

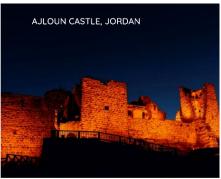


# **Global Celebrations of World Patient Safety Day, 17 September 2022**





















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# **World Patient Safety Day**

World Patient Safety Day (WPSD) is an official <u>World Health Organization (WHO) global public health</u> <u>day</u>. It brings together patients, families, caregivers, communities, health workers, health care leaders and policy-makers across the world to:

- increase public awareness and enhance global understanding of patient safety;
- global solidarity and required action; and
- share simple and proven strategies and tools to improve the safety of health care services.

#### The journey of World Patient Safety Day

- May 2019: The Seventy-second World Health Assembly adopted <u>resolution WHA72.6 on</u> <u>"Global action on patient safety"</u> and established a WPSD to be observed annually on 17 September.
- 17 September 2019: The first-ever WPSD's theme was "Patient Safety: A global health priority", and the slogan was "Speak up for patient safety!". It was aimed at establishing the day's legacy and highlighting the need for identifying patient safety as a strategic priority in countries' efforts towards universal health coverage.
- Jacobs 17 September 2020: "Health worker safety: a priority for patient safety" was selected as the theme of WPSD 2020, with the slogan "Safe health workers, safe patients". The day highlighted the challenges faced by health workers during the COVID-19 pandemic, and interlinkages of health worker safety with patient safety.
- 3 17 September 2021: Through the theme "Safe maternal and newborn care" and slogan "Act now for safe and respectful childbirth!", WPSD 2021 was devoted to prioritizing and addressing safety in maternal and newborn care, particularly around the time of childbirth, when most harm occurs.
- 3 17 September 2022: "Medication Safety" was chosen as the focus for WPSD 2022 due to the substantial burden of medication-related harm at all levels of care, warranting global action.

## **World Patient Safety Day 2022**

Medications are the most commonly used medical products in health care. Every person around the world will, at some point in their life, take medications to prevent or treat illness. However, medications sometimes cause serious harm if incorrectly stored, prescribed, dispensed, or administered, or if monitored insufficiently.

Medication errors are a main cause of patient harm, which, in severe circumstances, can lead to disability and death. They occur when weak medication systems and human factors such as fatigue, poor environmental conditions or staff shortages affect the safety of the medication use process. The ongoing COVID-19 pandemic has significantly increased the risk of medication errors and associated medication-related harm.

In response, "Medication Safety" was selected as the theme for WPSD 2022. The theme builds on the ongoing efforts of the WHO Global Patient Safety Challenge: Medication Without Harm. It also provides much-needed impetus to take urgent action for reducing medication-related harm through strengthening systems and practices of medication use. The slogan of WPSD 2022 – "Medication Without Harm" – aims to focus attention on making the process of medication use safer and free from harm, and to galvanize action on the third WHO Global Patient Safety Challenge: Medication Without Harm by calling on all stakeholders to prioritize medication safety and address unsafe practices and system weaknesses, with a special focus on the three main causes of avoidable medication-related harm: high-risk situations, transitions of care and polypharmacy.

# Theme Medication Safety

#### Slogan

#### **Medication Without Harm**

#### **World Patient Safety Day 2022 objectives**

- Raise global awareness of the high burden of medication-related harm due to medication errors and unsafe practices and advocate urgent action to improve medication safety.
- Engage key stakeholders and partners in the efforts to prevent medication errors and reduce medication-related harm.
- Empower patients and families to be actively involved in the safe use of medication.
- Scale up implementation of the third WHO Global Patient Safety Challenge: *Medication Without Harm*, which aims to reduce severe, medication-related harm by 50%, globally.

World Patient Safety Day 2022 supports the implementation of the medication safety-related actions in the Global Patient Safety Action Plan 2021–2030.

## WHO headquarters, regional and country events

#### **WHO** headquarters

On 14 September, the World Health Organization headquarters held a media briefing on COVID-19 and other global health issues. At this media briefing, Dr Tedros Adhanom Ghebreyesus, Director-General of WHO, promoted the upcoming World Patient Safety Day (video time: 10:47–12:35). Dr Tedros turned a spotlight on the fact that medicines are powerful tools for protecting health – but medicines that are wrongly prescribed, taken incorrectly or are of poor quality can cause serious harm and even death.

The WHO headquarters Patient Safety Flagship organized a <u>Global virtual event: "Medication Without Harm"</u> on 15 September 2022 to bring the world together to commemorate WPSD. A total of 5191 persons from 165 countries registered for the event, and 1508 participants from 122 countries attended the global event.

The opening remarks were provided by the two co-chairs of the WHO World Patient Safety Day Steering Committee: Dr Zsuzsanna Jakab, WHO Deputy Director-General, and Rt Hon Mr Jeremy Hunt, chair of the Health and Social Care Select Committee, United Kingdom of Great Britain and Northern Ireland, who currently serves as the United Kingdom Chancellor of the Exchequer. The keynote address *Medication safety: a global strategic imperative* was delivered by Sir Liam Donaldson, WHO Envoy for Patient Safety. Following that, *WHO's approach to medication safety* was presented by Dr Neelam Dhingra, Unit Head, Patient Safety Flagship, WHO headquarters.

The agenda of the event was structured around the strategic framework of the third WHO Global Patient Safety Challenge: *Medication Without Harm*. The first session was on the engagement of patients, families and communities for safe medication use; the second session was on health and care workers' role in ensuring medication safety; the third session was on medicines as products; and the last session was on systems and practices of medication. After the informative presentations, there was a panel discussion on addressing medication safety in high-risk situations, transitions of care and polypharmacy. In the closing session, Dr Tedros Adhanom Ghebreyesus provided his message for the participants in support of the theme.

The presentations and recordings of the global event in eight languages (Arabic, Chinese, English, French, Hindi, Portuguese, Russian and Spanish) are available <a href="here">here</a>.

On 16 September, WHO issued a <u>news release</u> to call for urgent action by countries for achieving Medication Without Harm.

WHO headquarters also launched pledges for <u>individuals</u>, <u>ministries</u> and <u>institutions</u> with an interest in medication safety to showcase their support for the cause. The pledges can also be downloaded from the <u>WPSD 2022 campaign website</u>.

On 20 September, WHO headquarters organized a <u>medication safety webinar for the nursing and midwifery global community of practice</u>. The webinar focused on issues such as accountability, responsibility and blame. Solutions to reduce medication errors were discussed and ideas for creating a patient safety culture were proposed.

#### WHO regional offices

All WHO regional offices also played an active role in WPSD while bringing the content to their respective regional contexts. The <u>WHO Regional Director for Africa</u>, WHO Regional Director for the Eastern Mediterranean, WHO Regional Director for Europe, Director of the Pan American Health

Organization, and WHO Regional Director for South-East Asia produced video messages for raising awareness of the day.

To mark WPSD 2022, the WHO Regional Office for the Eastern Mediterranean organized <u>a virtual press</u> <u>conference</u> led by the WHO Regional Director for the Eastern Mediterranean. The press conference highlighted the urgent need to tackle medication-related harm to reduce avoidable harm in the region. The press conference also stressed the need for building resilient health systems that considered patients and families as partners, not just recipients of services. While many countries in the region are experiencing crises or conflicts, there are also many success stories. To raise awareness of WPSD, the Regional Office also produced a WPSD video with Arabic, English and French subtitles.

Bringing together relevant stakeholders, the WHO Regional Office for Africa organized a technical webinar to commemorate WPSD on 20 September with the title "Medication safety in Africa health systems: perspectives from stakeholders and actions". The key objectives of the webinar were to brief WHO Member States in the African Region on the global and regional patient safety landscape, raise awareness of the high burden of medication-related harm, and provide an overview of key initiatives, strategic approaches and technical resources for addressing medication safety and patient safety. The webinar also offered space for sharing of country experiences and good practices and advocating urgent actions to improve medication safety. The event was organized in collaboration with the Africa Centres for Disease Control and Prevention and African Medicines Agency. The Regional Office was also lit up in orange in celebration.

The WHO Regional Office for the Americas/Pan American Health Organization commemorated the day through <u>a webinar</u> on medication safety challenges from a quality of care perspective. The webinar was based on the existing regional <u>Strategy and Plan of Action to Improve Quality of Care in Health Service Delivery 2020–2025</u>. The webinar included country experiences, sharing of medication safety challenges, regional perspectives on the impact of the use of medicines without evidence, and finally presentations and a discussion on the challenge of navigating the available resources in quality and safety.

WHO senior leadership tweeted about the day, including the Director-General, <u>Dr Tedros Adhanom</u> <u>Ghebreyesus</u>; the WHO Regional Director for Africa, <u>Dr Matshidiso Moeti</u>; and the Chief Scientist at the time, <u>Dr Soumya Swaminathan</u>.

#### **WHO** country offices

WHO country offices worked closely with ministries of health in respective countries, national and local partners and entities to observe the day.

To name a few, the WHO country office in India created a <u>video</u>. In Nepal, the WHO representative raised awareness from his <u>personal account</u> to amplify the day's messages and call for commitment by stakeholders. The WHO representative in <u>Timor-Leste</u> called <u>for eliminating unsafe medication practices and errors</u> and encouraged adherence to <u>appropriate infection prevention and control practices</u>.

#### Global celebrations

Most of the WPSD global celebrations spanned from one day up to two weeks. Existing Patient Safety Weeks were observed by countries, including Jordan and Qatar, coinciding with the date of the global celebration.

In <u>Mozambique</u>, under the umbrella of Medication Without Harm, a number of awareness-raising events were organized throughout the year, including lectures on medication safety and meetings with professional associations, religious organizations and academia. Some hospitals (for example in Finland) and several organizations, such as the Spanish Society of Hospital Pharmacy, declared 2022 as a theme year to improve medication safety and raise awareness of its members on Medication Without Harm.

#### Orange colour: signature mark of the day

Since the establishment of WPSD, iconic buildings, landmarks and monuments across the globe have been lit up in orange as a show of global solidarity and commitment to improve patient safety in relation to the specific annual theme. In 2022 the aspiration was to make the world shine in orange brighter than ever.

#### Lighting up monuments in orange colour

In 2022 around 400 monuments, buildings and iconic places, across all WHO regions, were lit up in orange colour to commemorate WPSD. These included prominent bridges and statues, such as the Christ the Redeemer monument in Rio de Janeiro, Brazil, and the Dubai Frame in the United Arab Emirates, among many others. In addition to iconic places, more than 250 hospitals and clinics across the world were lit up in orange. There was an initiative to turn the whole of Malaysia orange.

Other innovative buildings and places that were lit up included electric powerhouses in Maldives and the Kusatsu Hot Spring Yubatake in Japan. Grass-roots initiatives included lighting up a balcony in Nigeria and a hospital helipad in Germany. In Timor-Leste, the Governance Palace was lit up, amid cheers from the audience. Videos were created in Iraq, Malaysia and Saudi Arabia to showcase the monuments that were lit up in orange for WPSD.

In <u>Ethiopia</u> and <u>India</u>, some hospitals organized candle enlightenment ceremonies instead of lighting up monuments. The International Pharmaceutical Students' Federation changed its logo for a period of time to "light it up".

Many hospitals in India were lit up with oil lamps (diyas) as part of the WPSD celebration.

#### Other gestures in orange colour

#### **Clothes**

People from various countries wore orange clothing to commemorate the day, including orange backpacks (Austria), caps (Colombia, Uganda), hair ties and headbands (Nicaragua, Scotland), hijabs (Brunei Darussalam, Egypt, Sudan), hula skirts (Scotland), masks (Botswana, Brazil, Brunei Darussalam, Colombia, Germany, Italy, Japan, Malaysia, Mexico, Nicaragua, Panama, Philippines), ribbons (Argentina, Colombia, Ecuador, Jordan, Mexico, Philippines, Sudan, United Arab Emirates), scarves (Finland, Jordan, Mexico, Mongolia), T-shirts and shirts (Austria, Botswana, Brazil, Brunei Darussalam, Costa Rica, Ecuador, England, Haiti, Indonesia, Ireland, Japan, Mexico, Nicaragua, Nigeria, Panama, Portugal, Republic of Korea, South Africa, Uganda, United Republic of Tanzania, United States of

America, Zambia), neck ties (Jordan), paper ties (Ecuador), tote bags (Japan) and wrist bands (Colombia, Romania, Saudi Arabia, Spain).

#### **Flowers and fruits**

Orange flowers were displayed at the entrance of buildings (Argentina and Japan). In Saudi Arabia, orange roses were handed out to patients in a hospital as well as to the general public, along with WPSD awareness cards. In Ecuador and Ireland, orange fruits were handed out in patient safety booths.

#### Decoration of hospitals and health facilities

Orange balloons were a popular decoration to celebrate WPSD in hospitals around the world (for example, Belgium, Ecuador, Egypt, Estonia, Ireland, Malaysia, Oman, Saudi Arabia, Scotland, South Africa and Sudan). Orange mini T-shirts (Japan), ribbons (Spain), lanterns (Switzerland), and bunting (Oman and South Africa) were also used to decorate hospitals.

#### **Flags**

In Germany, orange flags with the World Patient Safety Day logo were raised to celebrate the day. A similar activity was carried out in the United States of America, where orange hand-held flags were used.

#### **Conferences and commemoration events**

#### National events, conferences and webinars

In Afghanistan, a national WPSD seminar brought together hospital directors and health officials from the Ministry of Public Health. Speakers included representatives from the Ministry of Public Health, pharmaceutical services, the Afghanistan Food and Drug Authority, and the WHO country office in Afghanistan. The event highlighted the importance of standardization, adherence to medication "rights", and reporting and learning from medication-related safety incidents. The event ended with a panel discussion.

In Australia, the Australian Institute of Health Innovation organized a one-day <u>National Medication</u> Safety Symposium.

In Bahrain, a two-day national event was organized by the Ministry of Health and was attended by representatives from health care facilities across the country.

The Directorate-General of Drug Administration of Bangladesh, in technical collaboration with the USAID Medicines, Technologies, and Pharmaceutical Services Program, organized <u>a round-table discussion</u> on safe and rational use of medicines.

The <u>national events</u> organized by the Ministry of Health and Wellness of <u>Botswana</u> included a speech from the Minister of Health and dance, music and cultural performances. Further speeches are available <u>here</u>.

The Ministry of Public Health in Burundi organized a <u>national WPSD event</u> in collaboration with the WHO country office. A fundraising event was organized and donations were given to the hospital hosting the event. In addition, the ministry organized a dedicated patient safety event for health workers.

The National Institute of Public Health of Cabo Verde organized a workshop on Medication Without Harm. The objective of the event was to strengthen the national capacity to prevent and respond to medication errors and to raise awareness of medication safety as part of work to improve national health security in the coming year. The workshop also highlighted hygiene, sanitation and appropriate

hospital waste management as an important part of safe care for patients, especially to avoid future pandemics.

In Chile, the Ministry of Health organized a national WPSD webinar, and in Denmark, the Patient Safety Authority organized a webinar that attracted around 1600 participants.

The week for observing WPSD in Ecuador started with a "fair" – a public event that brought together public health institutions across the country to engage the general public in safe use of medicines. The national celebration culminated in a round-table discussion on medication safety organized by the Ministry of Public Health of Ecuador.

The General Authority for Healthcare Accreditation and Regulation in Egypt organized a major event with participants coming from all around the country. The event brought together the highest health authorities in the country, with the ultimate goal of unifying the vision towards patient safety.

The Ministry of Health in Ethiopia organized <u>an event</u> opened by the State Minister of Health, Dr Dereje Duguma.

A <u>national webinar</u> in <u>Finland</u> was opened by the Minister of Social Affairs and Health and included a speaker from the Finnish Medicines Agency, a representative from the Finnish Institute for Health and Welfare, and other stakeholders. The event concluded with a panel discussion.

The German Coalition for Patient Safety, with the support of the Federal Ministry of Health, organized a <u>national event</u> in Germany. At the event the Federal Health Minister, who is also the patron of the German Coalition for Patient Safety, delivered the opening address. The highlight of the event was the launch of <u>The economics of medication safety</u> report by the Organisation for Economic Co-operation and Development in collaboration with the Ministry of Health.

In Ghana, a three-day national patient safety and health care quality conference was organized by the Ministry of Health, the Ghana Health Service and partners. The conference focused on advancing patient safety and health care quality during emergencies. One of the themes of the event was integration of appropriate water, hygiene and sanitation in health care facilities.

