

COVID-19

Virtual Press conference 17 September 2020

Speaker key:

FC	Ms Fadela Chaib
TG	Dr Tedros Ghebreyesus
JH	Jeremy Hunt
GR	Guy Ryder
GS	Gabriella Sotomayor
EK	Dr Edward Kelley
LS	Lauren Sello
ND	Dr Neelam Dhingra-Kumar
MV	Dr Maria Van Kerkhove
JK	Jamie Keaton
MR	Dr Michael Ryan
IF	Imogen Foulkes

00:00:00

FC Good morning. I welcome you to our press conference today, Thursday 17th September. The press conference will have a special focus on World Patient Safety Day, marked on 17th September. The COVID-19 pandemic has unveiled the huge challenges and risks health workers are facing globally. World Patient Safety Day's slogan this year is, Safe Health Workers, Safe Patients.

00:00:31

I am Fadela Chaib, Communication Officer in Geneva. I am pleased to moderate today's press conference. We have with us as always in the room the WHO Director General Dr Tedros. In the room also it's my privilege to welcome Mr Guy Ryder, Director General of the International Labour Organisation, ILO, and joining us remotely it's my privilege to welcome Mr Jeremy Hunt, Chair of the Health and Social Care Committee in the UK.

We have also Mr Mike Ryan, Executive Director of the Emergencies programme, Dr Maria Van Kerkhove, our Technical Lead for COVID-19. To address your issue on the issue of patient safety, we have with us Dr Edward Kelley, WHO Director and Integrated Health Services, UHC and Life Course Division, and Dr Neelam Dhingra, Unit Head, Patient Safety, Flagship Unit.

The press conference is translated into the six UN official language, plus Portuguese and Hindi. We will be posting the Director General remarks and an audio conference on the web as soon as possible. A full transcript will be available in the course of the day. But now, without further delay, I will hand over to Dr Tedros to give his opening remarks. Dr Tedros, you have the floor.

00:02:02

TG Yes, thank you, Fadela. Good morning, good afternoon and good evening. I would like to start by welcoming the Right Honourable Jeremy Hunt, Chair of the UK Department for Health and Social Care Select Committee, and my friend Mr Guy Ryder, Director General of the International Labour Organisation.

For thousands of years, medicine has operated on a simple principle, primum non nocere, first do no harm. That principle is as true today as in the time of Hypocrites. No-one should be harmed whilst seeking care. But unfortunately, we know this is not the case. Every second of every hour in every day of every year, patients are harmed all over the world because of unsafe care.

One in ten people hospitalised worldwide experience a safety failure or adverse event. This is a problem for all countries, rich and poor. If it's not safe, it's not care. One of the keys to keeping patients safe is keeping health workers safe. The COVID-19 pandemic has reminded us of the vital role health workers play to relieve suffering and save lives. We owe health workers an enormous debt. Not just because they have cared for the sick, but because they risk their own lives in the line of duty.

00:03:57

Globally, around 14% of COVID-19 cases reported to WHO are amongst health workers and in some countries it's as much as 35%. Although data is limited and it's hard to know whether health workers are infected in their workplaces or communities. It's not just the risk of infection. Every day, health workers are exposed to stress, burn-out, stigma, discrimination and even violence. That's why this year in the International Year of the Nurse and the Midwife, World Patient Safety Day is dedicated to the safety of health workers, making sure health workers are safe, protected and well-prepared also protects the people they serve.

To make World Patient Safety Day, WHO is launching a charter on health worker safety, which we invite all countries, hospitals, clinics and partners to adopt and implement. The charter is a call to action that asks countries and partners to commit to five actions.

First, to connect the dots between policies on patient safety and health worker safety. Second, to develop an implement national programmes for the occupational health and safety of health workers. Third, to protect health workers from violence in the workplace. Fourth, to improve the mental health

and psychological wellbeing of health workers. Fifth, to protect health workers from physical and biological hazards.

