

17 January 2005

WHO World Alliance for Patient Safety Conference

Official opening by Hon Charity K Ngilu MP, Minister for Health

17 January, 2005

Safari Park Hotel, Nairobi

From: 9.00 am

➤ **Sir Liam Donaldson,**
Chair WHO World Alliance for Patient Safety, and UK Chief Medical Officer;

➤ **Pauline Phillip**
Global Coordinator, WHO World Alliance for Patient Safety

➤ **Karen Timmons,**
Chief Executive USA Joint Commission Distinguished Guests

Didier Pittet,
Director, Infection Control Programme, University of Geneva Hospitals

➤ **Distinguished Guests,**

➤ **Ladies and Gentlemen:**

On behalf of the Government of Kenya, I extend a warm welcome to everyone who has come to this beautiful City of Nairobi and to the Safari Park Hotel, the venue for this important Conference. The patient safety efforts being launched in Kenya today are testimony to Africa's commitment to improve patient safety. Millions of African children, women and men endure prolonged ill-health, disability and death caused by medical errors, unsafe blood transfusions, counterfeit and substandard drugs, and unreliable practices within poor work conditions. This meeting underlines the critical need to take effective, visible and concerted action in Africa to reduce the growing number of adverse effects in health care and their impact on patients' lives. This Conference is being held just three months since the World Alliance for Patient Safety was launched in the United States of America Capital in Washington DC to ensure that nations in Africa and around the world work together to improve the delivery of health care and patient safety issues that are not bound by geographical borders.

The creation of the World Alliance for Patient Safety comes two years after the Fifty-fifth World Health Assembly Resolution on Patient Safety in 2002 called on Member States to pay the closest possible attention to the problem of patient safety and to establish and strengthen science-based systems necessary for improving patient safety and quality of health care, including the monitoring of drugs, medical equipment and technology. The resolution urged WHO to take the lead in developing global norms and standards, encouraging research, and supporting efforts by Member States in developing patient safety policy and practice.

Ladies and Gentlemen

Recent studies have estimated that in developed nations, one in ten patients suffer from preventable harm and adverse effects when they receive health care. Today, there is very little information available from African countries to appreciate the extent of adverse events in health care. However, a recent WHO survey of the quality of antimalarials in seven African countries has revealed that up to 90% of anti-malarials in use is not effective and failed quality testing. This one statistic alone is enough to inform all of us and African leaders of the magnitude of preventable adverse events in our healthcare system. In many other African countries, where injection use is high, there is considerable concern about the issue of unsafe injections and blood borne pathogens. It is also reported that at least half of all medical equipment in developing countries is unusable or only partly usable, at any given time, resulting in neglect to patients or increased risk of harm.

African Health Systems are in dire need of urgent reforms to make them responsive to health needs of the population. Unless this is done, there will be no economic development. Sick people cannot work hard. If people cannot work hard, no country can develop. Therefore, every sensible Government must provide first good health services, and then motivate people to work hard, and then poverty will be reduced. This is the logical sequence. The most illiterate woman in the village and the most educated technocrat in the World Bank, International Monetary Fund and, even WHO agree on this point.

As Minister for Health, I strongly believe that the foundation of any meaningful development is good health and nutrition of the population. For a peaceful society we need an equitable health system that can deliver safe health care. Health is the engine of development. Ensuring access to quality healthcare to all Kenyans shall face political and technical challenges. But we must be prepared to make bold steps and face these challenges if we are to meet the MDG targets. I cannot just sit back and watch millions of Kenyans perish when I am fully aware that the existing health financing mechanism has failed to provide badly needed essential medicines, equipment and personnel to stop these deaths. The NARC Government, which I am the Chairman, is committed to and shall reform the health sector to ensure quality and safety improvements in healthcare.

The health financing reforms which I intend to put in place this year has one of its target to enroll additional 140,000 Kenyans on Anti-retroviral treatment by end of the year 2006, increasing this gradually to 250,000 by 2010. In addition, it will ensure every child has access to free immunization and every woman has access to free reproductive health services. Despite all development efforts in Kenya, close to 30% of the population are absolute poor. When these poor people fall ill, many of them can simply not afford to pay for medical care at the point and time of treatment. The National Social Health Insurance Scheme ensures access to quality healthcare to all Kenyans. The social health insurance reform will ensure that every Kenyan pays affordable regular contributions to the National Social Health Insurance Fund. When illness occurs, Kenyans will no longer have to pay to receive the treatment they need. Instead, this Fund will pay the health facilities for the health care provided to the insured. The health care benefit package will include out-patient and in-patient care. The Ministry of Health will utilize the resources allocated to it through the regular budget to intensify disease prevention activities, improve the quality of health services in public health facilities, build new health facilities and strengthen compliance to health standards by all health providers.

Ladies and Gentlemen:

The Kenya Government's commitment to improving the health of our citizens is well articulated in the Economic Recovery Strategy 2003 – 2007. The express objective in the strategy and therefore that of our Ministry is stated as: "Ensuring provision of a basic health package to all Kenyans and increasing coverage of quality health care for the

poor.” The four broad actions that have been formulated to support our pursuit of these objectives are:

1. Establishment of the National Social Health Insurance Fund thereby mobilizing additional resources for the health sector
2. Setting up of special health care programmes to target vulnerable groups
3. Renovation of existing health facilities and equipment.
4. Overhaul of the system of procurement and distribution of drugs.

The strategy, objectives and proposed actions have evolved over time, partly resulting from experience and partly from wide consultations and analysis that the government has undertaken in developing the Economic Recovery Strategy.

African Leaders must wake up and refuse to be misled by economic theories which reduce resources for basic health services for the population. We must wake-up and face HIV/AIDS scourge and deal squarely with it – **AIDS is now the single most important leading devil against patient safety in Africa.** AIDS creates opportunities for the spread of infectious disease by contributing to overcrowding in our hospitals and, to the rapid spread of tuberculosis. In the last 20 years, HIV/AIDS has assumed pandemic proportions, spreading to all corners of the world, and leaving an unprecedented path of death and destruction. More than 65 million men, women and children have been infected worldwide. 75 percent of those infected live in sub-Saharan Africa.

HIV/AIDS threatens personal and global security by affecting the health, lifespan, and productive capacity of the individual, social cohesion and economic wellbeing of the family and the society. Let me repeat to you that today, AIDS is the leading cause of death in sub-Saharan Africa. It has killed more than 20 million men, women and children in sub-Saharan Africa. It has claimed the lives of 1 million Kenyans. By killing such large numbers of young and productive members of society, many of whom are responsible for security at the community level and governance at the district, provincial and national levels, AIDS is a major destabilizing force in development. It increases the potential for political instability and economic devastation. It is the single most important contributing factor to increasing poverty in sub-Saharan Africa and in our country.

I therefore, strongly urge the World Alliance for Patient Safety in Africa to put HIV/AIDS on top of its agenda in the Global Patient Safety Challenge. I look forward to being an active partner in the work of the World Alliance for Patient Safety.

It is now my pleasure to declare the WHO World Alliance for Patient Safety Conference officially opened.

Thank you for listening to me.

Hon Charity K Ngilu MP
Minister for Health

Afya House
Cathedral Road
NAIROBI
17 January, 2005.