A <u>national conference</u> was organized in <u>Hungary</u> in collaboration with the Semmelweis University Health Services Management Training Centre, NEVES Association for Patient Safety, Hungarian Healthcare Management Association and the WHO country office in Hungary. The national Chief Medical Officer spoke at the event.

World Patient Safety Day celebrations took place in India at national, state, district, and facility levels over a period of two weeks. A week-long campaign – Rogi Suraksha Saptah (Patient Safety Week) – was organized with emphasis on medication safety during 12–17 September 2022, followed by the National Pharmacovigilance Week, 17–23 September. A national WPSD event was organized by the Ministry of Health and Family Welfare, which was attended by many eminent guests. Dr Rajesh Bhushan, Union Health Secretary, released a self-assessment tool, SaQushal. The launch was followed by a patient safety pledge and a webinar that was attended by more than 850 participants. The Pharmacovigilance Week highlighted the importance of pharmacovigilance activities in over 500 adverse drug reaction monitoring centres located at medical colleges and hospitals within the ambit of the Indian Pharmacopoeia Commission. In addition, the Indian Navy organized a series of patient safety lectures for health workers, and the Indian Army doctors provided health education in remote villages.

In Indonesia, the national Health Service Quality Department released a <u>WPSD webinar series</u> that included five medication safety videos, most of which have had more than 15 000 views.

The <u>National Patient Safety Conference</u> in <u>Iraq</u> focused on the reduction of medication-related harm and medication errors. The event was organized under the patronage of His Excellency the Minister of Health, who spoke at the event.

A "Medication Without Harm" online <u>symposium</u> was organized in <u>Ireland</u> by the National Quality and Patient Safety Directorate and National Treasury Management Agency.

In Italy, the Clinical Risk Management and Patient Safety Centre organized a seminar with national and international experts to highlight the burden of medication-related harm.

In Japan, Gunma University <u>organized the annual Patient Safety Conference</u> in collaboration with the Ministry of Health, Labour and Welfare, Gunma Prefecture, Gunma Medical Association, and Takasaki University. The Director of the Patient Safety Promotion Office at the Ministry of Health, Labour and Welfare joined as the guest speaker. All conference participants wore orange polo-shirts for the event.

The Ministry of Health of Kenya launched the National Patient Safety, Health Worker Safety and Quality of Care Policy and Action Plan at a national event in Kenya. The acting director of Health Standards and Quality Assurance highlighted the need to prioritize patient safety.

The Accreditation Center for Quality in Healthcare and the Institute for Innovative Patient Safety Solutions organized a patient safety <u>forum</u> in Astana, <u>Kazakhstan</u>. The deputy chair of the Medical and Pharmaceutical Supervision Committee of the Ministry of Health Care spoke at the event.

A <u>round-table discussion</u> on medication safety was organized in <u>Latvia</u> by the Centre for Disease Prevention and Control.

A WPSD conference was organized in Lithuania and consisted of two parts. The first part highlighted safe use and administration of medications and the second part focused on the psychological safety and well-being of health workers. The Ministry of Health, together with its partners, organized <u>several seminars</u> in October for the general public on rational use of medicines, medication adherence and actions to be undertaken in case of adverse drug events.

The Patient Safety Unit, together with the Pharmaceutical Services Programme at the Ministry of Health of Malaysia, organized <u>a full-day webinar</u> which involved 11 597 health workers from across the country. The Director-General of Health of Malaysia delivered the keynote address.

During the <u>national event</u>, the Ministry of Health of <u>Maldives</u> launched the National Infection Prevention and Control Guidelines, National Guidelines on Antenatal and Postnatal Care, National Standards for Clinical Laboratories and a Health Care Quality Standard Digital Platform.

A <u>national public event</u> in <u>Mongolia</u> was organized in the capital city of Mongolia, Ulaanbaatar, to raise public awareness. The Ministry of Health organized a medication safety webinar that was attended by around 1000 health workers.

The Health Facility Monitoring and Accreditation Agency (HEFAMAA) organized <u>a hybrid WPSD event</u> in Lagos, Nigeria. The Federal Ministry of Health, Nigeria Centre for Disease Control, DRASA Health Trust and Patient Safety Africa organized <u>a joint webinar</u> on WPSD. A press conference was organized by the Ministry of Health and a <u>Walk for Patient Safety</u> was organized by the ministry and DRASA Health Trust.

In Norway, the Norwegian Directorate of Health organized <u>a webinar</u> that put the spotlight on high-risk situations, transitions of care and polypharmacy.

In Oman, to observe the fourth WPSD and the fifth National Patient Safety Day, the Ministry of Health organized a <u>national conference</u> to raise awareness of medication-related harm and reduction of medication errors. The Ministry of Health was represented by the director of the General Directorate of the Quality Assurance Center.

In Pakistan, a <u>one-day seminar</u> on medication safety was organized in collaboration with the Organization of Islamic Co-operation, the Standing Committee on Scientific and Technological Cooperation (COMSTECH), and the WHO country office. This event was attended by the ambassadors of Afghanistan, Azerbaijan, Cyprus, Indonesia, Lebanon, Morocco, Somalia, and Sudan, Ministry of Health representatives, hospital directors and other key stakeholders.

In Paraguay, the Ministry of Health and Social Welfare organized a <u>four-part series of webinars</u> on medication safety in September.

The Ministry of Health of Peru organized a national <u>teleconference</u> with national and international speakers. The event was attended by more than 800 participants that work in primary and hospital care. Seguro Social de Salud del Perú, EsSalud, the social health insurance provider in Peru, held an international <u>conference</u> bringing together prominent national and international speakers.

In the Philippines, the University of the Philippines in Manila organized the third National Patient Safety Congress under the theme "Synergized approach to patient and health worker safety".

In the Congo, a WPSD event was organized and attended by local and national government officials, which focused on highlighting harm caused by medication. The Ministry of Health and Population representative, on behalf of the supervising minister, donated 20 intensive care beds and 40 hospital beds to the local hospital. The event included speakers from the ministry, the WHO Regional Office for Africa and the WHO country office.

In the Republic of Korea, the Ministry of Health and Welfare organized a <u>family-friendly national event</u> together with the Central Patient Safety Centre and Korea Institute for Healthcare Accreditation. The Korean Medical Association, Korean Nurses Association, Korean Pharmaceutical Association, and Korea Alliance of Patients Organization contributed to the event. The second Vice-Minister of Health and Welfare contributed through a video message.

In the Russian Federation, the Russian Medical Academy of Continuous Professional Education organized a national WPSD conference, which was attended by more than 800 participants representing various specialities and entities across the country. Specialists from Belarus and Kazakhstan also took part in the event.

In Saudi Arabia, the Saudi Patient Safety Center and Saudi Food and Drug Authority organized a joint symposium titled "KSA health care entities achievement in medication error prevention". The symposium included national and international expert speakers and the topics focused on various challenges and solutions for medication safety. In addition, the Saudi Patient Safety Center hosted a series of webinars at national level that were attended by nearly 12 500 persons.

In Somalia, the Ministry of Health and Human Services held <u>a national WPSD event</u> to raise awareness of medication-related harm.

A national webinar was organized in South Africa by the Department of Health. The Minister of Health delivered the opening remarks and highlighted themes such as reporting of adverse drug events, patient safety incidents, safety culture, and prioritization of medication safety at all levels. The minister also signed the WHO pledge to improve medication safety on behalf of the National Department of Health.

The Ministry of Health, Consumer Affairs and Social Welfare in Spain organized <u>a scientific conference</u> in collaboration with the Spanish Society for Healthcare Quality (SECA) to raise awareness of medication safety among all stakeholders. The presentations of the event are available <u>here</u>.

In Sri Lanka, a <u>national event</u> was organized with participation of officials from the Ministry of Health of Sri Lanka, the WHO country office, hospital administrators, academia and other stakeholders. The Minister of Health of Sri Lanka was the chief guest at the event.

In Sudan, the Federal Ministry of Health organized two events targeting several hospitals. The first event focused on training intensive care personnel on medication safety, pressure ulcers, patient safety, and infection prevention and control. The second event was a workshop to operationalize and implement a set of national medication safety policies.

The National Board of Health and Welfare event in Sweden brought together patient safety champions across the country.

In Thailand, the Deputy Prime Minister and Minister of Public Health opened the <u>national event</u>, which was attended by 350 participants in person and by 1300 hospitals virtually.

In Timor-Leste, a <u>Walk the Talk for WPSD event</u> was organized jointly by the Ministry of Health, a local hospital and the WHO country office. The event included a soccer tournament between Ministry of Health officials and the local hospital.

In Tunisia, a patient safety seminar with five lectures was conducted in collaboration with the Ministry of Public Health, Drug Regulatory Authority, WHO country office and 12 hospitals.

The Ministry of Health of Uganda organized several events to observe WPSD, including a webinar and an <u>in-person event</u>. His Excellency the Minister of Health spoke at the webinar.

The Healthcare Safety Investigation Branch organized a <u>conference</u> in the <u>United Kingdom</u> with more than 1300 attendees participating in the webinar. In <u>Northern Ireland</u>, the health minister formally <u>launched</u> the Know. Check. Ask campaign across the Health and Social Care groups. <u>A national webinar</u> was organized to introduce the campaign and its relevance to Northern Ireland's Medication Safety Strategy.

The State Health Services Administration organized a <u>national patient safety conference</u> on Medication Without Harm in <u>Uruguay</u>. The Ministry of Health in <u>Viet Nam</u> organized a <u>WPSD meeting</u> on 16 September.

In Zambia, in collaboration with the Ministry of Health of Zambia, the Chongwe District Health Office organized a WPSD event with the Minister of Health as the guest of honour. Please click <a href="here">here</a> to see the highlights of the celebration, which included musical and cultural performances.

National medicines agencies (in Botswana, Denmark, Ecuador, Egypt, Finland, Germany, Nigeria, Pakistan, Poland, Portugal, Sweden, Tunisia, Uganda, Zambia, and Zimbabwe) raised awareness at national level through events, exhibition booths, social media, videos, workshops, and webinars.

#### National seminars and events by nongovernmental organizations

Not-for-profit and professional organizations also held WPSD webinars and symposiums at national level, for example in Brazil, Canada, Germany, Japan, Kenya, Mexico, Nigeria, Oman, Poland and Thailand. The Institute for Safe Medication Practices Canada organized a webinar to discuss its role in reducing medication errors in the country and to share stories of organizations across Canada partnering with patients and families to improve medication safety locally.

Patient organizations held their own in-person events in India, Indonesia, Ireland, Uganda and Zimbabwe. In the Pan-American region, members of the Pan-American Network of Patients for Patient Safety were very active and spoke at local (Colombia, Mexico), national (Mexico) and regional WPSD events.

Women in Global Health Kenya organized a webinar titled "Medication safety – building a patient-centred approach". A civil society in Ghana, the Youth Arise Organization, organized a webinar to increase public awareness of pharmacovigilance. Civil society organizations in Kuwait also organized an event that looked into the role of civil society and the community in reducing harm in health care, as well as the importance of patient safety culture.

Members of the International Alliance of Patients' Organizations raised awareness of the upcoming WPSD at the 75th session of the WHO Regional Committee for South-East Asia in Bhutan by wearing orange T-shirts with World Patient Safety Day logos.

#### Local celebrations, conferences, webinars and exhibitions

#### **Local celebrations**

In several countries (for example, in Japan and Kuwait), in addition to organizing national events, the Ministry of Health gave multiple presentations on medical safety and WPSD in local events and webinars.

Health care facilities were decorated in various ways to increase awareness of patient safety and WPSD. Self-made and printed posters were a very popular method of raising awareness and educating health care providers as well as patients. In Italy and Tunisia, hospitals hung posters and banners outside to sensitize the public about WPSD.

The WPSD logo was visible everywhere, for example, on caps (Sudan), electronic displays and visuals (China, Islamic Republic of Iran, Sudan), hand sanitizer bottles (Scotland), hospital vending machines (Japan), in-pocket manual covers (Japan), lanyards (Costa Rica), masks (Botswana, Ethiopia, Malaysia), pins (Bahrain, Ecuador, Jordan, Saudi Arabia) and sashes (Islamic Republic of Iran).

People wore "Medication Without Harm" T-shirts across the world (Bangladesh, Colombia, Egypt, Kenya, Nigeria and Portugal). A Spanish hospital also distributed "patient safety expert" pins to its staff while recognizing and thanking their commitment to patient safety in their routine work. Other hospitals and entities used patient safety or medication safety photo frames (Bahrain, Bangladesh, Brazil, Ecuador, England, India, Indonesia, Kuwait, Mexico, Mongolia, Oman, Peru, Portugal, Sudan, United Arab Emirates) in their local celebrations.

In Kuwait, Oman and Saudi Arabia, local events and exhibitions included child-friendly activities such as giant bubble making, colouring pictures, drawing, and face painting. Hospital clowns (Brazil, Colombia and Finland) and the hospital mascot (Japan) joined the local WPSD celebrations. The Brazilian hospital clown engaged patients to KNOW. CHECK. ASK. through signs and traffic lights made of balloons. The pharmacy mascot was part of the <u>public event</u> organized at the Symphony Lake at Kuala Lumpur, Malaysia.

In Qatar, one of the hospitals had huge capsules and a massive pill bottle to attract attention to its ongoing patient safety event. A hospital in England decorated its medication safety awareness booth with knitted mascots (including capsules, a pill, a bone and a blood cell) that were linked to the specific medications they were highlighting. The medication safety theme was also visible in the goodies that hospitals gave patients and staff; for example, a hospital in Spain gave patients pocket-sized, orange pill boxes. Some hospitals distributed tiny bottles with sweets, labelled with medication safety messages (Brazil and Colombia).

Governments in <u>Japan</u> and <u>Portugal</u> created web pages to showcase and promote the planned activities and materials created locally for WPSD. Several national patient safety entities (<u>Austria</u>, <u>Finland</u> and <u>Germany</u>) listed all the activities that had been planned across the country.

The <u>Royal Oman Police Service</u> celebrated the day by attending a medication safety seminar. Also, in the <u>United States</u> a police department participated at a local WPSD seminar.

Universities around the world (Argentina, Brazil, Canada, Egypt, England, Germany, Hungary, India, Indonesia, Japan, Libya, Malawi, Malta, Mongolia, Pakistan, Panama, Philippines, Portugal, Qatar, Russian Federation, Saudi Arabia, South Africa, Spain, Türkiye, United Arab Emirates, Uruguay, Venezuela (Bolivarian Republic of)) joined in raising awareness about WPSD through various communication channels, including social media, workshops, and competitions, or by organizing events. Several universities and university hospitals in Germany organized a conference together with the German Society of Surgery under the slogan "Medication safety improved! Measurable success?". The Centre for Investigation and Information on Medicines and Toxics under the University of Panama played an active role in social media to raise public awareness by creating various communication

materials. The Barinas State College of Pharmacists at the University of Los Andes, in the Bolivarian Republic of Venezuela, created a social media campaign to promote safer use of medicines. They used a dedicated hashtag to draw attention to the need for prioritizing patient safety in the country. Ain Shams University and Cairo University, in Egypt, raised awareness through distributing advocacy materials and holding community engagement workshops. Furthermore, universities organized medication safety webinars in the Philippines and the Bolivarian Republic of Venezuela. A university in Brazil disseminated liquid soap bottles to patients and health workers to encourage continuity of good hand hygiene practices.

Student societies raised awareness through social media (Egypt, Libya, Philippines, Rwanda), a video (Iraq), skits (India) and local events (Saudi Arabia).

#### **Exhibitions**

Hospitals set up patient safety exhibitions in Austria, Bahrain, Colombia, Egypt, India, Ireland, Italy, Luxembourg, Oman, Pakistan, Saudi Arabia, Spain, Sweden and the United Republic of Tanzania. Hospitals organized several day exhibitions showcasing different areas of safety, such as pharmacy, nursing, radiology, laboratory, health worker safety, infection prevention and control, surgical safety, blood safety and housekeeping. Based on the WPSD 2022 theme, there was a special focus on medication safety. Health care facilities in Chile and Ecuador organized patient safety fairs outside hospitals for hospital staff and the public.

In the United Republic of Tanzania, pharmacy students had a stall at the WPSD exhibition of the local hospital to promote rational use of medicines and to guide patients on using their medications safely.

