**66TH WORLD HEALTH ASSEMBLY**

**Engaging Patients in Medication Safety**

Session hosted by the Government of Australia and the International Alliance of Patients’ Organizations (IAPO) in collaboration with the WHO Patient Safety Programme (PSP)

Salle VII, Palais des Nations
Thursday 23 May, 2013, 12:30-14:00

**Briefing Note**

**Introduction**

Unsafe use of medication is a major issue in health care in both developed and developing countries, causing millions of patient injuries and costing billions of dollars to health-care systems. Estimates from developed nations suggest that between 7.5% and 10.4% of patients in acute care settings and 13% in ambulatory settings experience adverse drug events.

In countries like the United States of America, it is estimated that each year about 1.5 million patients are harmed, and over 140 000 people die from these medication errors. The financial burden of these errors is as high as US$3.5 billion, not counting lost wages, productivity or additional health-care costs. The cost of detected drug-related morbidity and mortality in the United States exceeded US$177 billion in 2000, with hospital admissions accounting for about 70% of total costs. In the United Kingdom, there are as many as 250 000 adverse reactions to medicines a year at a cost of £466 million to the NHS. Studies in Australia, New Zealand, Denmark, Canada and Thailand reveal similar levels of harm from unsafe medication, confirming that medication safety is a global priority.

At the same time, advances have been made in prescribing and medication management, data systems and personal health histories. Given that between 28–56% of adverse drug events are preventable, the room for improvement is significant. Improving patients’ adherence to their medication prescriptions can also improve the situation, especially those on long-term or multiple medications, as current data show that only half of all patients with a chronic disease adhere to their medication. Engaging and empowering patients to safely manage their own medications would, therefore contribute greatly to achieving effective and sustainable patient safety improvement.

Recognizing that adverse drug events and medication errors cause significant health and economic repercussions both in developed and developing countries, the WHO Patient Safety Programme will launch in 2014 the Third Global Patient Safety Challenge, focusing on medication safety.
A global concerted effort is needed to address medication safety and it needs the involvement of all health-care stakeholders, including patients. This meeting, hosted by the Government of Australia, the International Alliance of Patients’ Organizations (IAPO) and in collaboration with the WHO Patient Safety Programme, brings together global health-care stakeholders to discuss the importance of patient engagement in improving patient safety. The meeting aims to:

- Raise awareness of the importance of patient engagement and empowerment in improving medication safety;
- Share country experiences of patient and family engagement;
- Serve as a call to action to promote patient and family engagement in the area of medication safety.

The World Health Organization’s (WHO) Patient Safety Programme

Achieving safer health care requires global leadership, concerted efforts and a commitment to learning from errors and patients’ experience. In 2004, WHO established “The World Alliance for Patient Safety” (renamed WHO Patient Safety in 2009) to coordinate and accelerate global efforts to improve patient safety, in response to World Health Assembly Resolution 55.18, which urges WHO and Member States to pay the closest possible attention to the problem of patient safety. The WHO Patient Safety Programme’s work on a global scale has resulted in significant changes in the world’s health systems as Member States and experts have been mobilized to improve safety internationally.

Patient and community engagement has been a core priority of the WHO Patient Safety Programme since its inception. Patients for Patient Safety (PFPS) is a WHO Patient Safety Programme that aims to incorporate the patient voice in all levels of health care. The programme supports a global network that brings together patients, families, advocates, health-care professionals and policy-makers, to work in partnership to improve health-care safety. PFPS uses a unique approach within WHO to engage patients, in the belief that by sharing experiences and expertise, each individual and organization can learn and improve. The global patient-led PFPS network encourages partnership, promotes empowerment and inspires action on patient safety around the world. There are now over 250 PFPS members in 52 countries, working collaboratively with health professionals and policy-makers to raise awareness of patient safety and advocate for medication safety around the world.

The Patients for Patient Safety Programme also engages the wider community through its connections with expert networks, WHO colleagues at regional and country levels and by collaborating with non-governmental organizations.
The International Alliance of Patients’ Organizations (IAPO)

The importance of engaging patients in health-care decision-making is increasingly recognised. IAPO’s Declaration on Patient-Centred Healthcare states that ‘Patients and patients’ organizations deserve to share the responsibility of healthcare policy-making through meaningful and supported engagement in all levels and at all points of decision-making’. IAPO has further highlighted the importance of patient involvement in its Policy Statement on Patient Involvement: ‘Patients have a moral and ethical right to play a meaningful role in developing healthcare policies’. (www.patientsorganizations.org)

There are many ways in which patients can become more involved in making healthcare safer. Patients need to be better informed about their condition and treatment and need to be encouraged to report safety concerns whenever they occur, either through formal reporting systems or by speaking to health-care professionals. Patients who participate in discussions about their individual needs, constraints and preferences are 13% more likely to take their medications as prescribed compared to patients receiving usual care\(^i\). Sharing patients’ experiences is essential. Patients’ stories of unsafe care are an important source of information and insight and can be used effectively to better understand the causes of incidents.

Patients’ organizations, such as IAPO, can also play an important role in supporting and advocating for patients. In 2008, IAPO launched an advocacy toolkit for patient groups to inform and support them to advocate for improved patient safety. The toolkit aims to equip patient advocates with an understanding of a range of important patient safety issues and provide a range of information and tools. The toolkit includes three areas in which patients can take action on medication safety:

**Advocate** – raise political will to take action and implement appropriate patient safety strategies and partner with health-care systems to develop solutions for patient safety.

**Educate** – train patients’ organizations to make an informed contribution to patient safety initiatives and help patients be empowered to make a personal contribution to safety.

**Raise awareness** – of patient safety issues with the public and the media.

**Key points**

- Stakeholders should engage patients in all medication safety initiatives
- Improving medication safety needs concerted action by all stakeholders, but in particular, patients
- Patients must be at the centred of all health-care decision-making
- Information is key to improved and enhanced communication between patients and health-care professionals.

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\(^i\) WHO Patient Safety Programme (2008). summary of the evidence for patient safety: implications for research
\(^ii\) Kelley E and Von Klüchtzner W (2013 -unpublished report)
\(^iii\) http://libdoc.who.int/fact_sheet/2005/FS_293.pdf
\(^iv\) http://news.bbc.co.uk/1/hi/7161196.stm
\(^x\) Adherence to Long-Term Therapies: Evidence for action, WHO, 2003