No country, hospital or clinic can keep its patients safe unless it keeps its health workers safe. Now more than ever, we have a duty to give health workers the safe working conditions, the training, the pay and the respect they deserve. I would now like to give the floor to my friend, Jeremy Hunt, who has been a long-term advocate for patient safety. Jeremy, thank you for your support, your leadership and your passion for patient safety. You have the floor.

00:06:31

JH Thank you, Dr Tedros. Good morning, good afternoon and good evening, everyone. It's a great pleasure to be with you today. Dr Tedros, your personal commitment to improving safety for patients has been outstanding, as I discovered during my time as UK Foreign Secretary and UK Health Secretary. I want to take this opportunity too to thank you for your leadership during the COVID crisis.

The Economist this week saluted you for visiting the Congo 14 times during the Ebola epidemic there and everyone who has worked with you knows how personal your commitment is to the safety and wellbeing of both patients and staff. It's no coincidence that under your leadership we had the first World Patient Safety Day. Today is the second. I would also like to thank your wonderful team, Susanna, Ed and Neelam, many others who have worked very hard to make today possible. Also, I'm delighted that we have Guy Ryder from the ILO with us in recognition of our theme this year, health worker safety.

When I was UK Health Secretary, I had to respond to a series of scandals where poor-quality care resulted in the needless deaths of patients. They were heart-breaking stories. I learnt how common avoidable harm and death is in all healthcare systems. Five avoidable deaths every minute across the world according to the WHO, making it a bigger killer than HIV, malaria and TB combined.

00:08:19

I learnt something else. No-one wants to tackle this more than our doctors and nurses. But because they're often threatened with losing their job, their license to practice, their professional reputation or litigation, they often find it impossible to speak openly about the ordinary human error that it inevitably part of their lives just as it's part of all our lives. So, we need to make it easier for people to be open and transparent about the things that go wrong, so that we can avoid tragedies being repeated.

The thing that has stressed those frontline health workers most in this pandemic year, has been the worry that they may be passing on coronavirus to their own patients. Given that about 70% of virus carriers are asymptomatic, that is a real risk. We've had some London hospitals where over 40% of staff were infected at one point and up to 11% of our deaths from COVID in the UK were patients who caught their infection inside a hospital. If that was the same worldwide, it would suggest up to 45,000 patient deaths and up to 7,000 health worker deaths were caused because we did not give staff the safety protection they needed.

So, this is a very, very important theme. Because patient safety and staff safety are two sides of the same coin. Catching COVID-19 in a healthcare setting should be a never event. Something that simply never happens. Because both patients and staff have a right to be safe and to expect to be safe when they go to a hospital or a healthcare setting. So, today's charter and five goals will help make that happen. Those goals, as you said, Dr Tedros, are to reduce sharp injuries, collect data on safety-related deaths, reduce workplace stress and burn-out, improve personal protection practices and adopt zero tolerance of violence towards healthcare staff. They all help improve the mental and physical safety of health workers and the safety of patients too.

00:10:47

So, I therefore call on all WHO members and all healthcare organisations worldwide to sign this charter, to pledge your support to these goals. Together, we can keep our healthcare workers safe and keep our patients safe in this time of crisis. Thank you.

TG Thank you so much, Jeremy. Much gratitude for your continued support and, as you have rightly said, as Health Secretary of the UK and as Foreign Secretary of the UK and even after that your passion, your commitment to patient safety is very, very inspiring to all of us. Thank you so much for that passion and commitment, for your leadership, and thank you for joining today. I hope you'll stay with us to address the questions from the journalists who have joined today. Now, I would like to hand over to my friend, Guy Ryder. You have the floor.

[Break in audio]

GR ...these most difficult times, we admire that leadership in the international system and like everybody else in the system we benefit from it as well.

00:12:12

Secondly, I want to echo the United Nations General Assembly in its tribute by the resolution it adopted last Friday, to health workers and to all other frontline and essential workers for their role in addressing the pandemic, and in addition its emphasis to provide them with the necessary protection and support.