A hospital in Colombia took a creative approach in its <u>WPSD exhibition</u>, where each booth had an imaginative theme. For example, infection prevention and control was highlighted by a booth that followed classical Greek culture.

#### Scientific events and conferences

Local patient safety conferences were also organized in several countries (Brazil, China, Ethiopia, Germany, Ireland, Nigeria, Pakistan, Philippines, Portugal, Spain). A conference organized by a Spanish hospital focused on safe medication practices, including safe use of insulin in patients with hyperglycaemia at hospital discharge, and on special considerations and practices when treating paediatric patients. Furthermore, a scientific health forum was organized in Lagos, Nigeria. In addition, a three-day hybrid conference was organized by SESARAM Patient Safety and Risk Management Commission with involvement of local universities in Madeira, Portugal. The Nursing Quality and Safety Management Forum in China focused on medication safety. Several conferences were organized at local and regional levels across Italy.

The Secretariat of Health of Mexico City, Mexico, organized <u>an academic week</u> titled "Together for safe and quality care". A virtual event was organized focusing on themes such as occupational safety, hygiene and medication safety. The Ministry of Health of Khartoum state, Sudan, held a patient safety symposium that was attended by all patient safety focal points of the government hospitals in Khartoum.

#### Webinars and meetings

Private and public hospitals in India, Indonesia, Malaysia, Maldives, Nigeria, Peru, Portugal, Qatar and Saudi Arabia held webinars for health workers and patients to provide guidance on how to reduce risks of medication errors and medication-related harm.

The Arab Institute for Continuing Professional Development organized a joint webinar with the Pan Arab Patient Safety Association highlighting items such as the strategic framework for Medication Without Harm and medication literature. A patient safety society in Ecuador organized a webinar that focused on access to essential medicines and patient safety. The Indian Association of Palliative Care organized a WPSD webinar that focused on making palliative care safer. A patient group in Singapore organized a medication safety webinar.

Health Education and Improvement Wales organized a webinar "Medication Without Harm: Are you ready for World Patient Safety Day 2022?", which was designed particularly for pharmacy professionals.

A Qatari hospital organized a grand round session to discuss medication safety incidents. The session was attended by physicians, nurses and allied health professionals. In a Japanese hospital, the local commemoration of WPSD included discussions on the key considerations of the recently launched WHO report Implications of the COVID-19 pandemic for patient safety: a rapid review.

A hospital in Myanmar organized a hospital-wide WPSD ceremony that focused on the International Patient Safety Goals.

#### **International commemoration**

#### **Cross-national events**

Cross-national commemoration events were organized in the African Region first by the Kenyan Ministry of Health, which organized a technical webinar on "Pharmacovigilance: key to medication safety monitoring". The webinar had participants from Kenya as well as some other African nations. This was followed by a joint WPSD webinar organized by the Africa Institute of Healthcare Quality Safety and Accreditation based in Ghana, C-Care (an international hospital in Uganda) and the Council for Health Service Accreditation of Southern Africa, based in South Africa.

In India, the Medication Safety Conference (MediSafeCon) 2022 provided a national platform for multidisciplinary discussion on medication safety issues in paediatrics, geriatrics, oncology, critical care and many other specialties. The event was attended by around 450 people (in person and online) from India and neighbouring countries.

#### Conferences and webinars by international organizations

Several international organizations organized webinars on patient safety and medication safety, including the following.

- The International Society for Quality in Health Care, together with the American Academy of Pediatrics, organized a <u>webinar</u> on medication errors in children; and organized webinars in French in collaboration with the Platform for Continuous Improvement of Quality of Care and Patient Safety <u>on Integration of electronic prescribing on chemotherapy</u> and <u>digitalization of COVID-19</u> vaccine adverse drug reaction management.
- A <u>Patient Safety Conference</u> was organized by the European Patient Safety Foundation and FOKUS Patient.
- The International Pharmaceutical Federation, International Council of Nurses, International Alliance of Patients' Organizations, International Federation of Pharmaceutical Manufacturers and Associations, and World Medical Association organized a joint webinar titled "Making medicines safe and reliable for all".
- The International Organization for Medical Physics organized a joint webinar with the WHO Radiation and Health Unit.

- The International Alliance of Patients' Organizations and European Health Management Association organized a joint webinar on "Medication Without Harm: fostering medication safety in hospitals".
- The International Society of Blood Transfusion and Transfusion Evidence Library organized live journal clubs to identify <a href="https://example.com/high-quality-evidence">high-quality-evidence</a> about the WPSD theme relevant to the field of transfusion medicine.
- The International Society of Radiographers and Radiological Technologists and International Society of Radiology organized a <u>WPSD webinar</u> on "WHO Global Patient Safety Challenge: Medication Without Harm".
- The International Society of Pharmacovigilance organized regional webinars targeting pharmacovigilance experts in <u>Africa</u>, <u>Europe</u>, <u>Latin America</u>, the <u>Middle East</u> and <u>Oceania</u>.
- The Institute for Healthcare Improvement organized a webinar on "What we're getting wrong about the 'five rights of medication use' and other safety myths".
- The Patient Academy for Innovation and Research, together with its partners, created a webinar series.
- The European Alliance for Access to Safe Medicines organized a webinar titled "Medication errors: the most common adverse event in hospitals. It's time to act!".
- The Society of African and Caribbean Midwives and Caribbean Nurses & Midwives Association highlighted patient safety through a human factors webinar.
- The Global Association of Physicians of Indian Origin organized a webinar on safe medication practices, which was attended by more than 1000 participants from seven countries.
- The World Patients Alliance organized the World Patients Conference for the first time.

WHO staff participated in many of these international conferences.

#### **Activities**

#### Raising public awareness

#### Press releases and information dissemination

The ministries of health (or governments) published press and news releases on WPSD in Australia (subnational), Bahrain, Botswana, Bulgaria, Burundi, Finland, Germany, India, Luxembourg, Monaco, Mongolia, Paraguay, Republic of Korea, Romania, Spain and Sri Lanka. In Ireland the press release expressed the commitment of the Minister for Health and the Chief Nursing Officer (among other prominent government figures) to medication safety. The Medicines Surveillance section at the Center for the State Control of Medicines, Equipment and Medical Devices, in Cuba, also issued a news release. The Directorate-General of Health website in Portugal highlighted WPSD and disseminated medication safety materials.

At local and national levels, press releases and news releases were issued by hospitals (Japan), universities (Germany), national professional associations (Australia, Israel, Slovenia, Spain) and patient organizations (Cyprus). Institutions (Centre for Disease Prevention and Control in Latvia and National Cancer Institute in Mexico), international organizations (European Alliance for Access to Safe Medicines, International Council of Nurses, World Organization of Family Doctors) and Patients for Safer Nuclear Medicine released press releases as well.

As part of their events, ministries of health (Egypt, <u>Indonesia</u>, Nigeria, Thailand and Sri Lanka), nongovernmental entities (<u>Germany</u> and <u>Lithuania</u>) and the Taiwan Alliance of Patients' Organizations organized press conferences.

In Croatia, on the occasion of WPSD, 17 patients' associations and the Croatian Medical Association issued a joint statement on the importance of protecting immunocompromised and immunosuppressed persons amid the pandemic.

The International Society for Quality in Health Care, European Health Management Association, International Hospital Federation, European Association of Hospital Pharmacists and GS1 launched a joint social media campaign along with a <u>press release</u>.

Ministries of health dispatched information about WPSD and guidance for governmental hospitals (<u>Viet Nam</u>) and private hospitals (<u>Kuwait</u>) on how to join the campaign. Additionally, the General Office of the National Health and Health Commission in <u>China encouraged all the health committees to actively participate in the campaign</u>. The Costa Rican Social Security Fund recommended the day be observed by national health facilities in <u>Costa Rica</u>.

To raise public awareness in the country, the National Center for Disease Control in Libya disseminated WPSD brochures and pamphlets. The Ministry of Health and Population, together with the WHO country office in Nepal, raised public awareness about the issue in Nepal through <u>banners</u>.

During the daily COVID-19 update, the Minister of Health in Guyana reflected on WPSD and emphasized how patients should be able to trust that the care they seek will not harm them. The minister highlighted how medical errors could be reduced through proper guidelines and safety culture in facilities where health workers are not afraid to speak up for patient safety.

#### **Research promotion**

Academic entities in <u>Australia</u>, <u>Canada</u>, and the <u>United Kingdom</u> highlighted recent work that can help to facilitate medication safety. The September issue of <u>Patient Safety</u> recognized WPSD with articles focused on the slogan Medication Without Harm. Frontiers in Health Service set up <u>a call for research submissions</u> that identified patient safety risks and solutions.

#### **Awareness-raising marches**

Awareness-raising marches and rides were organized in several WHO regions.

- In Bangladesh, the walk was part of the national event.
- In India, several colleges and hospitals raised awareness through walks.
- In Kenya, a motorcycle ride was organized with orange vests to raise awareness that no patient should be lost due to medication errors.
- In Nigeria, the walk was part of the national event.
- In Pakistan, several awareness walks were organized in different regions of Pakistan. The health ministers of Punjab and Azad Jammu and Kashmir joined the WPSD awareness walks organized in their respective provinces.
- In South Africa, a hospital organized an awareness walk.
- In Timor-Leste, the national event started with an awareness-raising walk where participants wore yellow T-shirts.
- In the United States, Patients for Patient Safety US, National Patient Safety Board Coalition, Patient Safety Movement Foundation, Leapfrog Group and MedStar Institute for Quality and Safety organized a patient safety march. The march was also attended by entities such as Ariadne Labs. The march culminated in planting small orange flags on the grass near the White House, in Washington, DC. Each flag had the name of a person who had been harmed by unsafe care.

#### Advocacy videos about World Patient Safety Day

Patient safety advocacy videos were created by nongovernmental entities (<u>Argentinian Patient Safety Observatory</u>), governmental entities (Danish Patient Safety Authority) and international organizations (<u>European Society of Anaesthesiology and Intensive Care</u>). In addition, hospitals made videos to address patient safety and medication safety in <u>Chile, India, Malaysia, Mexico, Pakistan, Qatar, Saudi Arabia, Sweden and United Republic of Tanzania</u>. For example, in <u>this video</u>, a director of nursing at an <u>Indian</u> hospital talks about the WPSD 2022 theme and how the standards for medication safety are globally the same. In <u>Iceland</u>, the university hospital created an awareness-raising video on documenting medication history, why it is important and how the hospital had been able to improve its medication history documentation process. A hospital in <u>Spain</u> made a video to explain the importance of patient identification wristbands.

A humanitarian aid organization in Syrian Arab Republic (Hand in Hand for Aid and Development), civil societies (United States), professional societies (Portugal), patient organizations (Argentina, Europe) and the WHO country office in Nigeria raised awareness of medication safety through videos. For example, the National Quality Forum created a series of videos with patient safety champions sharing their WPSD messages. TikTok videos were used in Argentina, Ecuador, Indonesia, Jordan, Malaysia and United States to promote the day.

The <u>Institute for Safe Medication Practices</u>, <u>Patient Safety Movement Foundation</u>, universities (Türkiye) and scientific publishers (Karger Publishers: <u>an interview with Professor Sir Liam Donaldson</u>) published advocacy videos to raise awareness of what can be done to improve medication safety. Ministries of health made WPSD videos in collaboration with WHO country offices in <u>Comoros</u> and <u>Timor-Leste</u>.

In some countries, WPSD was used as an opportunity to talk about national action on patient safety. The government of Portugal created a <u>video</u> to explain the National Plan for Patient Safety 2021–2026 and disseminated the video among national health service institutions. In addition, the National Quality and Patient Safety Directorate in <u>Ireland</u> created a <u>video</u> about national patient safety work.

In several countries, hospitals made videos showcasing their celebrations of the day (Austria, Germany, India, Islamic Republic of Iran, Italy, Kuwait, Oman). For example, in Nicaragua, a hospital made a video where staff and patients were interviewed on their thoughts about the theme of WPSD 2022. TikTok videos were utilized in the ministry of health in Brunei Darussalam, Colombia, Jordan, Malaysia, Mexico, Peru and the Philippines to illustrate their WPSD celebrations. The WHO country office in the Congo captured some of the national events in a video.

#### **Blogs and podcasts**

Several blogs were written for and promoted WPSD (in England, Germany, Nepal, Northern Ireland, Panama, Scotland, Spain, Sweden, United Republic of Tanzania, United States). Some examples include the following.

- AcademyHealth published a blog: "Finally, progress on patient safety thanks to health services research. We need more."
- The Federal Institute for Drugs and Medical Devices (Germany) blog (in English) provided a pharmacovigilance perspective on prevention of medication errors.
- The USAID Medicines, Technologies, and Pharmaceutical Services Program created a <u>blog</u> on implementing pharmacovigilance.
- Patient Safety Learning published a <u>blog</u> and a <u>spotlight interview</u> on how medication safety has been addressed in <u>Northern Ireland</u>.
- A <u>blog post</u> by the Foundation of African Medicines and Education featured medication safety in rural areas of the <u>United Republic of Tanzania</u>.

Podcasts were recorded in England, Estonia, France, Ireland, Italy, Nigeria and United States. Some examples include the following.

- When patient safety is discussed, the focus is often on "what goes wrong". However, in many places, things go right too. With this in mind, the National Quality and Patient Safety Directorate in Ireland chose the topic of "Thinking positively: approaches to patient safety" for the podcast that they launched for WPSD.
- Medical errors were discussed in a French-speaking <u>podcast</u>.
- A patients for patient safety champion in the United States talked <u>in this podcast</u> about medication-related harm that happened in her family and how the events inspired her to become a pharmacist. She underlined how harm can be avoided through better cultural competence, patient education and engagement.
- The <u>podcast</u> of the National Patient Safety Board Coalition in the <u>United States</u> discussed the threat of medical errors being accentuated by departure of experienced clinicians from the workforce.
- The <u>podcast</u> of the American Society of Anesthesiologists featured the past president of the World Federation of Societies of Anaesthesiologists. She reflected on her personal story, which inspired her to work in patient safety, as well as the role of anaesthesiologists in medication safety.
- A health service partnership in England created several podcasts around medication safety, including a podcast on medicines compliance aids and, from the patients' perspective, how people can become more involved in the effective and safe use of medications.

#### **Publications**

The Organisation for Economic Co-operation and Development (OECD), with the support of the Federal Ministry of Health of Germany, launched a report <u>The economics of medication safety: improving medication safety through collective, real-time learning</u>. The report provides (a) estimates on the impact of medication safety events in OECD Member States; (b) ideas on how to improve prescribing practices; (c) analysis of existing systems and policies for improving medication safety; and (d) recommendations for national-level medication safety improvement.

#### Public displays and social media frames

Public awareness-raising was conducted at a large scale in Malaysia and Oman though featuring WPSD and Medication Without Harm on billboards. Saudi Transport had all its road screens promoting WPSD.

Various types of WPSD social media frames highlighting the theme of WPSD 2022 were especially popular in India and Indonesia.

#### **Competitions**

A national competition was organized by the Ministry of Health in Sri Lanka to select the best medication safety practices carried out by public hospitals. Out of the 53 entries received, six had an opportunity to present their best practices at the national WPSD event. These six were praised and presented with awards.

The National Quality and Patient Safety Directorate of Ireland set up a national challenge whereby everyone who sent their certification for the Medication Without Harm online course by the end of September was included in a draw to win the Oxford professional practice: handbook of patient safety.

Poster and essay competitions were organized in India, Indonesia, Maldives, Mongolia, United Arab Emirates and Viet Nam. The Asian Society for Quality in Health Care set up an international e-poster competition on medication safety and received 84 posters. The Chinese Hospital Association held several medication safety-related competitions for hospitals in China. In Egypt, hospitals arranged competitions that tested the compliance and knowledge of health workers in various areas of patient safety. Hospital units also competed on compliance with patient safety practices, which were measured through an audit (Ireland and Pakistan). In addition, hospitals in Saudi Arabia set up competitions around medication safety.

Quizzes were used in health care facilities in Australia, Austria, Brazil, Egypt, England, Ireland, Malaysia, Pakistan, Saudi Arabia and Sudan. Similarly, in India a national-level patient safety quiz was organized by the Consortium of Accredited Healthcare Organizations.

In Thailand, the Healthcare Accreditation Institute held a technology innovation competition with four categories: Best of Care Award, Rising Star Award, Best of Change Award and Best of Collaboration Award.

