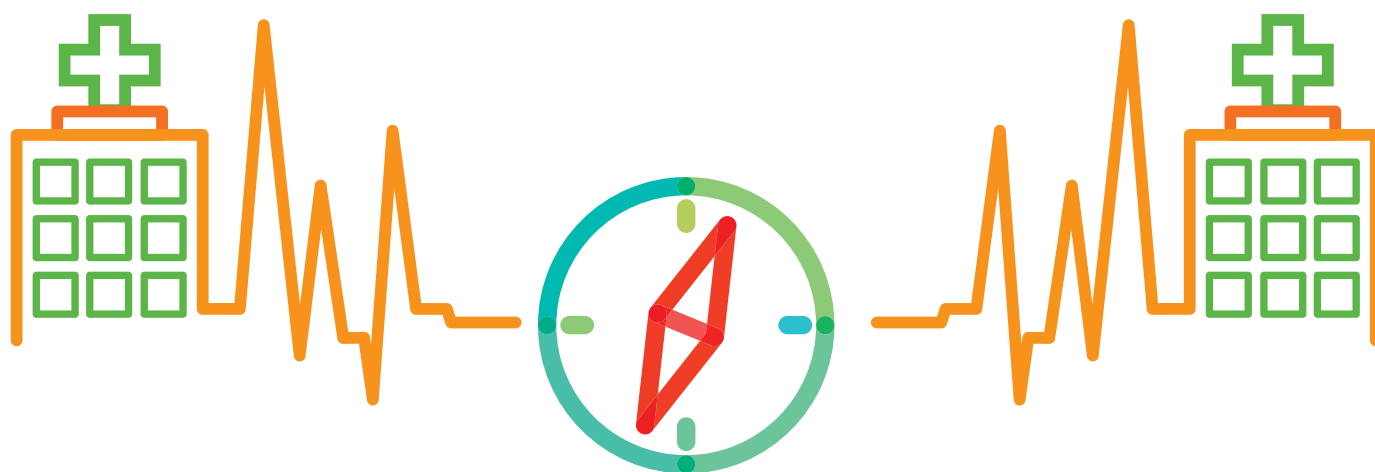


Partnerships for safer health service delivery:

Evaluation of WHO African Partnerships
for Patient Safety 2009-2014



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**“Only by working together can we address
this public health issue, strengthen health systems
and make the delivery of health care safe
for every patient in Africa, every time.”**

Dr Marie-Paule Kieny
Assistant Director-General, Health Systems and Innovation WHO¹

¹ WHO African Partnerships for Patient Safety (homepage):
<http://www.who.int/patientsafety/implementation/apps/en/>.

FOREWORD

This evaluation of African Partnerships for Patient Safety (APPS) is the third in a series of evaluations issued since 2009 (1, 2). It focuses predominantly on the results of the second wave of partnerships and explores the programme's impact on the safety and strengthening of health care service delivery. The findings are of particular relevance in the current global health context. As the report describes, APPS is concerned with building the necessary resilience to ensure that hospitals can withstand shocks such as those posed by the recent outbreak of Ebola virus disease in West Africa.

The report describes the perceived and actual value that hospital-to-hospital partnerships add and whether, and to what extent, such a model can stimulate the spread of patient safety and infection prevention and control (IPC) improvements beyond immediate partnership hospitals. Better health is a basic human right, inextricably linked to development. The places where people go to be treated for disease should not themselves act as a source of harm. In a single study of just 26 hospitals across WHO's African and Eastern Mediterranean Regions, half a million people were affected by unsafe health care, with over 10 000 deaths. Extrapolated across the African Region this constitutes enormous human and economic costs – potentially millions of people dying unnecessarily. Too many people across the African Region are being harmed and killed as a result of unsafe health care. The 2014 Ebola virus disease outbreak is a stark example of the magnitude of harm and death that results from weak health systems and absent patient safety structures. Given all of this, it is worthy of note that until very recently patient safety had not received the full attention it deserves in the region. The findings of this evaluation will be of immense interest, not only to the programme donors

(the intended audience of this report), but to other actors in global health who can gain a better understanding of how an innovative yet simple approach has potential to help in efforts to build health system resilience at pace and scale – to maximize health and safety and minimize future patient and population harm.

Health care-associated infection is a patient safety problem, one that is compounded by weak infrastructures and fragile health systems. Again, Ebola virus disease has taught us many lessons in this regard. Furthermore, simple low-cost technologies that facilitate interventions such as hand hygiene, for example alcohol-based hand rubs, play a crucial role in reducing the likelihood of health care-associated infection. However, there is a global inequity. Many hospitals in sub-Saharan Africa continue to have erratic water supplies and virtually no access to these simple yet life-saving technologies.

The APPS model is aimed at strengthening patient safety and IPC at the national and hospital level through hospital-to-hospital partnerships, supported by ministries of health and WHO regional and country offices. Safer health care assists countries in their preparedness and response not only to Ebola virus disease but also to other patient safety threats that will no doubt emerge in the future. Stronger and safer health systems and service delivery now and in the future are a crucial part of the public health infrastructure, necessary as universal health coverage becomes a reality. Effective, efficient, high-quality, safe and person-centred health care delivery is also critical to protect the world from the threat of antimicrobial resistance. As WHO stated in 2011, “no action on IPC today – no cure tomorrow”.²

² World Health Day, 7 April 2011 – Antimicrobial resistance: no action today, no cure tomorrow
<http://www.who.int/world-health-day/2011/en/>.

As this report illustrates, APPS has contributed to a patient safety movement that is gathering pace. This report tells the story of APPS, the lessons that can be learned and most importantly how institutional partnerships can contribute to sustainable global health interventions. APPS provides an entry point to improving patient safety through hospital partnerships – global solidarity based on the programme theory of change. APPS feeds the knowledge pool on patient safety partnerships, helping to clarify what works and does not work. As the report highlights, the link with national systems is key. The partnership model is now ripe for further expansion and development to ensure the architecture constructed to date contributes in the most effective way to global health.

Dr Edward Kelley



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