The third message is to welcome and to welcome very warmly the charter that's being launched today on health worker safety and the five actions it sets out. Let me assure you, Dr Tedros, that the ILO will be ready to do its bit in their realisation.

The COVID-19 pandemic has highlighted the obvious and close interaction between our health and the work which we do. In responding to it, we do not have to choose between work and health, or life and livelihood. These are propositions that we share, Director General. We know that these two aspects depend intimately on each other and despite the complex policy challenges that this raises, it's a basic truth.

By the same token, the charter that we are launching today sets out an agenda for action inspired by the conviction, which Mr Hunt has just

reiterated, that patient safety requires guarantees of health worker safety as well. Two sides of the same coin. Regrettably, too often those guarantees are missing.

The charter points out that it is a basic tenant of the Universal Declaration of Human Rights, that all people have a right to just and favourable conditions at work. But it is a harsh and all too frequently forgotten reality of our work that no less than 2.3 million people die every year because of the work that they do, through occupational injury, disease and accident.

00:14:26

Ironically, tragically, the working people whose job it is to care for and to treat those victims also figure prominently amongst that number. Brother Tedros, the figures that you have cited in your introduction is shocking testimony to that in these times of COVID-19.

As the charter makes clear, and I think it's one of its most important contributions, the hazards that health workers face extend well beyond the physical and biological ones that are so clearly evident today to those of mental health and psychological welfare and even acts of violence, harassment and discrimination. In a worldwide workforce which is so highly feminised, where migrant workers are so strongly present, we need to also be acutely conscious of the need to provide protections in those areas.

The charter is also a call to act through national programmes that address in an integral way all these areas of risk and hazard. I repeat that the ILO will as it must respond with the WHO to that challenge. We can bring to the task not only the governments whose membership we share in our two organisations, but also in the case of the ILO, the workers' representatives and employer representatives who make up part of our membership.

00:15:56

But allow me to add as well that it is my belief that to be successful in these critically important endeavours, we will also need to address the structural challenges to the healthcare sector on which the WHO, ILO and indeed the OECD have been cooperating for many years. Particularly, in the context of the follow-up to the recommendations of the United Nations High-Level Commission on Health Employment and Economic Growth.

These point to underlying problems arising from the overburdened and underfunded public health systems in many countries, unacceptable working conditions and the global shortage of health workers, which is estimated will stand at 18 million worldwide by the year 2030, which is when we're supposed to deliver on SDG3, the health goal of the UN Sustainable Development Agenda and all of the other 16 goals.

So, in conclusion, it seems to me that paying tribute to the courage, dedication and skills of health workers, acknowledging their contribution and that it is widely undervalued and underpaid, under-rewarded, surely carries with it the obligation to act to do something to bring change to these circumstances. Today, with the charter, we are given the chance to act. We are given an instrument, that if we take seriously will rebound to the benefit of patients, health workers and our societies. Director General, the WHO and the ILO are

very close neighbours physically here in Geneva. We work well together and despite your unrelenting calls for us to keep a safe distance apart these days, I trust that delivering together on this charter will bring us a little bit closer. Thank you very much.

TG Thank you so much, Guy. Delivering together is, I think, the most important. So, I look forward to working with you even more closely to deliver results. So, with that, back to you, Fadela. Thank you.

00:18:23

FC Thank you, Dr Tedros. Thank you, Mr Hunt and Mr Ryder. I will now open the floor to questions from the press. I would remind our journalists that you need to raise your hand. Use the raise your hand icon in order to get in the queue to ask a question. I would recommend we prioritise questions on the theme of the day, patient safety, health workers' safety.

We have with us today Gabriella Sotomayor from Proceso. Gabriella, you have the floor. Can you hear me?

GS Yes. Can you hear me?

FC Very well, Gabriella. Go ahead please.