Hospitals organized various competitions that required creativity, such as a medication safety drawing competition (Philippines, Saudi Arabia and Spain), photo competition (Mexico, Spain) and video competition (Mexico, Philippines). A hospital in the Islamic Republic of Iran awarded best patient safety poems and paintings as part of its local observation. Additionally, in Panama a hospital organized a competition on the most innovative patient safety education materials that included a category for murals. Hospitals organized TikTok video competitions in Peru and Saint Lucia. A hospital in the Philippines had a cheerleading and yells competition. Other innovative competitions organized in India included mimes, debates, rangoli, and skit.

A hospital in Saudi Arabia posed a question in its social media channels to the public on correct storage of medicines; by replying, someone could win an iPhone 14. The post received around 11 500 re-tweets.

#### Award ceremonies

At the Spanish national WPSD conference, hospitals and primary care providers were awarded for their medication safety improvement work. The Ministry of Health and Welfare in the Republic of Korea gave awards to 10 persons for their contributions to patient safety.

World Patient Safety Day was as an opportunity to recognize good patient safety initiatives and award teams and individuals who have brought about positive change in hospitals and health services (Canada, Colombia, Egypt, Finland, Islamic Republic of Iran, Maldives, Oman, Pakistan, Saudi Arabia, Sudan, United Arab Emirates). In some hospitals in Egypt and India, departments that were the most patient safety compliant were recognized. For example, the Best Medication Storage was awarded to a New Delhi-based hospital in India. A hospital in United Arab Emirates gave awards to the best performers in pharmacovigilance and antimicrobial stewardship.

Organizations also gave awards to initiatives that had contributed to medication safety or that had significantly improved their medication safety practices in the past one year (Denmark, Italy).

#### Initiatives promoting medication safety

The Ministry of Health in Sri Lanka launched the <u>National Plan on Medication Safety</u> on 17 September 2021, and has continued to implement the plan in alignment with WPSD 2022. In <u>Sudan</u>, during an

official visit, the Regional Director for the Eastern Mediterranean met with the Minister of Health and discussed the implementation of the National Medication Safety Action Plan.

In the United States, the Institute for Safe Medication Practice and Emergency Care Research Institute created a joint resource centre to share useful resources dedicated to the prevention of medication errors globally. The French National Authority for Health (Haute Autorité de Santé) created a WPSD web page to share information and resources on medication safety. Furthermore, the Oregon Patient Safety Commission shared tools and best practices for health workers, patients and families in the United States.

#### Patients and the public

Using the <u>5 Moments for Medication Safety</u> and other patient education materials, health care facilities engaged and empowered inpatients and people in waiting rooms by explaining how they can play an active role in medication safety – for example, how patients and family members can avoid medication errors, how to keep an up-to-date medication list, and how to use medication rationally and safely.

The governments of Australia, Finland, Ireland, New Zealand, Portugal and Spain promoted the use of medication lists. In New Zealand, the Health Quality and Safety Commission recommended download of the WHO MedSafe application. In alignment with WPSD, a national medication list was developed and launched in Luxembourg in the week of 17 September. During the Patient Safety Week, Luxembourg health facilities made special efforts to introduce the list to their patients, explaining how to complete it and keep it up to date. In Austria, the Austrian Network for Patient Safety also promoted the use of medication lists.

The 5 Moments for Medication Safety was translated into local languages in Finland (Finnish and Swedish), Japan (the leaflet in Japanese), Mongolia (Mongolian), Spain (Spanish, Catalan and another version in Catalan) and Switzerland (French, German, Italian). It was also recreated in Belgium (French), Colombia (in Spanish by a local hospital), Mexico (as social media tiles by the Secretary of Health of Mexico City and by a hospital in a poster), Portugal (Portuguese), Qatar (Arabic) and Russian Federation (Russian). In Switzerland the French version of the 5 questions to ask about your medications was also promoted to engage the patients. In Sri Lanka, trilingual video clips were developed to explain the 5 Moments. In Italy and Spain, instead of the 5 Moments, a document with 10 moments (in Italian, in Spanish) was created. The Ministry of Health of Ecuador produced videos to explain key moments for safe use of medications (1 and 2). Some hospitals (in Colombia and Mexico) also made videos where they explained the 5 Moments.

In India, a skit on 5 Moments for Medication Safety was performed in community settings to explain how patients, families and caregivers can play an active role in their own care to reduce medication-related harm. In Mongolia, the key messages on medication safety were showcased to the public through music, dance and drama by a local university. Hospitals in Chile and Estonia had social media campaigns to provide practical tips and information on safe and correct use of medication for patients. A hospital in China organized an event to deliver lectures to the general public on topics such as rational use of medicines for chronic diseases.

In Saudi Arabia, campaigns targeting patients and the public highlighted the importance of knowing the expiry date and appropriate storage of medicines in terms of temperature, exposure to sunlight and original packaging. The importance of patients knowing how to appropriately store their medicines was also highlighted in a public event in Namibia and in a social media campaign in Colombia.

In Slovenia, the public was advised by the Slovene Chamber of Pharmacy to be careful when buying medicines online as these might be counterfeit medicines that could cause harm. Several newspapers in Slovenia highlighted messages on medication safety in their WPSD news pieces.

The dangers of self-medication, and the use of prescription medicines without a prescription, were highlighted by governments, hospitals and institutes in Burundi, Cabo Verde, Ecuador, India, Mexico, Nigeria and Uganda. The local event organized by the Directorate of Health and Social Services in the Kavango West Region, Namibia, drew attention to the dangers of sharing medications and improper storage, particularly in the presence of children. In Zambia, the local event emphasized that medications should not be bought from undesignated places, such as on the streets.

In Czechia, the National Institute of Public Health, State Institute for Drug Control, Czech Pharmaceutical Chamber and Czech Chamber of Pharmaceutical Assistants jointly created a national campaign on inappropriate use of commonly used medicines. The orange campaign platform listed six examples of over-the-counter medicines that could cause harm when not used properly and explained the risks of each medication. As part of this initiative, nine videos (English subtitles are available) were created, where the risks of excessive or long-term use of paracetamol, ibuprofen and diclofenac, emergency contraception, nasal sprays, antacids and laxatives were explained by experts. The Ministry of Health of Czechia actively promoted the campaign on its social media platforms.

In Oman, health workers visited several schools to teach safe and rational use of medicines and organized a medication safety exhibition. In Argentina, around 400 pupils aged between 6 and 11 years attended medication safety lectures. In Uganda, the Community Health and Information Network organized educational events to raise awareness of medication safety through dance, arts, drama and music. A total of 237 guardians and teachers and more than 1600 children attended the activities. In India, students were taught about safe use of medicines, including ill effects of self-medication and dangers of inappropriate use of antibiotics.

In Nigeria, a WPSD commemoration event was organized for community elders to create a space where they could discuss their experiences and ask questions related to their medications. Medication safety-related games and quizzes were offered for patients and the public in Monaco around 17 September. In Belgium, a hospital created a multilingual website to guide people on how to use different medications correctly.

In Kuwait, the Quality and Accreditation Directorate at the Ministry of Health created <u>several medication safety-related videos and a social media campaign for the general public</u>. In Ireland, the government launched a Medication Without Harm <u>video</u> to raise public awareness of medication safety. The Patient Safety Authority in the <u>United States</u> made question-and-answer type videos to address <u>safe use of antibiotics</u> and <u>disposing unused medications</u>. The Korea Institute for Healthcare Accreditation created <u>an educational video</u> on correct dosing of medications for the general public.

Hospitals (Cambodia, Colombia, Finland, Kuwait, Qatar, Saudi Arabia, Switzerland) created videos to raise awareness of medication safety and to teach patients how to use their medications safely. For example, in Switzerland the University Hospital of Geneva <u>created a series of educational videos</u> (in French) to answer common questions that the general public might have on medications.

The General Council of Official Nursing Colleges of Spain created a video on safe use of medicines, including considerations for using high-risk medications (in Spanish).

The World Patients Alliance created an introduction to medication safety video in <u>English</u> and <u>Spanish</u> to educate patients on how they can reduce the risk of medication-related harm.

Our Patient Voices collected questions from patients related to safe use of medications, which were answered by pharmacists. The various topics included medication storage, medication use during breastfeeding, use of vitamins and supplements along with prescription medicines, and response to overdosing. The Farah Social Foundation, based in Lebanon, created <u>a video</u> for the general public to

make them more aware of the potential of medications to cause harm and the avoidance measures in this regard.

TikTok videos were used in Argentina, Ecuador, Indonesia, Ireland, Malaysia, Maldives, Mexico, Peru, Philippines, Spain, and United Kingdom to engage patients and the public about medication safety. The videos also provided education on safe medication practices and how health workers could reduce risk of medication errors.

#### **Health workers**

The General Council of Official Nursing Colleges of Spain published <u>an infographic</u> for nurses on how to handle toxic medicines safely, and how to reduce the risk of exposure to toxic substances. The infographic described which equipment was needed and provided guidance for preparation and administration, amongst additional recommendations.

Hospitals provided lectures and workshops on adverse drug events (Croatia), reduction of medication-related harm (Kuwait, Myanmar), look-alike, sound-alike medicines (Mexico, Spain) and risk of interruptions when managing medicines (Belgium). Between July and September, a hospital in Ghana organized a weekly medication safety education session for health workers. Multidisciplinary trainings on medication safety were provided in Sudan. In Uganda, two trainings were provided for health workers on promoting medication safety during prescribing and dispensing at primary care level.

A university in the Russian Federation held a dedicated session to make health care students more aware of the risks of errors and highlight that providing medical care should be safe for both the patient and for the health worker. In Argentina, a university held a meeting to discuss the integration of patient safety in the educational curriculum of health science students. Interactive sessions on medication safety were also conducted in Pakistan and Saudi Arabia for university students. Nursing students in Spain and Uruguay had lectures on prevention of medical errors and correct medication administration techniques through simulation.

In France, SRA Occitanie and the Regional and Territorial Organizations for the Improvement of Health Practices set up <u>a challenge</u> for health care facilities and health workers to report on adverse events. The objective was to enhance reporting and learning and to support the development of safety culture.

The Swedish Medical Products Agency and National Board of Health and Welfare in Sweden created a <u>video</u> targeting health workers to raise awareness on medication-related harm and to encourage health workers to KNOW. CHECK. ASK. In Côte d'Ivoire, the National Drug Regulatory Agency made a <u>video</u> to encourage the public and health professionals to report adverse drug events. The video provided information on pharmacovigilance and highlighted the principle of "first, do no harm".

#### **Medicines as products**

Patient groups (England), professional organizations (United Kingdom), hospitals (Colombia, England, Germany, Jordan, Pakistan, United States), Centres of Disease Control (Canada) and institutions (France) across the world highlighted the dangers of antimicrobial resistance (AMR). The World Dental Federation (FDI) created a <u>video</u> to highlight the important role dental teams play in the fight against antimicrobial resistance. The Department of Health in Ireland created a <u>video</u> to give prominence to antimicrobial stewardship as an important part of medication safety, and to remind that antibiotics should be prescribed and used in a way that they cause the least amount of harm.

SESARAM Patient Safety and Risk Management Commission in Portugal highlighted different aspects of medicines as products, including look-alike, sound-alike products, pharmacovigilance, antimicrobial resistance and adverse drug reaction reporting.

In Australia, the Chief Medical Officer of the Australian Commission on Safety and Quality in Health Care promoted rational, safe use of opioids and the need for stewardship in acute pain in a <u>video</u>.

In Brazil, the Brazilian Network for Nursing and Patient Safety held a webinar on preparedness for situations where patient safety would be at risk due to a local or national medication shortage.

In Kuwait, a hospital created practical instructions on the guidelines for expiration of medicines to increase awareness of patients and professionals.

The Ministry of Health and Population in the Congo dedicated a special session in its event to discuss measures taken against counterfeit medicines in the country. The Ministry of Health of Burundi highlighted in its press release the priority of fighting against substandard and falsified medicines through regulatory action and ensuring everyone had access to safe, effective, quality medicines.

The General Pharmaceutical Council of Spain focused its campaign on preventing falsified medicines entering the legal supply chain and highlighting the role of pharmacists at different levels of the supply chain, namely industry, wholesale distribution and dispensing (hospital and community pharmacies). The University of Panama raised awareness of the fight against falsified medicines. Fight the Fakes Alliance spoke at the "Making medicines safe and reliable for all" webinar and highlighted the commitment and collaboration of all stakeholders in addressing substandard and falsified medicines.

A health care facility in the United States had a poster made in collaboration with pharmacists and clinical dietitians to raise awareness on food—drug interactions. The poster highlighted which types of food might have an interaction with commonly used medicines. Food—drug interactions were also highlighted in exhibitions (India, Oman) and during lectures (Oman). A government agency in Mexico raised awareness on social media of how medicines might interact with alcohol, food and other medicines.

In Sweden, the WHO Collaborating Centre for International Drug Monitoring promoted <u>identification</u> <u>of medicinal products (IDMP) standards</u> to improve the safe use of medication.

#### Systems and practices of medication

In Spain, the Ministry of Health, Consumer Affairs and Social Welfare together with its partners collected best practices for medication safety from the field and summarized them in a <u>report</u> to encourage wider learning.

The number of "rights" of medication administration that hospitals and entities endorsed was most commonly 10; however, the number varied between countries and facilities from five up to 15. The 15 "rights" that were promoted in Colombia took into consideration elements such as hand hygiene and patient and family engagement. Hospitals and health workers promoted the "rights" in creative ways, for example through a social media video (Chile), street play (India), a large photo opportunity backdrop wall (Viet Nam) and creation of TikTok videos (Indonesia, Philippines). There was even a competition on the knowledge of the "rights of medication administration" with an air fryer as the main prize in Colombia. A hospital in Argentina made a video on safe administration of medicines. A hospital in England created pocket-sized cards on the "rights" of medication administration.

A "No distraction" campaign was launched in Spain that aimed to reduce disruptions to nursing staff while preparing or administering medicines. Actions that were implemented included warning vests and posters that reminded people not to distract the nurse while handling medicines. A similar campaign was also carried out in China, where a nursing department distributed orange vests with a "Do not disturb during administration" message and displayed awareness-raising posters at the nursing stations. Nurses also received an educational letter to engage them in safe medication practices. The Danish Society for Patient Safety highlighted on its social media a special housing facility

that had managed to eliminate serious medication errors by defining the roles of health workers clearly.

In Saudi Arabia, a hospital organized a lecture titled "Essential safety requirements" that focused on the standards of medication management.

Safe prescribing, dispensing and administration were highlighted in trainings and webinars at all levels across the world. For example, a training at an NHS hospital in Scotland pointed out how certain medicines increased the risk of falls, which needed to be taken into consideration when prescribing. In India, a hospital group held lectures on safe procurement of medicines.

#### Polypharmacy, high-risk situations and transitions of care

The Australian Commission on Safety and Quality in Health Care gave a national call for <u>posters</u> that highlighted the three key priority areas of the third WHO Global Patient Safety Challenge: *Medication Without Harm*.

Action on the three key action areas of Medication Without Harm varied across the world. Some examples included the following.

- Polypharmacy was given prominence through a blog and dedicated meetings in the United Kingdom. In Japan, several hospitals focused on polypharmacy through disseminating handouts to patients and organizing a workshop on polypharmacy. The Australian Commission on Safety and Quality in Health Care produced a video bringing attention to inappropriate polypharmacy. In Poland, a TV episode focused on polypharmacy. BC (British Columbia) Patient Safety and Quality Council showed how storytelling had been used as a tool to raise awareness on polypharmacy among indigenous elders in Canada.
- High-risk situations were pointed out in Spain by a video showcasing the top 10 medication errors with major risks based on data from the Institute for Safe Medication Practices Spain. Some events and lectures highlighted specific high-risk/high-alert medications, such as insulin (Japan, Lebanon, Northern Ireland) and chemotherapy agents (Brazil, India, Italy). Patient Safety Learning elaborated on the safety concerns of insulin in its blog. In the Philippines, a forum on medication safety in high-risk areas was attended by hospital staff, students and faculty. In addition, workshops and symposiums (India, Italy, Maldives) focused on medication safety among older persons. The WHO Collaborating Centre for Strengthening Pharmacovigilance Practices, based in Morocco, provided a presentation on addressing high-risk/high-alert medications. A hospital in New Zealand focused its WPSD activities on highlighting independent double-checking. In Scotland, the local NHS Drug and Therapeutics Committee posted a blog on safe prescribing of direct oral anticoagulants. In Ireland, a hospital pharmacy disseminated a credit card-sized oral anticoagulant dosing guide among health workers.
- Transitions of care was highlighted through events and talks in Ghana, India, Ireland, Italy and Spain. In Italy, an award ceremony recognized selected hospitals for their work in transitions of care in the past one year, including use of multimodal approaches in transitions and use of medication reconciliation processes. Webinars on transitions of care were organized, for example by Saudi Patient Safety Centre and Patient Academy for Innovation and Research.

