Sudan | Inadequate human resources for Health |
| Eritrea | Lack of resources (financial and technical) to implement the planned activities |
| Mauritius | Absence of a dedicated unit to ensure and sustain quality assurance of health care delivery |
| Comoros | Finding sustainable funding for plan |
| Tanzania | Financial gap to scale up patient safety country wide |

## 2. Advocacy

| | |
|---|---|
| Ghana | Getting facilities to fund training activities and continuously support supplies/logistics |
| Comoros | Sustaining funding for plan because of lack of donors |
| Botswana | Resistance and lack of buy-in by the implementers at the ground level in health facilities because of perceived increase in workload |
| Rwanda | Partnership focus on national health priorities |
| Mozambique | To best position patient safety within other programmes during the integration process |
| Zambia | Changing public and staff attitudes in waste disposal |

## 3. Capacity

| | |
|---|---|
| Kenya | Each of the 12 action areas is coordinated by a different department/working group |
| Seychelles | The capacity for assessment and monitoring of waste management activities |
| Swaziland | Waste management issues fall under different departments not a single focal unit |
| Malawi | High turnover of knowledgeable staff |
| Uganda | No Comprehensive Situational Analysis conducted to inform the strategic planning process |

## 4. Technical

| | |
|---|---|
| Lesotho | Safe surgery is compromised due to lack of monitoring equipment |
| Rwanda | Establishing an electronic surveillance system for all action areas of patient safety |
| South Africa | Establishing a surveillance system for all12 action areas of patient safety |

## Closing Ceremony

**Dr Edward Kelley** reminded the participants that this was just the beginning of the road for improving health quality through patient safety. He stressed that a great deal of work remained to be done once they reached their respective countries. The first task should be to make sure patient safety is included in the biennium plan and in country cooperation strategies. They were however not alone as the WHO country offices, the regional office and the Headquarters Patient Safety Programme office are ready to support them in many ways. They should not hesitate to ask for technical support at any time.

**Dr Chris Mwikisa** cautioned that the technical reference materials should be guarded as valuable and assured of reaching their countries for use and sharing, because they would serve them well in the efforts of implementing ahead.

**Certificates** were presented to each of the participants by Dr Chris Mwikisa (ESA/IST Coordinator) and
Dr Edward Kelley (HQ Patient Safety Programme Coordinator).

**Dr Joyce Hightower** gave expressions of gratitude for participants attending and engaging in the workshop. She also gave words of farewell and wishes for health and success in their efforts to improve the quality of health service delivery in their respective countries.

**Mrs Yanembal Rooba Moorghen** gave words of appreciation for the sponsors and organizers on behalf of the participants

**Quotes for the day:**

"To do nothing is not an option."

- Edward Kelly, WHO Geneva

"We all learned a lot and you will see a difference."

- Mrs Yanembal Rooba Moorghen, MOH Mauritius

## Recommendation

1. The Developing National Patient Safety Policy and Strategic Plan guidance document be made available through AFRO website as soon as possible in French, English and Portuguese following finalization of the pilot version.
2. Country teams to make efforts to ensure that patient safety support activities are included in the planning for the biennium 2014-2015 as well as any longer term country cooperation strategies.
3. Country teams to include patient safety policies in the national health policy development on an urgent basis.
4. Ministries of health to encourage country hospitals to register with African Partnerships for Patient Safety through the APPS website.
5. Consider the development of an implementation manual to go alongside the policy planning guidance document (to include example indicators for each of the 12 action areas).