GS Thank you very, very much for giving me the question. It's nice to see Mr Ryder there as well. So, my question is if governments must be held accountable for the deaths of health and essential workers, who they have failed to protect from COVID. Thank you very much.

FC Mr Ryder, you have the floor.

GR Thank you very much for the question. Look, the way I look at this is there is really not an important distinction in terms of responsibilities of government, or indeed other actors in the world of work, between the health and safety of health workers and those of other workers and I've tried to point to the overall problem that we face.

00:19:59

The point here is, yes, there is responsibility in government, but I think the most important angle to approach these issues from is what we can all do together to improve a situation which is eminently improvable. It lies within our capacities, governments, employers, workers' representatives, to actually bring about improvements in the health and safety of healthcare workers.

There is really no magic in this situation. We simply have not applied the right attention, the right priorities, and here I speak across the board, to the task of ensuring worker health and safety. The figures are an indictment of past failures of all of us and the charter again I think serves the purpose of focusing our minds on business which has been pending for a very long while, which the pandemic has highlighted in different ways. But it's not new. It's not new and the solutions are not new.

The charter, I think, provides us with very important guidelines for the specifics of the health sector, but there are more broadly applicable principles at work here as well.

FC Thank you, Mr Ryder. I think Dr Edward Kelley would like to add something. Edward?

EK Just to add to Guy's very good intervention, from the WHO's stance and from the charter's perspective, we lay out not just the infections and deaths that have occurred in this outbreak, exactly as Guy said. The outbreak, we've said many times, has not created new problems for us. It has shown a light on some of these problems and health worker safety, as part of patient safety, is a key one in that. But it goes beyond just infections in healthcare settings.

00:21:53

We talk about attacks against health workers and a wide range of mental health issues. In 2019, there were over 1,000 confirmed attacks on healthcare workers. These are the types of issues that governments should also be concerned with and should also address.

FC Thank you, Dr Kelley. I would like now to give the floor to Lauren Sello [?] from the Swiss News Agency. Lauren, can you hear me?

LS Yes. Can you hear me, Fadela?

FC Very well, Lauren. Go ahead please.

LS Thank you for taking my question. Actually, it's a follow-up on what Mr Kelley just said. Because in the International Humanitarian Law, targeting health workers is considered as a war [?] crime. So, would you recommend special and stronger provision in national criminal acts, in order to punish violence against health workers. Maybe Jeremy Hunt could also address that, what he could consider for the UK. Thank you.

FC We will start maybe with Mr Hunt. Mr Hunt, you have the floor.

00:23:02

JH I would absolutely support that. To me, I'm not a doctor, a nurse or a clinician, I think these are people who put their lives on the line to keep members of the public safe. I think when they suffer violence, or discrimination, or are put in danger by things that are done by the people that they are trying to protect, it is totally and utterly unacceptable. I think the punishments should be higher than normal, yes.

FC Thank you, Mr Hunt. Dr Kelley?

EK Just to complement Jeremy's very good intervention, from WHO's standpoint, we don't engage on the legal aspects of this. It's not our particular remit, but we have many initiatives around this. The Attacks Against Healthcare Initiative, we have surveillance on this for the charter and the particular message for World Patient Safety Day. It's about what we can do together to stop these before they happen and address with national governments and also with local organisations, and with the community.

WHO defines attacks on healthcare workers not just as physical attacks but verbal attacks and mental abuse. So, we've had many stories during this outbreak of the misunderstanding that communities have of the disease being

at the heart of fear and abuse towards healthcare workers, and that's something we can work on all together.

FC Thank you, and Mr Ryder.

00:24:40

GR Just to add and to draw attention to the fact that the ILO adopted a convention on the elimination of violence and harassment at work last June, in June of last year. It's the first international labour standard to address the problem of violence and harassment at work. Its existence, I think, demonstrates just how widespread a problem this is and it does provide for in a quite detailed way sanctions and remedies for this type of situation, as well as preventative action.