#### Initiatives addressing other areas of patient safety

#### International Patient Safety Goals and use of other standards and indicators

Many hospitals adopted the six International Patient Safety Goals, developed by Joint Commission International, as a framework to address different areas of patient safety, to train their staff and to design their exhibition areas. Hospitals in Pakistan produced a video series where health workers created realistic scenarios that showed how harm can be avoided by following Goal 1: Identify patients

correctly, Goal 2: Improve effective communication, Goal 3: Improve the safety of high-alert medications, Goal 4: Ensure safe surgery, Goal 5: Reduce the risk of health care-associated infections, and Goal 6: Reduce the risk of patient harm resulting from falls (the videos are in Urdu). A hospital in India produced similar videos related to the International Patient Safety Goals.

Through lectures and workshops, several hospitals in the Eastern Mediterranean Region focused on promoting patient safety standards (Egypt, Sudan) and indicators (Egypt). A Norwegian hospital observed WPSD with a focus on patient safety measurement and indicators.

#### Safety culture and health worker safety

A hospital in Sweden highlighted in its WPSD celebration that safety culture is one of the most crucial elements in making health care safer. They emphasized that only if errors and adverse events are reported can learning happen and can harm be prevented.

The Saudi Patient Safety Center in collaboration with a Saudi hospital organized an event with several activities, including lectures that promoted building of a just culture and creation of a national platform for reporting adverse drug events.

The need for safety culture was also emphasized in Egypt, El Salvador, Kuwait, and Qatar. A hospital in Belgium utilized 17 September as an opportunity to emphasize the importance of reporting medication errors and near misses to its hospital staff. Healthcare Excellence Canada focused its WPSD celebration on promoting safety culture and organized a webinar Safe-to-say: learning from patient safety incidents to create safer care for everyone involved. Healthcare Excellence Canada and Patients for Patient Safety Canada also organized a Canadian Patient Safety Week with the theme "Press play on safety conversations" and disseminated educational materials for health workers, patients and caregivers.

Patient safety culture was also highlighted by the German Coalition for Patient Safety in its press conference. The Japan International Cooperation Agency, Uganda Office, promoted the ongoing work that is being done in collaboration with the Ministry of Health of Uganda to enhance safety culture in Uganda.

It was underlined by professional associations and civil society that reaching Medication Without Harm may be unattainable until the work environment and the work conditions, including staff shortages, are improved. Just culture and the linkages to improper working environment and staff shortages were also highlighted in Ireland and the United Kingdom. Action against Medical Accidents and Doctors' Association UK and the International Council of Nurses issued statements on how errors should be managed in a genuine "just culture".

In the Philippines, a hospital highlighted the importance of cultivating safety in all aspects of practice – in other words, providing safe care for patients while also providing a physically and psychologically safe environment for staff. The Singapore Psychological Society created a social media post to enhance the mindfulness of health workers of the risks of medication errors as well as the risks of burnout. Health care facilities in Austria raised awareness of the second-victim phenomenon among health workers.

#### Infection prevention and control

The importance of hand hygiene was emphasized by hospitals in Austria, Brazil, Colombia, Ecuador, Egypt, El Salvador, Germany and Malaysia. Hand hygiene was highlighted in Hungary at the national event, including emphasis that wearing gloves should not be seen as a substitute for good hand hygiene practices. Proper hand hygiene was demonstrated to patients in several health facilities across the world, for example in Mexico. Mercy Ships highlighted the pivotal role of infection and prevention

experts in safe care in its social media campaign. *La Gazette de l'Infectiologie* published <u>an article</u> (in French) on WPSD, highlighting the importance of reducing health care-associated infections.

Hospital staff posed with hand hygiene photo frames in several countries, including Colombia, Ecuador, Mexico and Sudan. TikTok videos from Colombia and Ecuador highlighted the correct hand hygiene techniques.

#### Safe and respectful childbirth

Nongovernmental organizations in Somalia and Madagascar showed how timely access to safe and quality obstetric care can prevent obstetric fistulas. A Colombian hospital carried out a local campaign that focused on safe practices during pregnancy, childbirth and postpartum. A hospital in Spain organized an awareness campaign to engage and involve parents in providing safe care to their newborns.

The Division of Reproductive Health of the United States Centers for Disease Control and Prevention produced a WPSD <u>video</u> to advocate safe, respective childbirth in more at-risk populations. The International Confederation of Midwives launched a social campaign that called for demedicalization of childbirth. Its campaign highlighted that medication administration should be based on informed consent, whereby the person giving birth is also given choices.

The International Federation of Gynecology and Obstetrics (FIGO) launched a campaign focused on medication safety for the prevention and treatment of postpartum haemorrhage. The campaign included a <u>video</u>.

The Partnership for Maternal, Newborn and Child Health advocated safe and respectful care for women, children and adolescents in every care setting. They also created <u>a list of resources</u> across organizations that are useful in supporting safe and respectful maternity care.

#### Addressing the weaknesses in the systems and practices at hospital level

A hospital in Egypt utilized the opportunity of WPSD 2022 to initiate concrete action on preventing pressure ulcers, a major source of patient harm in hospital settings, particularly in the intensive care unit. Pressure ulcers were also identified as a problem in a hospital in Spain and was incorporated as a topic in a workshop organized to observe WPSD.

Two hospitals in Comoros took WPSD as an opportunity to set up meetings with senior staff to look into ways of making their services safer, focusing especially on standardization of procedures. One of the concrete actions taken was the implementation of emergency medicine carts in paediatric departments.

On 17 September, the Minister of Health in Mauritius launched a health service <u>decentralization</u> <u>initiative</u> to improve access to care. The initiative aimed to decongest the waiting times at regional hospitals and improve access to specialist care.

#### Role of technology in advancing patient safety

Several hospitals in Austria organized events related to patients' data protection and cybersecurity as part of patient safety. Patient safety experts in Türkiye highlighted how medical data protection was an area that should not be ignored, and that required adequate investment.

The Australian Digital Health Agency discussed the impact of electronic health records on improving medication safety outcomes. The New South Wales Government in Australia created a video to describe the benefits of its e-prescription system.

The <u>September editorial</u> of *Nature* called for wider societal discussion on patient safety in the context of artificial intelligence and other medical innovations.

#### Oaths and pledges

Patient safety oaths were especially popular in India. A national campaign to pledge for medication safety was taken up by almost 70 000 people in India. Oaths were also used as part of WPSD campaigns in Indonesia and the Philippines. WPSD pledges were used in Belgium, Kuwait, Lebanon, Nigeria, Philippines, Saudi Arabia, Sri Lanka, Sudan and United Kingdom. Handwritten pledges were utilized in Colombia, Malaysia, and Mexico. The Health Care Accreditation Council urged national health care leaders to take a pledge on how they will make health care safer in Jordan.

#### Free medical consultations

The national WPSD commemoration in Timor-Leste included a free medical camp that provided eye tests and blood group identification. Several hospitals in China set up free clinics for patients to have their medications reviewed, to receive guidance and to have their blood pressure checked. A hospital in Myanmar offered a free medication review and medication counselling service at its WPSD event. Nursing students measured patients' blood pressure and pharmacy students offered advice on safe use of medication at the national public event in Mongolia.

Participants of the event "Engaging patient, family and community to promote medication safety" in Uganda had an opportunity to receive different public health interventions and treatment support free of charge, including COVID-19 vaccination, testing (blood glucose, blood pressure, HIV, malaria), cancer screening, eye check-ups and mental health support.

Together with its partners, the Italian Network for Safety in Healthcare encouraged all health care facilities (including community pharmacies) in Italy to offer free medication reviews on 17 September.

#### Creative celebrations

Medication safety booths in health care facilities organized fun games linked to medication safety, such as board games (Brazil, Malaysia and Mexico), games related to knowing the brand and generic names of medicines (Germany, India), a memory game (Germany), roulette (Brazil) and trivia (United States). In Austria, several health care facilities created a "room of horrors", which was a simulation room that included a large number of potential medication errors. The errors were incorporated in the scenario with different levels of risk. The objective was to enhance critical thinking and situational awareness and promote interprofessional cooperation. A similar activity was carried out in other countries (Germany, India and Philippines). A hospital organized an escape room to help the health workers revise medication safety practices (Luxembourg and Monaco).

A hospital in Malaysia organized a Zumba event as part of its combined WPSD and World Pharmacist Day celebration.

In Bhutan, patient organizations <u>added World Patient Safety Day stamps on wind horse flags</u> to pray that patients remain free from medication errors, and to wish health workers well.

Hospital staff held dance performances in India, Indonesia and Malaysia. Health workers made dance videos on TikTok in Ecuador, Malaysia and South Africa. Flash mobs were organized in India and Malaysia.

World Patient Safety Day inspired people to create and share their arts in social media, for example, mandala art and art with garden flowers. In Denmark a cartoon artist, who draws about the life of a nurse, created a series of medication safety-related cartoons for 17 September. The International

Alliance of Patients' Organizations launched a campaign where <u>cartoons</u> were also used to raise awareness in a fun way.

In the last four years, baked goods that are orange in colour or promote WPSD have become a tradition. In the 2022 edition, creative baked goods included the following.

- Cupcakes and muffins: in some countries cupcakes were decorated with little warning signs (Malaysia), pills and capsules made of fondant (England), or patient safety logos (Saudi Arabia).
- Cakes: these included carrot cake (Switzerland), cake with capsules (Kenya), cake with a Medication Without Harm capsule map (International Alliance of Patients' Organizations), cakes with the WPSD logo (Brazil, Denmark, Islamic Republic of Iran, Saudi Arabia) and 5 Moments for Medication Safety cake (United Arab Emirates).

#### Media coverage

#### Conventional media coverage

World Patient Safety Day messages were published in newspapers, journals and magazines in at least 55 countries. *UN News* launched a news piece of the WPSD celebrations in Egypt in an <u>audio format</u> (in Arabic).

During the week of WPSD, local news in Zimbabwe published <u>an article</u> explaining adverse drug event reporting, causality assessment and why assessing each report individually is important. The article also called upon patients and the public to report adverse drug events.

<u>A news piece</u> from Panama included an interview of the WHO patient safety and quality focal point in the Pan American Health Organization; and the global virtual event organized by WHO headquarters was reported by <u>Health Policy Watch</u>.

An <u>article</u> in *Forbes* elaborated on how health care systems can and must do better when taking care of patients. This can happen through patient empowerment as to err is human, but the lessons need to be learned.

The *Economic Times* of India published an article and produced a <u>video</u> to raise awareness on rational, safe use of medicines, especially over-the-counter painkillers.

Professional societies and nongovernmental organizations featured WPSD in their newsletters and journals and launched special editions, for example in Australia, Canada and Japan.

WPSD was featured in TV news in Botswana, Colombia, India, Islamic Republic of Iran, Kuwait, Monaco, Mongolia, Nigeria, Oman, Pakistan, Poland and Uganda. It was also discussed in talk shows and morning shows in Ethiopia, Mauritius, Namibia, Nigeria, Oman, Pakistan, Uganda and United States. In Nigeria the day received the attention of the media and was discussed by different TV channels over a period of several days. Some examples of these are an interview of a patient safety and rights advocate and a public health physician talking about how patients can avoid medication-related harm.

Patient safety was promoted and the slogan "Medication Without Harm" was discussed on radio in Brazil, Chile, Ecuador, India, Mauritius, Panama, Peru, Philippines, Spain, Uganda, and Uruguay. A Beninese expert explained briefly for <u>Radio Afrique Santé</u> some of the strategies that can prevent vaccination errors.

#### Social media coverage

World Patient Safety Day had a great deal of social media presence, especially in India, where #WorldPatientSafetyDay was at some point on 17 September the third most popular hashtag. Governments and prominent persons highlighted the day in social media.

- The Minister of Health and Family Welfare, <u>Dr Mansukh Mandaviya</u>, and several politicians in <u>India</u> tweeted about the day.
- The Director-General of Health, Malaysia, Dr Noor Hisham Abdullah, expressed his support for WPSD through his personal <u>social media</u> accounts by posting about lighting up monuments in orange and sharing <u>collages of the illuminated monuments</u>.
- The Swiss Minister of Health, Alain Berset, <u>tweeted</u> in support of WPSD and announced the upcoming Global Patient Safety Ministerial Summit that will be held in Montreux in February 2023.
- The Chief Medical Officer for Luxembourg, Dr Jean-Claude Schmit, promoted WPSD in different social media platforms.
- The Executive Director of the European Medicines Agency, Emer Cooke, promoted WPSD on LinkedIn.
- The Aged Care Commissioner of New Zealand, Carolyn Cooper, gave a <u>statement</u> calling on all stakeholders to pay special attention to medication safety in elderly populations.
- Chiquita Brooks-LaSure, Administrator for the Centers for Medicare and Medicaid Services in the <u>United States</u>, <u>tweeted</u> about the day.

National and subnational ministries of health and governments, including social security and medicine agencies, promoted the day on social media in <u>Australia</u>, <u>Bahrain</u>, <u>Barbados</u>, <u>Botswana</u>, <u>Burundi</u>, Brunei Darussalam, <u>Bolivia</u> (<u>Plurinational State of</u>), <u>Botswana</u>, <u>Chile</u>, <u>Colombia</u>, <u>Côte d'Ivoire</u>, <u>Czechia</u>, <u>Denmark</u>, <u>Dominican Republic</u>, <u>Ecuador</u>, <u>Estonia</u>, <u>Ethiopia</u>, <u>Fiji</u>, <u>Finland</u>, <u>Germany</u>, <u>Honduras</u>, <u>Indonesia</u>, <u>Iraq</u>, <u>Ireland</u>, <u>Kuwait</u>, <u>Luxembourg</u>, <u>Maldives</u>, <u>Mexico</u>, <u>Monaco</u>, <u>New Zealand</u>, <u>Oman</u>, <u>Paraguay</u>, <u>Peru</u>, <u>Portugal</u>, <u>Qatar</u>, <u>South Africa</u>, <u>Somalia</u>, <u>Spain</u>, <u>Sweden</u>, <u>Switzerland</u>, <u>Togo</u>, <u>Uganda</u>, <u>Uruguay</u>, Zambia and Zimbabwe.

Ministers of health urged action on medication safety and cultivation of Know.Check.Ask. (<u>Indonesia</u>), and expressed their support for the campaign (<u>Northern Ireland</u>).

<u>Joint Commission International</u> and various regional (Africa), national and local accreditation entities in Egypt, India, Jordan, Kazakhstan, Nigeria, Republic of Korea, Thailand and Tunisia joined the global celebrations. The <u>Office of Health Standards Compliance</u> in South Africa used the opportunity to highlight the importance of compliance with national norms and standards. A regional pharmaceutical inspection entity in <u>Brazil</u> also promoted the day.

The United Nations posted about WPSD in several languages. The International Atomic Energy Agency, International Organization for Migration Country Office in Ecuador, United Nations Children's Fund in South Sudan and United Nations Population Fund East and Southern Africa raised awareness in social media. The United Nations Office for Project Services Somalia promoted the ongoing work to build the first national blood bank in Somalia. Along with United Nations organizations, many international organizations, including EngenderHealth, European Cancer Organisation, European Medicines Agency, International Pediatric Association, International Society on Thrombosis and Haemostasis, Médecins Sans Frontières, Management Sciences for Health, Thalassaemia International Federation and World Federation of Societies of Anaesthesiologists, joined the campaign by featuring information on their websites and raising awareness through social media. Development agencies such as the African Union Development Agency – New Partnership for Africa's Development (NEPAD) and the United States Agency for International Development (USAID) were also active in social media.

International not-for-profit organizations posted on social media at national level, including Cochrane (New Zealand), Médecins Sans Frontières (Germany), WaterAid (West Africa, United States), and Red Cross (Colombia, Ecuador and Germany). In several countries patient organizations launched social media campaigns on medication safety or promoted WPSD on their websites (Bosnia and Herzegovina, England, Germany, Greece, Ireland, Israel, North Macedonia, Singapore). For example, in Algeria, the patient organization shared several posts on what pharmacovigilance is and how patients can report adverse drug events. The Consumers' Union of Finland raised awareness about consumers' rights to be protected when interacting with health care. The European Consumer Organisation highlighted the risk to patient safety caused by inaccessibility to medicines.

