

6.6.1 Global action on patient safety

Statement: 6.6 Patient safety (144/29 & 144/30)

Safe care is a patient's right. To ensure progress towards UHC, we urge MS to view gaps in delivering patient safety from the lens of equity, human rights, clinical governance, and institutional resilience; beyond a compartmentalised function of healthcare service delivery. Strategies for improving patient safety should appreciate the context of local realities, and address financing arrangements and the unregulated private sector.

Quality and safety in health care needs appropriate infection control, thus WASH should be included as a variable in patient safety. We urge MS to increase resource transfers to settings where basic water and sanitation infrastructure is missing. Such new infrastructure, including water storage capacity, needs to be resilient against climate change and other environmental challenges. We urge the WHO to consider how privatisation of public services decreases efficiency and availability of appropriate WASH services in healthcare, thereby decreasing quality of care.

To ensure the safety of all medical products and devices, the lack of enforcement of WHO's clinical trial reporting guidelines has to be addressed. As the recent Implant Files showed, clinical trial data suppression leads to compromised quality of care and suffering for patients. We urge MS to enforce WHO's clinical trial reporting guidelines for all human clinical trials, including medical devices. To ensure the safety of all health products, we request the WHO to provide MS with stricter market approval and post-market surveillance guidelines.

Ultimately, we call upon MS to ensure that future directions regarding patient safety are embedded in a broader set of strategies directed towards driving the dynamics of health system strengthening.