We would like to see countries around the world ratifying and applying that convention. I think it would go a considerable way to addressing the types of issues that have been raised by the questioner.

FC Thank you, Mr Ryder. We received some questions in writing. I will ask to elaborate more about the linkages between patient safety and health worker safety. The DG mentioned it in his speech. Maybe, Neelam Dhingra, Dr Neelam, can you elaborate on this issue please?

ND Thank you very much. As has been elaborated that health worker safety and patient safety are two sides of a coin. It's extremely important that health workers feel secure and have a decent working environment, and be provided with protection from psychological pressures, as well as working conditions where their working hours are considered. So, overall, stress and long working hours, strained relationship with colleagues, poor teamwork, all these contribute to a higher level of stress and burn-out of health workers.

00:26:29

Those who are under psychological pressure are more prone to make errors. There are several studies which have shown significant impact on weaknesses in health worker safety having an impact on patient safety. Particularly the systems variables and I would just like to highlight one very important underlying factor, which is the culture where the health workers operate.

It's extremely important for healthcare leaders to provide a safety culture. A culture which is open and transparent, where health workers can share their concerns, where patients' voices are also taken into full consideration. Patients and health workers work very closely together to develop policies and guidelines. They are two partners in developing and implementing the policies.

So, I would say one extremely important strategy to improve health worker safety and patient safety is creating an establishment of safety culture across all health organisations, where there is openness and transparency and communication, and the risks to safety are shared with colleagues and with senior leadership, so that corrective actions can be taken. Thank you.

FC Thank you, Dr Dhingra. We have received also a question via our social media networks. There is a need for a mental health programme to support workers, especially those who have lost colleagues to this pandemic. Who would like to react to this question? Do we need a programme to support

health workers who lost their colleagues? Dr Kelley, would you like to elaborate on this?

EK Yes, I'll add and maybe Maria wants to complement. It's something that we have looked at in the response for COVID. It's an important piece of our examination of the continuity of essential services, but also the investigation of the effects on health workers and the changing work environment.

00:28:39

But I should also point out that it's an ongoing piece of work for WHO's quote unquote peacetime areas and our mental health programme does look at both effects of stress and overwork, not just in the health sector but elsewhere. We have a strong occupational health programme, which works in collaboration with our colleagues at ILO, looking at these types of issues. For sure, this is an important issue and for sure countries, organisations and health facilities should be looking at the importance of mental health as a way of ensuring that essential services keep running. So, this is something WHO would strongly support.

KC Thank you, Dr Kelley. Maria, do you have something to add?

MV Sure, yes, absolutely. I fully support what Dr Kelley just said. Absolutely, mental health, psycho-social support for frontline workers, all health workers, whether you're in hospitals, or you are community health workers, performing this function particularly in this pandemic but in all of the services that you provide.

00:29:44

I think just to take moment to say some of the other things that we're doing to support health workers in this pandemic as part of the response may be helpful as well. So, from the standpoint of WHO, and we're working with many partners to improve the conditions, and please supplement, because there are so many different groups within WHO and our partners that are working on this.

The first thing that we focus on, which my team is responsible for, is around this technical guidance. Around protecting health workers on what they need to do when they're caring for patients. So, this is infection prevention and control type of guidance, which is how you care for a patient safely, to prevent yourself from getting infected and from passing the virus around.

We also provide guidance for care in the home, because many individuals who have mild disease or who are not at risk of developing severe disease can be safely cared for at home with the right provisions. So, there's care that needs to be provided there.

The use of PPE, personal protective equipment, making sure the right personal protective equipment is provided, there's training of how it should be used, safely worn, safely disposed of, for different areas of activity within different types of health facilities.

We provide a lot of trainings, because it's about not only providing the guidance itself, but training frontline workers. Many individuals, many health

workers are now working on respiratory diseases like COVID, who hadn't been working on this previously. They have been pulled from different departments to support the response. So, it's very important that there's training. We have these trainings online in numerous languages. We are adding more languages every week, because we realise this is a global issue and we need to make sure that the trainings are accessible in different languages.