Academic institutions (Argentina), not-for-profit organizations (Dominican Republic, France, Honduras, Mexico and Spain), public health institutes (Belarus, France, Italy, Mexico, Peru, Serbia, Singapore, Tunisia) and civil societies linked to empowering citizens, human rights, right for care and patient law (Brazil, Cameroon, Democratic Republic of the Congo, Rwanda) promoted WPSD on their websites and social media. The Health Development Initiative organized a social media campaign in Rwanda, which raised awareness on patient safety and dignity in health care as a legal right. The campaign had several social media influencers involved.

Professional associations representing medical doctors and surgeons actively promoted WPSD through various media platforms in Chile, Costa Rica, Finland, Greece, Kenya, Maldives, Nigeria, Philippines, Oman and Scotland. For example, the European Junior Doctors Association organized a WPSD webinar, and anaesthesiology organizations in Colombia, Costa Rica and Zambia raised awareness on patient safety and medication safety through social media posts. A hospital in China focused its online communication to showcase medication safety practices they have in place in anaesthesiology and how they have been able to reduce risk of medication errors.

Nursing and midwifery associations (Australia, Finland, Lebanon, Türkiye, United Kingdom) also expressed their support. The Spanish Association of Nursing in Otorhinolaryngology and Head and Neck provided technical recommendations on social media that nurses might need to provide safe care in areas of their work, for example <u>removing ear wax</u> and use of <u>tracheal cannula</u>.

National pharmacy associations (Algeria, Australia, Brazil, Chile, Colombia, Estonia, Ghana, Indonesia, Kenya, South Africa, Spain, Uganda, United Kingdom, United States), communities for sharing pharmacy information (Benin, Nepal) and individual community pharmacies (Cambodia, Finland, Nigeria, North Macedonia, United Arab Emirates) amplified WPSD messages. Hospital pharmacies in central Norway raised awareness on medication-related harm. Umbrella organizations for national pharmaceutical industry also spread messages on the call to action KNOW.CHECK.ASK. (Australia, Finland, Germany, India, Sweden, Uruguay). Different pharmaceutical companies raised awareness on medication safety through national and international campaigns.

Health services, clinics, hospitals (Bahrain, Barbados, Belarus, Brunei Darussalam, Croatia, Cuba, Finland, Germany, Greece, Honduras, India, Indonesia, Kazakhstan, Lebanon, Libya, Myanmar, Poland, Romania, Rwanda, Slovakia, Slovenia, Somalia, Sri Lanka, Sweden, Thailand, Tunisia, Türkiye, United Arab Emirates, United States) and laboratories (Albania, Canada, Germany, North Macedonia, Sri Lanka) made social media posts to support the day. A hospital in Bosnia and Herzegovina showcased people who take care of the equipment to ensure the provision of safe care. Different health insurance providers in Germany also raised awareness on patient safety and organized events. Mutuelle Générale des Postes et Télécommunications, health insurance provider in Morocco, promoted WPSD. Dentistry clinics (Croatia, England, Finland, India, Italy, Qatar, United States) joined the celebrations through social media. Several TikTok videos in Peru highlighted the importance of timely visits to dentists and avoidance of unnecessary use of medications such as antimicrobials. Several other types of health care facilities joined the global call on social media, including eye clinics, assisted living

providers, rehabilitation centres, chiropractors, osteopaths, traditional medicine providers, homeopathy providers, dietitians, physiotherapists and blood donation centres. Entities involved in hospital maintenance and housekeeping created posts on proper cleaning, best laundry practices and overall maintenance (Finland and Italy). Training and simulation entities participated in observing 17 September on social media as well. The word even reached a veterinary clinic in the United States, where 17 September was used to showcase how themes such as safety culture and reporting and learning applied also to animals. Fire and emergency rescue services, including ambulance services, used social media in England, Finland, France and United States to communicate about the importance of the day and what patients can do.

#### **Mottos and slogans**

- "Aim to be a master of medicine", by Yokohama City University Hospital and Yokohama City University General Medical Centre, Japan
- "Identifying patients is everyone's responsibility", by Hospital Universitario Germans Trias i Pujol, Spain
- Stand strong for patient safety: safe medication" was widely used in Germany
- "Lights on for patient safety: let's set an example", by some of the hospitals within the Austrian Coalition for Patient Safety)
- "Medication in safe hands" was the national slogan for Finland
- "Act for safe care" was amplified in Sweden

# **Countries that observed World Patient Safety Day 2022**

There were at least 136 WHO Member States that observed WPSD 2022, as listed below.

African Region 27/47

Algeria Benin Botswana Burundi

Cabo Verde Cameroon Comoros Congo

Côte d'Ivoire

Democratic Republic of the Congo

Ethiopia
Ghana
Kenya
Madagascar
Malawi
Mauritius
Mozambique
Namibia
Nigeria
Rwanda

Senegal South Africa Togo Uganda

United Republic of Tanzania

Zambia Zimbabwe

Region of the Americas (26/35)

Argentina Barbados

Bolivia (Plurinational State of)

Brazil Canada Chile Colombia Costa Rica Cuba

**Dominican Republic** 

Ecuador El Salvador Guyana Haiti Honduras Jamaica Mexico Nicaragua Panama Paraguay Peru Saint Lucia

Trinidad and Tobago United States of America

Uruguay

Venezuela (Bolivarian Republic

of)

South-East Asia Region (10/11)

Bangladesh Bhutan India Indonesia Maldives Myanmar Nepal Sri Lanka Thailand

Timor-Leste

**European Region (40/53)** 

Albania Austria Belarus Belgium Bosnia and Herzegovina

Bulgaria

Croatia Cyprus Czechia Denmark

Estonia Finland France Germany Greece

Hungary
Iceland
Israel
Italy
Kazakhstan
Latvia
Lithuania
Luxembourg
Malta

Netherlands (Kingdom of the)

North Macedonia

Norway Poland Portugal Romania

**Russian Federation** 

Serbia Slovakia Slovenia Spain Sweden Switzerland

Türkiye United Kingdom of Great

Britain and Northern Ireland

Eastern Mediterranean

Region (20/22)

Afghanistan Bahrain Egypt Iraq

Islamic Republic of Iran

Jordan Kuwait Lebanon Libya Morocco Oman Pakistan Qatar Saudi Arabia Somalia

Sudan Syrian Arab Republic

Tunisia

**United Arab Emirates** 

Yemen

**Western Pacific Region** 

(13/27)
Australia
Brunei
Cambodia
China
Fiji
Japan
Malaysia
Mongolia
New Zealand
Philippines

Republic of Korea Singapore Viet Nam

## Key stakeholders and partners

#### **Academic institutions**

- 1. Ain Shams University, Egypt
- 2. Al-Azhar University, Egypt
- 3. Alexandria University, Egypt
- 4. Almaarefa University, Saudi Arabia
- 5. Ariadne Labs, United States of America
- 6. Australian Institute of Health Innovation, Australia
- 7. B K Roy Research Centre, India
- 8. Batterjee Medical College, Saudi Arabia
- 9. Cairo University, Egypt
- 10. Care College of Pharmacy, India
- 11. Center for Patient Safety Research, Indonesia
- 12. Université de Sherbrooke, Canada
- 13. Far Eastern University Dr Nicanor Reyes Medical Foundation, Philippines
- 14. Fatima Jinnah Medical University, Pakistan
- 15. Government Medical College Omandurar Government Estate, India
- 16. Hamdard Institute of Medical Science and Research, India
- 17. Hannover Medical School, Germany
- 18. Health Education and Improvement Wales, United Kingdom of Great Britain and Northern Ireland
- 19. Health Services Academy, Pakistan
- 20. I.M. Sechenov First Moscow State Medical University, Russian Federation
- 21. Imperial College London, United Kingdom of Great Britain and Northern Ireland
- 22. Institute for Health Transformation, Australia
- 23. Institute of Pharmaceutical Sciences, Bhaddal Ropar, India
- 24. Institute of Public Health, Serbia
- 25. Istituto Superiore di Sanità, Italy
- 26. Kamuzu University of Health Sciences, Malawi
- 27. King George's Medical University, India
- 28. Lady Hardinge Medical College, India
- 29. Madras Christian College, India
- 30. Malla Reddy Institute of Pharmaceutical Science, India
- 31. Medical Teaching Institution Swabi, Pakistan
- 32. MedStar Institute for Quality and Safety, United States of America
- 33. Mexican Academy of Surgery, Mexico
- 34. Mongolian National University of Medical Sciences, Mongolia
- 35. National Cancer Institute (All India Institute of Medical Sciences, New Delhi), India
- 36. National Cancer Institute, Mexico
- 37. National Health Innovation Centre, Viet Nam
- 38. National Institute of Mental Health and Neurosciences, India
- 39. National Institute of Nutrition and Food Technology, Tunisia
- 40. National Mental Health Institute. Peru
- 41. National School of Public Health, Brazil
- 42. Nirmala College of Pharmacy, India
- 43. NRI Academy of Medical Sciences, India

- 44. Nursing School of St José de Cluny, Portugal
- 45. Omar Al-Mukhtar University, Libya
- 46. Pushpawati Singhania Hospital and Research Institute, India
- 47. Qatar University, Qatar
- 48. Rai Medical College Sargodha, Pakistan
- 49. Réseau de Prévention des Infections associées aux Soins, France
- 50. Riphah Institute of Healthcare Improvement and Safety, Pakistan
- 51. Russian Medical Academy of Continuous Professional Education, Russian Federation
- 52. Sagar Institute of Research and Technology, India
- 53. Santa Paula University, Costa Rica
- 54. Semmelweis University, Hungary
- 55. St. Peter's Institute of Pharmaceutical Sciences, India
- 56. Takasaki University of Health and Welfare, Japan
- 57. Universidad del Salvador, Argentina
- 58. Universidad ISALUD, Argentina
- 59. University of Almeria, Spain
- 60. University Medical Center of the Johannes Gutenberg University Mainz, Germany
- 61. University of Bradford, United Kingdom of Great Britain and Northern Ireland
- 62. University of Los Andes, Bolivarian Republic of Venezuela
- 63. University of Madeira, Portugal
- 64. University of Malta, Malta
- 65. University of Panama, Panama
- 66. University of Pretoria, South Africa
- 67. University of Reading, United Kingdom of Great Britain and Northern Ireland
- 68. University of the Philippines Manila, Philippines
- 69. University of the Republic, Uruguay
- 70. Vardhman Mahavir Medical College and Safdarjung Hospital, India
- 71. Yeditepe Üniversitesi Hastaneleri, Türkiye

#### **Accreditation agencies**

- 72. Accreditation Center for Quality in Healthcare, Kazakhstan
- 73. Africa Institute of Healthcare Quality Safety and Accreditation
- 74. Consortium of Accredited Healthcare Organizations, India
- 75. Council for Health Service Accreditation of Southern Africa
- 76. General Authority for Healthcare Accreditation and Regulation, Egypt
- 77. Health Care Accreditation Council, Jordan
- 78. Healthcare Accreditation Institute, Thailand
- 79. Health Facility Monitoring and Accreditation Agency, Nigeria
- 80. Joint Commission International
- 81. Instance Nationale de l'Evaluation et de l'Accréditation en Santé, Tunisia
- 82. Japan Council for Quality Health Care, Japan
- 83. Korea Institute for Healthcare Accreditation, Republic of Korea
- 84. Quality and Accreditation Institute, India
- 85. Quality Council of India, India

#### **Associations of Pharmaceutical Industry**

- 86. German Association of Research-based Pharmaceutical Companies, Germany
- 87. Läkemedelsindustriföreningen, Sweden
- 88. Medicines Australia, Australia
- 89. Chamber of Pharmaceutical and Related Specialties, Uruguay
- 90. Organisation of Pharmaceutical Producers of India, India
- 91. Pharma Industry Finland, Finland

#### **Governmental agencies**

- 92. Antibiotic Wise, Canada
- 93. Australian Commission on Safety and Quality in Health Care, Australia
- 94. Australian Digital Health Agency, Australia
- 95. Authorité Ivorienne de Regulation Pharmaceutique, Côte d'Ivoire
- 96. Center for Health Development, Mongolia
- 97. Center for the State Control of Medicines, Equipment and Medical Devices, Cuba
- 98. Centers for Disease Control and Prevention, United States
- 99. Centre for Disease Prevention and Control. Latvia
- 100. Costa Rican Social Security Fund, Costa Rica
- 101. Danish Medicines Agency, Denmark
- 102. Danish Patient Safety Authority, Denmark
- 103. Drug Regulatory Authority, Tunisia
- 104. Drug Regulatory Authority of Pakistan, Pakistan
- 105. Egyptian Drug Authority, Egypt
- 106. Estonian Health Insurance, Estonia
- 107. FSBI "National Institute of Quality" of Roszdravnadzor, Russian Federation
- 108. Federal Institute for Drugs and Medical Devices, Germany
- 109. Federal Service for Supervision of Healthcare, Russian Federation
- 110. Fédération des Organismes Régionaux et territoriaux pour l'Amélioration des Pratiques en santé, France
- 111. Finnish Medicines Agency, Finland
- 112. Gajraj Corps, Indian Army, India
- 113. Ghana Health Service, Ghana
- 114. Haute Autorité de Santé, France
- 115. Health and Disability Commissioner, New Zealand
- 116. Health Information and Quality Authority, Ireland
- 117. Health Quality and Safety Commission, New Zealand
- 118. Health Service Executive, Ireland
- 119. Healthcare Safety Investigation Branch, United Kingdom of Great Britain and Northern Ireland
- 120. Indian Council of Medical Research Centre for Ageing and Mental Health, India
- 121. Indian Navy, India
- 122. Infarmed, Portugal
- 123. Institut Català de la Salut a les Terres de l'Ebre, Spain
- 124. Instituto de Previsión Social, Paraguay
- 125. Instituto de Seguridad Social del Estado de México y Municipios (ISSEMYM), Mexico
- 126. Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado (ISSSTE), Mexico
- 127. Japan International Cooperation Agency (JICA) Uganda Office, Uganda

- 128. Medicines Control Authority of Zimbabwe, Zimbabwe
- 129. National Agency for Food and Drug Administration and Control, Nigeria
- 130. National Board of Health and Welfare, Sweden
- 131. National Center for Disease Control, Libya
- 132. National Drug Authority, Uganda
- 133. National Health Systems Resource Centre, India
- 134. National Institute of Public Health, Czechia
- 135. National Medical Arbitration Commission, Mexico
- 136. National Quality and Patient Safety Directorate, Ireland
- 137. National Supervisory Authority for Welfare and Health, Finland
- 138. National Treasury Management Agency, Ireland
- 139. Nigeria Centre for Disease Control, Nigeria
- 140. Norwegian Directorate of Health, Norway
- 141. Office for Registration of Medicinal Products, Medical Devices and Biocidal Products, Poland
- 142. Office of Health Standards Compliance, South Africa
- 143. Oregon Patient Safety Commission, United States of America
- 144. Patient Safety Authority, United States of America
- 145. Punjab Health Care Commission, Pakistan
- 146. Quality and Accreditation Directorate, Kuwait
- 147. Regional Council of Pharmacy of the State of São Paulo, Brazil
- 148. Regional Healthcare System of Madeira Island, Portugal
- 149. Saudi Food and Drug Authority, Saudi Arabia
- 150. Secretaria Municipal de Saúde Rio de Janeiro, Brazil
- 151. Seguro Social de Salud del Perú, EsSalud, Peru
- 152. Sindh Health Care Commission, Pakistan
- 153. State Health Services Administration, Uruguay
- 154. State Institute for Drug Control, Czechia
- 155. State Institution "Svetlogorsk Zonal Center for Hygiene and Epidemiology", Belarus
- 156. Swedish Medical Products Agency, Sweden
- 157. United States Agency for International Development, United States of America

