

IAPO CEO –Kawaldip Sehmi speech at the 4th Global Ministerial Summit on Patient Safety

Evocation: Bismillah al rahman al Rahim [In the name of God, most Gracious, most Compassionate]

On behalf of IAPO's Board, member organisations and our global patient community, I would first like to thank the Custodian of the Two Holy Mosques, Ministry of Health and Saudi Patient Safety Centre for hosting this magnificent Summit and facilitating patient participation at this 4th Global Ministerial Patient Safety Summit in Jeddah Saudi Arabia.

Director General WHO Dr. Tedros Ghebreyesus, Honourable Ministers, distinguished guests and policy makers, IAPO is a membership organisation with over 260 member organisations, in over 70 countries representing over 50 disease areas. IAPO is in a strong locus standi position to provide the global patient perspective on patient harm to this summit.

Delegates, this Summit is happening on the 20th anniversary of the landmark 1999 U.S. Institute of Medicine report to: Err Is Human: Building a Safer Health System. It was an important watershed that launched the global patient safety movement.

Significantly, another important event took place 20 years ago. Forty patient organisations got together and decided to form IAPO to advocate on safe and patient centred healthcare globally!

We want note with pride that since the first Global Patient Safety Summit held in London in 2016, patient participation has increased enormously at this important decision-making gatherings.

Today we want to remind us all to listen to the echoes of Professor Kingdon (1990s) words. He said that in order for effective policy change to take root, you must create a window of opportunity for it by bringing about three conditions:

Condition 1: First there must be recognition of the scale and impact of the problem being addressed. You must have an accurate measurement of its size and impact.

At this Summit, we heard Dr. Victor Dzau, President of the National Academy of Sciences USA, and other distinguished epidemiologists tell us that the incidence of patient harm has now attained a public health dimension globally. The economic burden of medical errors is threatening the universal health coverage roll-out.

We heard from experts from low and middle income countries that patient harm is going to disproportionately and exponentially increase with the expansion of universal health coverage if we do not deal with patient harm effectively by 2030.

IAPO can add insight to this insight. Behind the economics of patient harm, there is often a greater burden of physical and emotional suffering of patients, their carers and families. There is no price on this.

We also heard from Professor Donald Berwick President of Institute for Healthcare Improvement USA of his personal experience as an intern doctor. He told us that an adverse patient event impacts two victims. The first victim is patient who is harmed; the second is the health professional who failed that patient. Careers can be destroyed. People become health professionals because they care. Professor Berwick's take home message for us is do not blame and punish the error-maker, look at the wider root causes in the system and prevent the error. To err is human, to forgive is divine; but to learn from the error is indeed angelic.

IAPO wants to endorse the findings of this Summit that patient harm is indeed a public health problem and that you have all mapped and defined it comprehensively.

Condition 2: Secondly, Kingdon said that you must find cost-effective and evidence-based policy solutions and share these widely to address the problem. These solutions must be robust enough to withstand the real-world test.

IAPO would like to draw your attention to the Director General's remarkable report on *Global Action on Patient Safety* presented at the WHO Executive Board in January 2019. It has offered you a range of evidence-based policy solutions. This report and its recommendations have reenergised the patient community globally.

IAPO would also like to thank Sir Liam Donaldson the WHO Envoy for Patient Safety, Neelam Dhingra and Ed Kelley at the patients for patient safety programme at the WHO for having worked relentlessly in consulting with patients to find patient safety cases and solutions. True to the spirit of the WHO, you have used your technical assistance programmes very effectively to provide enormous support to Member States and empowered patients to work collaboratively to find a further range of evidence-based policies local and global solutions to address patient safety in the health systems. We endorse your putting evidence-base into practice, and practice into evidence-base approaches.

No industry can remain an Island. Healthcare must learn from other industries. We are very thankful that the Oil, Gas, Air and Railways transport industries come and share with us their best practice in eliminating accidents systematically and systemically. For universal health coverage planners, the case of the air travel industry is a good lesson. They exponentially increased passenger numbers and yet significantly reduced the number of accidents. This is a good wake-up call for all of us. We too can have a safe and quality universal health coverage covering 100% of our populations.

Earlier yesterday we heard the former British Secretary of State for Health, and founder of these Summits, Honourable Jeremy Hunt MP talk of how the National Health Service (the oldest universal health coverage) has over the 70 years created a sea-change in its culture and shored up patient safety with a robust institutional, legislative, policy, and practice and standards framework. The NHS changed the blaming and finger pointing culture to the real root cause finding culture. It was a societal reform with even the NHS Litigation Authority, the Courts and coroners changing their approaches to patient harm.

Condition 3: Political Will

Now we come to the real substance of our presence here today. Kingdon said that in order for any change to happen effectively, you must have political will backing it.

The true rationale for patient groups attending this summit today is to implore you to support the DG and his global action on patient safety. There must be strong political will to implement the recommended policy changes. You Ministers can provide that political will.

Historically, as medicine became professionalised, compartmentalised and systematised into health professions, systems and silos, it lost its societal roots and began to isolate people and patients from its heart. Patient safety gives us patients the only opening in the complicated health system care pathways to re-engage with health systems and take some control over our own safety. Our vision is to see patient centred, safe and quality health systems in all universal health coverages by 2030.

Remember we ALL do this for ourselves. One day we will all be patients. Patient safety brings us all together. Health systems can truly become patient and people centric by engaging us within our own safety. We want to share our insights and perspectives to shape the universal health coverage of tomorrow. Every patient has the right to expect safe and quality universal health coverage.

We endorse and recommend the WHO Member States implement the Jeddah Declaration, the 12 policy changes recommended at this summit, the DG's global action on patient safety and the first World Patient Safety Day in September 2019.

The World Patient Safety Day gives us the opportunity to all come together as patients, health professionals, communities and policy makers and re-engage with our health systems.

Lastly, and in conclusion, on this 20th anniversary of the landmark report to Err is Human, can we ask all our Muslim delegates who are taking the advantage to perform their



Umrah tomorrow in Mecca: may Allah (SWT) accept your Umrah and please make a dua for all patients and their health professionals around the world.

Thank you for your attention.

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