00:31:29

The third area is looking around increased surveillance and screenings for health workers, to really understand the extent of this issue, the extent of the infection, the extent of the risk. So, countries are working very hard to incorporate this into the surveillance activities.

The fourth area is around research. So, we specifically are conducting research and working with partners to conduct research for health workers, to again understand the extent of infection or the risk of infection, and what are those risk factors? How are they getting infected? Where are they getting infected? What can we do to prevent that from happening? We've learnt a lot in this area and we are seeing some promising trends in reduced infections for COVID-19 over time, and that's a good sign.

That last area is increasing access to supplies. So, it's not only good to say, please wear this type of PPE. We need to ensure that those supplies are reaching the health workers all over the world. They cannot be distributed to only some countries. They need to be distributed to all. We've worked very hard with partners to be able to access and source those supplies, and make sure that they get on planes and enter countries, and actually get into the hands of those who need it most. Thanks.

00:32:47

FC Thank you, Maria. Any other intervention? Mr Hunt, do you want to add something?

JH I just want to make one very brief point, if I may, which is about PTSD and the fact that it's increasingly becoming clear that having gone through the peak of pressure during the height of the pandemic, a lot of frontline health workers are suffering after-effects. Particularly in areas where there weren't enough hospital beds or ventilators. Certainly, that's something that we have been focusing on a lot in the UK.

The other thing I wanted to say was I think in a lot of countries there has been a huge amount of gratitude expressed to health workers in hospitals. But I think we also need to remember the care sector and the pressure on health workers in care homes, or looking after older people in their own homes. They often don't get the appreciation they should for the incredibly important contribution they make.

FC Thank you very much, Mr Hunt. I think Dr Dhingra would like to add something.

ND Thank you very much. I just want to once again wish everybody a very happy World Patient Safety Day and I must say that this day has provided a huge platform for change. Across the world, there are several national and international initiatives. Countries have really taken up this issue of health

worker safety as a priority and it is actually the beginning of a movement on health worker safety. So, I'm very proud to be associated with today and thank you very much for that.

FC Thank you, Dr Dhingra. We have Jamie Keaton from Associated Press. Jamie, can you hear me?

00:34:45

JK Yes, I can. Thank you, Fadela. This is for Dr Tedros. Dr Tedros, how much should governments be held accountable for mixed messages? Yesterday, we had Dr Redfield who made an assessment that masks could be more protective than vaccines. President Trump said that mass vaccinations will start next month. He also said that many people don't think that masks are that good. Many people. So, my question, are masks more protective than vaccines, and when can mass vaccinations start? Are many people right when they think that masks aren't good? What does WHO have to say about that? Thanks.

FC Thank you, Jamie. I think Maria would like to intervene. Maria?

MV Thanks, Jamie, I can start and maybe others would like to add. We recommend a comprehensive set of packages to tackle this pandemic. We know so many things work in preventing transmission, reducing transmission, suppressing transmission, controlling this outbreak. Masks are part of that. They are part of the individual measures that people can take, including physical distancing, including hand hygiene, including respiratory etiquette, masks where appropriate, making sure you follow the guidance and stay home if you're unwell. Seek care if you need.

00:36:15

The public health measures that are put in place. Active case-finding. Isolation of cases. Caring for cases depending on the severity of their symptoms. Comprehensive contact tracing. Quarantining of contacts. There are a lot of measures that are put in place and it's really important that people understand there's a lot we can do. There's a lot individuals can do as well in terms of taking a risk-based approach to their day and how they go about their day.

FC Thank you, Maria. Dr Ryan.

MR Yes, good morning and good afternoon, everyone. Yes, I think it is important that we have consistent messaging from all levels and it's not from one country, or one entity or consistent messaging between science and between government, consistent messaging across all the different topics. This is complicated stuff. Data changes, information changes, evidence changes. It isn't easy and it isn't easy for everyone to be on message all of the time.