### Health care facilities

- 158. 15th of May Hospital, Egypt
- 159. 32nd City Clinical Polyclinic, Belarus
- 160. Abdali Hospital, Jordan
- 161. Addu Equatorial Hospital, Maldives
- 162. Adeed, Saudi Arabia
- 163. ADK Hospital, Maldives
- 164. Aga Khan Hospital Dar es Salaam, United Republic of Tanzania
- 165. Agami Specialized Hospital, Egypt
- 166. AIG Hospitals, India
- 167. Ain Shams University Hospitals, Egypt
- 168. Al Amal Hospital, Jordan
- 169. Al Haram Hospital, Egypt
- 170. Al Noor Specialist Hospital, Saudi Arabia
- 171. Al Sabah Hospital, Kuwait
- 172. Al Zahra Hospital Dubai, United Arab Emirates

- 173. Al-Badri Polyclinic, Saudi Arabia
- 174. Al-Futtaim Health, United Arab Emirates
- 175. Aliaa Specialist Hospital, Sudan
- 176. Al-Rafiah General Hospital, Saudi Arabia
- 177. All India Institute of Medical Science Rishikesh, India
- 178. American Ambulance, United States of America
- 179. Apollo Hospitals Group, India
- 180. Ar Yu International Hospital, Myanmar
- 181. Aster Mims Hospital, India
- 182. Aster Hospital, Qatar
- 183. Ayushman Bharat Health and Wellness Centre Bihar, India
- 184. Azienda Ospedaliero-Universitaria di Parma, Italy
- 185. Bahawal Victoria Hospital, Pakistan
- 186. Bandar Mas Health Clinic, Malaysia
- 187. Beni Suef Specialised Hospital, Egypt
- 188. Barts Health NHS Trust, United Kingdom of Great Britain and Northern Ireland
- 189. Base Hospital Kalmunai North, Sri Lanka
- 190. Beijing Hospital, China
- 191. Beijing Tsinghua Changgung Hospital, China
- 192. Bellevue Medical Center, Lebanon
- 193. Beru Clinic, Ethiopia
- 194. Bhatia Hospital, India
- 195. Bispebjerg Hospital, Denmark
- 196. Blackrock Health Hermitage Clinic, Ireland
- 197. Breach Candy Hospital Trust Mumbai, India
- 198. Bridge Clinic, Nigeria
- 199. C-Care IHK, Uganda
- 200. Central Norway Pharmaceutical Trust, Norway
- 201. Centre Hospitalier de Luxembourg, Luxembourg
- 202. Centre Hospitalier Emile Mayrisch, Luxembourg
- 203. Centre Hospitalier Neuro-Psychiatrique, Luxembourg
- 204. Centro Hospitalar Universitario de Lisboa Central, Portugal
- 205. Centro Oncológico Estatal "Dr José Luis Barrera Franco" del ISSEMyM, Mexico
- 206. Centro Regional de Alta Especialidad de Chiapas, Mexico
- 207. Centrul Medical Sanconfind, Romania
- 208. CESFAM Carlos Trupp Wanner, Chile
- 209. Charité Universitätsmedizin, Germany
- 210. Chengalpattu Medical College Hospital, India
- 211. Children's Hospital and Institute of Child Health, Pakistan
- 212. Citizens General Medical Center, Japan
- 213. Civil Hospital Sanwer Indore, India
- 214. Clínica Anglo Americana, Peru
- 215. Clínica Regional Ixtapan de la Sal, Mexico
- 216. Clinica Shaio, Colombia
- 217. Clínica del Country, Colombia
- 218. Clínica La Colina, Colombia
- 219. Clinical Medical Center Osijek, Croatia
- 220. Clinique Notre-Dame de Grâce, Belgium

- 221. Clinique Saint-Jean, Belgium
- 222. Complejo Asistencial Padre Las Casas, Chile
- 223. Confa Salud, Colombia
- 224. Connolly Hospital Blanchardstown, Ireland
- 225. Continental Hospitals, India
- 226. Cooperman Barnabas Medical Center, United States of America
- 227. Damanhour Oncology Center, Egypt
- 228. Dar Al Shifa Hospital, Kuwait
- 229. District Headquarters Hospital Kotli, Pakistan
- 230. Distrito Sanitario de Atención Primaria Córdoba y Guadalquivir, Spain
- 231. Doha Clinic Hospital, Qatar
- 232. Dollow Referral Health Centre, Somalia
- 233. Don Emilio Del Valle Memorial Hospital, Philippines
- 234. Dr Essa Laboratory and Diagnostic Centre, Pakistan
- 235. Dr Bakhsh Hospital, Saudi Arabia
- 236. Dr Ziauddin Hospital, Pakistan
- 237. Dube and Pottas, South Africa
- 238. Dublin Midlands Hospital Group, Ireland
- 239. E.S.E. Hospital Departamental San Vicente de Paul, Colombia
- 240. EHA Clinics, Nigeria
- 241. Ehime University Hospital, Japan
- 242. Eka Hospitals, Indonesia
- 243. El Sheikh Zayed Al Nahyan Hospital, Egypt
- 244. El-Shabhab Primary Healthcare Unit, Egypt
- 245. EpiCURA, Belgium
- 246. Essen University Hospital, Germany
- 247. Eti-Osa Maternal and Child Centre, Nigeria
- 248. Fedail Hospital, Sudan
- 249. Fernandez Hospitals, India
- 250. Focos Orthopedic Hospital, Ghana
- 251. Fortis Hospital Mohali, India
- 252. Frankfurt Red Cross Clinics, Germany
- 253. Frankfurt University Hospital, Germany
- 254. Frimley Health NHS Foundation Trust, United Kingdom of Great Britain and Northern Ireland
- 255. Fundación Favaloro, Argentina
- 256. FV Hospital, Viet Nam
- 257. Geetanjali Hospital Udaipur, India
- 258. General Hospital Ikorodu, Nigeria
- 259. General Network of Healthcare Providers, Saudi Arabia
- 260. Geriatric Health Centers of the City of Graz, Austria
- 261. Hakim Hospital, Islamic Republic of Iran
- 262. Hammoud Hospital University Medical Center, Lebanon
- 263. Hayatabad Medical Complex, Pakistan
- 264. Hazm Mebaireek General Hospital, Qatar
- 265. Helsinki Rescue Department, Finland
- 266. Helsinki University Hospital, Finland
- 267. Hera General Hospital, Saudi Arabia

- 268. Hohenloher Krankenhaus gGmbH, Germany
- 269. Hospital Alma Máter de Antioquia, Colombia
- 270. Hospital Balbino, Brazil
- 271. Hospital Beira Mar, Brazil
- 272. Hospital Civil de Ipiales, Colombia
- 273. Hospital Clínico de la Universidad de Chile, Chile
- 274. Hospital Clínico FUSAT, Chile
- 275. Hospital da Prelada, Portugal
- 276. Hospital de Braga, Portugal
- 277. Hospital de São Camilo, Portugal
- 278. Hospital do Câncer de Rio Verde, Brazil
- 279. Hospital Doctor Arnulfo Arias Madrid, Panama
- 280. Hospital General Ajusco Medio, Mexico
- 281. Hospital General Dr Napoleón Dávila Córdova, Colombia
- 282. Hospital General Francisco de Orellana, Ecuador
- 283. Hospital General Macas, Ecuador
- 284. Hospital General Regional 200, Mexico
- 285. Hospital Infantil Sabara, Brazil
- 286. Hospital Juárez de México, Mexico
- 287. Hospital México, Costa Rica
- 288. Hospital Militar Escuela Dr Alejandro Dávila Bolaños, Nicaragua
- 289. Hospital Nacional Guido Valadares, Timor-Leste
- 290. Hospital Nacional Rosales, El Salvador
- 291. Hospital Pablo Tobón Uribe, Colombia
- 292. Hospital Regional Tlalnepantla ISSEMyM, Mexico
- 293. Hospital Regional Veracruz, Mexico
- 294. Hospital Río Hortega, Spain
- 295. Hospital San Juan de Dios, Costa Rica
- 296. Hospital San Juan de Sahagun, Colombia
- 297. Hospital Tengku Ampuan Rahimah, Malaysia
- 298. Hospital Universitari d'Igualada, Spain
- 299. Hospital Universitario De Puebla, Mexico
- 300. Hospital Universitario Germans Trias i Pujol, Spain
- 301. Hospital Universitario Príncipe de Asturias, Spain
- 302. Hospital Universitario Poniente, Spain
- 303. Hospital Universitario Virgen del Rocío, Spain
- 304. Imperial College Healthcare NHS Trust, United Kingdom of Great Britain and Northern Ireland
- 305. Indira Gandhi Memorial Hospital, Maldives
- 306. Indus Hospital and Health Network, Pakistan
- 307. Instituto Alexander Fleming, Argentina
- 308. IQRAA Hospital and Research Centre, India
- 309. ISSEMYM Hospital Regional Atlacomulco, Mexico
- 310. Ireland East Hospital Group, Ireland
- 311. Jahra Hospital, Kuwait
- 312. Jerudong Park Medical Centre, Brunei Darussalam
- 313. Johns Hopkins Aramco Healthcare, Saudi Arabia
- 314. Jolimont Hospital, Belgium

- 315. Karolinska University Hospital, Sweden
- 316. Keski-Uudenmaan sote, Finland
- 317. Khoula Hospital, Oman
- 318. Kims Alshifa, India
- 319. Kalinga Institute of Medical Sciences, Bhubaneswar, India
- 320. King Abdulaziz Hospital, Saudi Arabia
- 321. King Abdulaziz Hospital Makkah, Saudi Arabia
- 322. King Dinuzulu Hospital Complex, South Africa
- 323. King Fahd Specialist Hospital, Saudi Arabia
- 324. King George's Medical University, India
- 325. King Salman bin Abdulaziz Hospital, Saudi Arabia
- 326. Klinikum Bremerhaven Reinkenheide, Germany
- 327. Krankenhaus Barmherzige Schwestern Ried, Austria
- 328. Krankenhaus der Barmherzigen Brüder St. Veit/Glan, Austria
- 329. Krankenhaus der Barmherzigen Brüder Wien, Austria
- 330. Krankenhaus der Elisabethinen, Austria
- 331. Kumamoto University Hospital, Japan
- 332. Kuopio University Hospital, Finland
- 333. Kuwait Cancer Control Center, Kuwait
- 334. Kyushu University Hospital, Japan
- 335. La Clínica Regional Santiago Tianguistenco, Mexico
- 336. La Maddalena S.p.A., Italy
- 337. La Paz University Hospital, Spain
- 338. Landesklinikum Hochegg, Austria
- 339. Landesklinikum Scheibbs, Austria
- 340. Landspitali University Hospital, Iceland
- 341. Lanka Hospitals, Sri Lanka
- 342. London North West University Healthcare NHS Trust, United Kingdom of Great Britain and Northern Ireland
- 343. Lu An Fourth People's Hospital, China
- 344. Magdi Yacoub Heart Foundation, Egypt
- 345. Manawan Hospital Lahore, Pakistan
- 346. Manipal Hospitals Salem, India
- 347. Marien Apotheke, Germany
- 348. Medical Rehabilitation Hospital, Saudi Arabia
- 349. Medway NHS Trust, United Kingdom of Great Britain and Northern Ireland
- 350. Meet Ghamr Oncology Center, Egypt
- 351. Mercy Hospital, New Zealand
- 352. Middle East Medical Center, Bahrain
- 353. Mubarak Al-Kabeer Hospital, Kuwait
- 354. Münster University Hospital, Germany
- 355. Muqniyat Health Center, Oman
- 356. Nagoya University Hospital, Japan
- 357. Nasser Specialized Hospital, Egypt
- 358. National Bank of Kuwait Specialized Hospital for Children, Kuwait
- 359. National Cancer Institute, Malaysia
- 360. National Children's Hospital, Costa Rica
- 361. National Ear Care Centre, Nigeria

- 362. National Orthopaedic Hospital Cappagh, Ireland
- 363. National Rehabilitation Hospital, Ireland
- 364. Nazeran Hospital, Islamic Republic of Iran
- 365. Ndola Teaching Hospital, Zambia
- 366. NHS England: East of England Regional Maternity Team, United Kingdom of Great Britain and Northern Ireland
- 367. NHS Greater Glasgow and Clyde, United Kingdom of Great Britain and Northern Ireland
- 368. NHS Lanarkshire, United Kingdom of Great Britain and Northern Ireland
- 369. Nizwa Hospital, Oman
- 370. NNPC Medical Services Limited, Nigeria
- 371. Northwest General Hospital, Pakistan
- 372. Nyarugenge District Hospital, Rwanda
- 373. Osaka Medical and Pharmaceutical University Hospital, Japan
- 374. Oslo University Hospital, Norway
- 375. Oulu University Hospital, Finland
- 376. P.D. Hinduja Hospital, India
- 377. Pakistan AirForce (PAF) Hospital Islamabad, Pakistan
- 378. Panimalar Medical College Hospital and Research Institute, India
- 379. Pantai Hospital Ampang, Malaysia
- 380. Pärnu Hospital, Estonia
- 381. Peerless Hospital, India
- 382. Peking Union Medical College Hospital, China
- 383. Peking University, China
- 384. Peking University Shougang Hospital, China
- 385. Police Health Services Hospitals, Sudan
- 386. Policentro de Salud Dr Juan A. Núñez, Panama
- 387. Prince Sultan Armed Forces Hospital, Saudi Arabia
- 388. Prince Sultan Military Hospital, Saudi Arabia
- 389. Princess Grace Hospital, Monaco
- 390. Providence Newberg Medical Center, United States of America
- 391. Psychiatric Hospital Centre of Lisbon, Portugal
- 392. Pun Hlaing Hospitals, Myanmar
- 393. Qallin Specialized Hospital, Egypt
- 394. Qasr Al Ainy Hospital, Egypt
- 395. Quirónsalud Hospital Group, Spain
- 396. Quriyat Hospital, Oman
- 397. Rai Medical College Teaching Hospital, Pakistan
- 398. Rainbow Hospitals, India
- 399. Razi Hospital, Islamic Republic of Iran
- 400. Red Salud Casanare, Colombia
- 401. Regional Hospital Mullingar, Ireland
- 402. Robert Wood Johnson University Hospital Somerset, United States of America
- 403. Rocket Health, Uganda
- 404. Rotkreuzklinik Lindenberg, Germany
- 405. Royal Papworth Hospital, United Kingdom of Great Britain and Northern Ireland
- 406. Royale Hayat Hospital, Kuwait
- 407. RSU Bondowoso, Indonesia
- 408. Ruban Memorial Hospital, India

- 409. Rumah Sakit Umum Pusat Dr M. Djamil Padang, Indonesia
- 410. Rustaq Hospital, Oman
- 411. Ryukyu University Hospital, Japan
- 412. Saarland University Hospital, Germany
- 413. Sahara Hospitals, India
- 414. Salud Castilla y Leon, Spain
- 415. Samallout One Day Surgery Hospital, Egypt
- 416. SAMUR-Civil Protection, Spain
- 417. San Vicente de Paúl Hospital, Costa Rica
- 418. San Vicente Fundación, Colombia
- 419. Santa Sofia IPS Espinal SAS, Colombia
- 420. Sedibeng District Health Services, South Africa
- 421. Shahid Kamyab Hospital, Islamic Republic of Iran
- 422. Sheikh Khalifa Bin Zayyad Hospital, Pakistan
- 423. Shalby Hospitals, India
- 424. Sharg Alneel Hospital, Sudan
- 425. Shifa International Hospital, Pakistan
- 426. Shimane University Hospital, Japan
- 427. Shri Chhatrapati Shivaji Maharaj Dialysis Center, India
- 428. Slim River Hospital, Malaysia
- 429. Sociedad de Lucha Contra el Cancer, Ecuador
- 430. Southport and Ormskirk Hospital NHS Trust, United Kingdom of Great Britain and Northern Ireland
- 431. Specialty Hospital, Jordan
- 432. Sree Renga Hospital, India
- 433. St John's Hospital, Ireland
- 434. St Jude Hospital, Saint Lucia
- 435. St Luke's Combined Hospices, South Africa
- 436. St Luke's International Hospital, Japan
- 437. St Vincent's Health Australia, Australia
- 438. Steward Health Care, Malta
- 439. Sunrise Japan Hospital Phnom Penh, Cambodia
- 440. Sunway Medical Centre, Malaysia
- 441. Tabarak New Cairo Hospital, Egypt
- 442. Tabba Heart Institute, Pakistan
- 443. Tampere University Hospital, Finland
- 444. Tanta Cancer Center, Egypt
- 445. The Medical City, Philippines
- 446. Tirol Kliniken GmbH, Austria
- 447. Tokai University Hospital, Japan
- 448. Toyooka Public Hospital, Japan
- 449. Tung Shin Hospital, Malaysia
- 450. Unidade de Saúde Familiar Garcia de Orta, Portugal
- 451. Unidade Hospitalar de Macedo de Cavaleiros, Portugal
- 452. Universal Hospital, Sudan
- 453. University Hospital Magdeburg, Germany
- 454. University Hospital Limerick, Ireland

- 455. University Hospitals of Derby and Burton NHS Foundation Trust, United Kingdom of Great Britain and Northern Ireland
- 456. University Medicine Göttingen, Germany
- 457. University of Cebu Medical Center, Philippines
- 458. Vadodara Institute of Neurological Sciences (VINS Hospital), India
- 459. Vale Infusões, Brazil
- 460. Vall d'Hebron University Hospital, Spain
- 461. Vijaya Group of Hospitals, India
- 462. Vivantes Hospital Group, Germany
- 463. Wadi Kabeer Health Center, Oman
- 464. West Hertfordshire Teaching Hospitals NHS Trust, United Kingdom of Great Britain and Northern Ireland
- 465. West Yorkshire Health and Care Partnership, United Kingdom of Great Britain and Northern Ireland
- 466. Westmead Hospital, Australia
- 467. Whipps Cross Hospital, United Kingdom of Great Britain and Northern Ireland
- 468. Woreda 10 Efoyta Health Center, Ethiopia
- 469. Yokohama City University Hospital and General Medical Center, Japan
- 470. Yokohama City University Hospital, Japan
- 471. Yorkshire Ambulance Services NHS Trust, United Kingdom of Great Britain and Northern Ireland
- 472. Zavod Za Fizikalnu Medicinu I Rehabilitaciju "Dr Miroslav Zotović", Bosnia and Herzegovina

### Intergovernmental and international organizations

- 473. Africa Centres for Disease Control and Prevention
- 474. African Medicines Agency
- 475. African Union Development Agency NEPAD
- 476. European Medicines Agency
- 477. International Atomic Energy Agency
- 478. International Organization for Migration, Ecuador
- 479. OIC Ministerial Committee of Scientific and Technological Cooperation (COMSTECH), Pakistan
- 480. Organisation for Economic Co-operation and Development
- 481. Partnership for Maternal, Newborn and Child Health
- 482. Red Cross, Colombia
- 483. Red Cross, Ecuador
- 484. United Nations
- 485. United Nations Children's Fund, South Sudan
- 486. United Nations Office for Project Services, Somalia
- 487. United Nations Population Fund East and Southern Africa

# Nongovernmental and professional organizations

- 488. Academy Health, United States of America
- 489. American Academy of Pediatrics, United States of America
- 490. American Pharmacists Association, United States of America
- 491. American Society of Anesthesiologists, United States of America
- 492. Arab Institute for Continuing Professional Development, Egypt
- 493. Arab Medical Union, Egypt

- 494. Asian Medical Student Association West Visayas State University, Philippines
- 495. Asian Society for Quality in Health Care, Malaysia
- 496. Asociacion Anestesia Analgesia y Reanimacion de Buenos Aires, Argentina
- 497. Association of Nurse Executives, India
- 498. Australian Nursing and Midwifery Federation, Australia
- 499. Austrian Network for Patient Safety, Austria
- 500. BC Patient Safety and Quality Council, Canada
- 501. Brazilian Network for Nursing and Patient Safety (REBRAENSP), Brazil
- 502. Bundesverband Patientensicherheitsbeauftragter Deutschlands, Germany
- 503. Central Patient Safety Center, Republic of Korea
- 504. CHEN Patient Fertility Association, Israel
- 505. Chinese Hospital Association, China
- 506. Cochrane, New Zealand
- 507. College of Physicians and Surgeons of Costa Rica, Costa Rica
- 508. Colombian Society of Anesthesiology and Resuscitation, Colombia
- 509. Colombian Society of Hospital Pharmacists, Colombia
- 510. Consumers' Union of Finland, Finland
- 511. Czech Chamber of Pharmaceutical Assistants, Czechia
- 512. Czech Pharmaceutical Chamber, Czechia
- 513. Danish Society for Patient Safety, Denmark
- 514. Deutsche Gesellschaft für Chirurgie, Germany
- 515. Doctors' Association UK, United Kingdom of Great Britain and Northern Ireland
- 516. Dr Ameyo Stella Adadevoh (DRASA) Health Trust, Nigeria
- 517. Egyptian Pharmaceutical Students' Federation, Egypt
- 518. Emergency Care Research Institute, United States of America
- 519. Estonian Society of Hospital Pharmacists, Estonia
- 520. Ethiopian Pharmaceutical Association, Ethiopia
- 521. European Alliance for Access to Safe Medicines
- 522. European Association of Hospital Pharmacists
- 523. European Consumer Organisation
- 524. European Health Management Association
- 525. European Junior Doctors Association
- 526. European Society of Anaesthesiology and Intensive Care
- 527. FDI World Dental Federation
- 528. Federation of Argentine Societies of Otorhinolaryngology, Argentina
- 529. Fernandez Foundation, India
- 530. Fight the Fakes Alliance
- 531. Finnish Centre for Client and Patient Safety, Finland
- 532. Finnish Medical Association, Finland
- 533. Foundation for Patient Safety Chile, Chile
- 534. French Federation of Rescue and First Aid, France
- 535. General Council of Official Nursing Colleges of Spain, Spain
- 536. General Pharmaceutical Council of Spain, Spain
- 537. German Coalition for Patient Safety, Germany
- 538. Gesellschaft für Versicherungswissenschaft und -gestaltung e.V, Germany
- 539. Global Association of Physicians of Indian Origin
- 540. GS1
- 541. Gunma Medical Association, Japan

- 542. Hand in Hand for Aid and Development, Syrian Arab Republic
- 543. Healthcare Excellence Canada, Canada
- 544. Health Research Advisory Board, Pakistan
- 545. Hippocrates, Greece
- 546. Hong Kong Medical Association, China
- 547. Hospital Pharmacists Association of Kenya, Kenya
- 548. Hospitales sin Infecciones, Mexico
- 549. Hungarian Health Management Association, Hungary
- 550. Indian Association of Palliative Care, India
- 551. Indian Medical Association, India
- 552. Indian Pharmaceutical Association, India
- 553. Indian Pharmacological Society, India
- 554. Indonesian Pharmacists Association, Indonesia
- 555. Institute for Healthcare Improvement
- 556. Institute for Safe Medication Practices
- 557. Institute for Safe Medication Practices Canada, Canada
- 558. Institute for Safe Medication Practices Spain, Spain
- 559. Instituto de Efectividad Clínica y Sanitaria, Argentina
- 560. International Confederation of Midwives
- 561. International Council of Nurses
- 562. International Federation of Gynecology and Obstetrics
- 563. International Federation of Medical Students' Associations Iraq, Iraq
- 564. International Federation of Pharmaceutical Manufacturers and Associations
- 565. International Hospital Federation
- 566. International Organization for Medical Physics
- 567. International Pediatric Association
- 568. International Pharmaceutical Federation
- 569. International Pharmaceutical Students' Federation
- 570. International Society for Quality in Health Care
- 571. International Society of Blood Transfusion
- 572. International Society of Pharmacovigilance
- 573. International Society of Radiographers and Radiological Technologists
- 574. International Society of Radiology
- 575. International Society on Thrombosis and Haemostasis
- 576. Irish Nurses and Midwives Organisation, Ireland
- 577. Israeli Medical Association, Israel
- 578. Israeli Society for Patient Safety and Risk Management in Medicine, Israel
- 579. Italian Network for Safety in Healthcare, Italy
- 580. Japan Pharmaceutical Association, Japan
- 581. Japanese Association of Radiological Technologists, Japan
- 582. Japanese Midwives Association, Japan
- 583. Japanese Society for Quality and Safety in Healthcare, Japan
- 584. Japanese Nursing Association, Japan
- 585. Kanagawa Prefecture Hospital Pharmacists Association, Japan
- 586. Kenyan Medical Association, Kenya
- 587. Korean Medical Association, Republic of Korea
- 588. Korean Nurses Association, Republic of Korea
- 589. Korean Pharmaceutical Association, Republic of Korea

- 590. Leapfrog Group, United States of America
- 591. Maldivian Medical Association, Maldives
- 592. Management Sciences for Health
- 593. Médecins Sans Frontières
- 594. Médecins Sans Frontières Germany, Germany
- 595. Medical College of Chile, Chile
- 596. Medical Women's Association of Nigeria, Ebonyi State Chapter, Nigeria
- 597. Medicolegal and Ethics Society of Ethiopia, Ethiopia
- 598. Nairobi University Pharmacy Students Association, Kenya
- 599. National Quality Forum, United States of America
- 600. NEVES Association for Patient Safety, Hungary
- 601. Observatorio Argentino de Seguridad del Paciente, Argentina
- 602. Occupational Health and Safety Managers, Nigeria
- 603. Oman Medical Association, Oman
- 604. Order of Nurses Lebanon, Lebanon
- 605. Pakistan Islamic Medical Association, Pakistan
- 606. Pakistan Society of Health-System Pharmacists, Pakistan
- 607. Patient Safety Movement Foundation
- 608. Pharmaceutical Defence Limited. Australia
- 609. Pharmaceutical Society of Ghana, Ghana
- 610. Pharmaceutical Society of Uganda, Uganda
- 611. Pharmacy Forum NI, United Kingdom of Great Britain and Northern Ireland
- 612. Philippine Medical Association, Philippines
- 613. Platform for Continuous Improvement of Quality of Care and Patient Safety, Belgium
- 614. Polish Society of Anaesthesiology and Intensive Therapy, Poland
- 615. Portuguese Pharmaceutical Society, Portugal
- 616. Royal College of Pathologists, United Kingdom of Great Britain and Northern Ireland
- 617. Royal College of Surgeons of Edinburgh, United Kingdom of Great Britain and Northern Ireland
- 618. Royal Pharmaceutical Society, United Kingdom of Great Britain and Northern Ireland
- 619. Singapore Psychological Society, Singapore
- 620. Slovene Chamber of Pharmacy, Slovenia
- 621. Sociedad Chilena de Farmacia Asistencial, Chile
- 622. Sociedad Dominicana de Infectologia, Dominican Republic
- 623. Sociedad Ecuatoriana de Medicamentos Y Seguridad del Paciente, Ecuador
- 624. Sociedad Española de Medicina Intensiva, Crítica y Unidades Coronarias, Spain
- 625. Sociedad Mexicana de Salud Pública, Mexico
- 626. Sociedade Brasileira de Farmácia Hospitalar e Serviços de Saúde, Brazil
- 627. Sociedade Brasileira para a Qualidade do Cuidado e Segurança do Paciente (SOBRASP), Brazil
- 628. Sociedade Portuguesa de Farmacêuticos dos Cuidados de Saúde, Portugal
- 629. Society of Anaesthetists of Zambia, Zambia
- 630. Society of African and Caribbean Midwives
- 631. Society of Hospital Pharmacists of Australia, Australia
- 632. Society of Radiographers Trinidad and Tobago, Trinidad and Tobago
- 633. South African Pharmacy Council, South Africa
- 634. Spanish Association of Nursing in Otorhinolaryngology and Head and Neck, Spain
- 635. Spanish Society for Healthcare Quality, Spain

- 636. Spanish Society of Hospital Pharmacy, Spain
- 637. SRA Occitanie, France
- 638. Swiss Patient Safety Foundation, Switzerland
- 639. Tanzania Pharmaceutical Students' Association, United Republic of Tanzania
- 640. Thalassaemia International Federation
- 641. Trained Nurses' Association of India, India
- 642. Turkish Nurses Association, Türkiye
- 643. University of Rwanda Student Surgical Society, Rwanda
- 644. WaterAid America
- 645. WaterAid West Africa
- 646. Women in Global Health Kenya, Kenya
- 647. World Federation of Societies of Anaesthesiologists
- 648. World Medical Association
- 649. World Organization of Family Doctors

## Patient and civil society organizations

- 650. Action against Medical Accidents, United Kingdom of Great Britain and Northern Ireland
- 651. Action Camerounaise Des Droits De l'Homme, Cameroon
- 652. Action Globale et Inclusive pour le développement de la RDC, Democratic Republic of the Congo
- 653. Action Group for Health, Human Rights and HIV/AIDS, Uganda
- 654. Alkhidmat Health Foundation, Pakistan
- 655. AMR Patient Group
- 656. Building Foundation for Development, Yemen
- 657. Cancer Club CISC, Indonesia
- 658. Community Health and Information Network, Uganda
- 659. Crohn's and Colitis Society Singapore, Singapore
- 660. Cyprus Federation of Patients' Associations, Cyprus
- 661. DiaLeb, Lebanon
- 662. European Liver Patients' Association
- 663. Foundation for African Medicine and Education, United Republic of Tanzania
- 664. Farah Social Foundation, Lebanon
- 665. FOKUS Patient, Sweden
- 666. Fondation Maira, Algeria
- 667. Fundación SER, Colombia
- 668. Funluvi Fundación, Honduras
- 669. Genomics and Public Health Foundation, India
- 670. Health Development Initiative, Rwanda
- 671. Health Information Initiative, Nigeria
- 672. Hyper-Cent Care Africa, Kenya
- 673. Indian Alliance of Patient Groups, India
- 674. International Alliance of Patients' Organizations
- 675. Journey of Hope Botswana, Botswana
- 676. Kalorgu Development Association, Nigeria
- 677. Klinikkompass, Germany
- 678. Korea Alliance of Patients Organization, Republic of Korea
- 679. Kuwait Association of Social Workers, Kuwait
- 680. L'Info du Pharmacien, Benin

- 681. Mercy Ships
- 682. National Association of Persons with Multiple Sclerosis, North Macedonia
- 683. National Patient Safety Board Coalition, United States of America
- 684. National Thalassemia Welfare Society, India
- 685. Operation Fistula Madagascar, Madagascar
- 686. Our Patient Voices, United Kingdom of Great Britain and Northern Ireland
- 687. Pan Arab Patient Safety Association
- 688. Pan-American Network of Patients for Patient Safety
- 689. Patient Academy for Innovation and Research
- 690. Patient Safety Learning, United Kingdom of Great Britain and Northern Ireland
- 691. Patients For Patient Safety Canada, Canada
- 692. Patients For Patient Safety India, India
- 693. Patients for Patient Safety Ireland, Ireland
- 694. Patients for Patient Safety US, United States of America
- 695. Patients for Safer Nuclear Medicine
- 696. Greek Patients Association, Greece
- 697. Risk Reduction Initiative and Skills Empowerment, Nigeria
- 698. Taiwan Alliance of Patients' Organizations, Taiwan, China
- 699. Udruženje Pacijenata S Alergijama, Astmom I Atopijskim Dermatitisom, Bosnia and Herzegovina
- 700. Uganda Alliance of Patients' Organizations, Uganda
- 701. Women In Communities Zimbabwe, Zimbabwe
- 702. World Patients Alliance
- 703. Youth Arise Organisation, Ghana

### Publishers, newspapers, magazines and scientific journals

- 704. Economic Times of India
- 705. Forbes
- 706. Frontiers
- 707. Health Policy Watch
- 708. Karger Publishers
- 709. Nature
- 710. Wolters Kluwer

## **WHO Collaborating Centres**

- 711. WHO Collaborating Centre for Strengthening Pharmacovigilance Practices, Morocco
- 712. WHO Collaborating Centre for International Drug Monitoring, Sweden
- 713. WHO Collaborating Centre for Research and Training on Interprofessional Education, Japan
- 714. WHO Collaborating Centre in Human Factors and Communication for the Delivery of Safe and Quality Care, Italy
- 715. WHO Collaborating Centre on Patient Safety Policies and Strategies, Saudi Arabia
- 716. WHO Collaborating Centre on Quality of Care in Health Service Delivery, Mexico
- 717. WHO Collaborating Centre for Education, Research and Evaluation of Safety and Quality in Healthcare, Portugal
- 718. WHO Collaborating Centre on Infection Prevention and Control and Antimicrobial Resistance, Switzerland

## **World Health Organization**

- 719. WHO headquarters
- 720. WHO Regional Office for Africa
- 721. WHO Regional Office for the Americas
- 722. WHO Regional Office for South-East Asia
- 723. WHO Regional Office for Europe
- 724. WHO Regional Office for the Eastern Mediterranean
- 725. WHO Regional Office for the Western Pacific

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