But what is important is that governments and scientific institutions step back, review the evidence and give the most comprehensive, easy to understand and digest information so that people can take the appropriate action.

We also need to look at the tools we have now and the tools we have now are what we have. We hope, we dearly hope, and we are working very hard under the leadership of Dr Tedros to drive the development of safe and effective vaccines. But we don't have those vaccines now. What we do have are well-tested strategies that we know work.

00:37:49

As Dr Tedros says, it's not one thing. It's not just about masks, it's not just about physical distancing, it's not just about avoiding crowded spaces, it's not just about hand hygiene. It's about all of those things. Do it all. Governments need to get that message across and continue to get that message across to communities, and they need to empower communities to take action. There's nothing worse than being told to do something that you cannot do, because you don't have the resources, you don't have the education, you don't have the knowledge.

There's a process of transferring knowledge to people. It's not just shouting at them. It's communicating with them, it's engaging them. It's understanding the confusions, it's understanding their concerns, it's understanding their apprehensions and not laughing at it and not turning that into some kind of political football.

It's about genuinely communicating with people and genuinely recognising that it's confusing and it's upsetting. It's something we all strive to do better. We all need to strive to do better. That's everyone. Politicians, scientists, doctors, nurses, parents, teachers, everyone needs to become a communicator and take that responsibility seriously.

00:38:59

Just whilst I have the floor, on the issue of health workers, there are three things that haunt health workers working on the frontline, particularly in infectious disease. One is to stand there and watch people die because you can't help them. Two is to see a worker fall and be infected, your fellow worker and friend. The third and the one that really preys on health workers most of the time in these situations is the chance they could take that disease home to their families, to their friends, to their children.

So, frontline workers are working under immense pressure, under immense strain and they're extremely courageous. The least we can do is give them the tools, the training and the environment in which they can do that work at the safest possible better. Because when you feel safe, you do better. When you feel safe, your performance increases. That's what we want. Highly performant, highly skilled health workers, operating in an environment where they can turn all their knowledge into solutions for their patients.

If they're concerned about their safety, if they're worried about that, they will not perform as well. So, even if we wanted to make this a cold, logical argument, a protected health worker is a more effective health worker and let's focus on that within the charter in the coming months. Thank you.

FC Thank you, Dr Ryan. We have Imogen Foulkes from the BBC. Imogen, can you hear me?

IF Yes, I can. Can you hear me?

00:40:35

FC Yes, I can, perfectly. Go ahead please, Imogen.

IF It's also a question about patient safety and it's related to elderly people, possibly with dementia in care facilities or younger people who also because of their health condition need to be in long-term care facilities. In many countries, these people have been basically isolated since March. They're not getting the visits, the stimulation that they need. I have personal experience of this. This is a huge damage to the welfare of patients.

What guidelines can you give? I don't think you can keep an old person with dementia just sitting in their room not even eating with fellow patients for months and months on end with no visits. That is what has been happening in the UK, as I'm sure Jeremy Hunt knows.

FC Thank you, Imogen. Mr Hunt, do you want to start?

JH Well, I think that is a massive concern and we had some very powerful testimony to the select committee from a lady whose husband has dementia and she had been unable to see him during lockdown. She was worried that when she was eventually allowed to see him, her husband wouldn't recognise her anymore. These are heart-breaking stories.

00:42:07

Obviously, infection prevention and control in care homes is essential and that's one of the things that we didn't get totally right in the UK at the start of the pandemic. I think the solution to this is much more widespread testing, so that we can get people who want to visit relatives in care homes a test, so that they know that they're not carrying the virus and that therefore the chance of passing it on to someone in the home is reduced.

The systems are not fool-proof. We've got big issues with the testing capacity in the UK at the moment, as I know they do in many places. But that to me is the long-term solution of dealing with those issues of isolation.

FC Thank you, Mr Hunt. Dr Kelley?

EK Yes, I can only just complement Jeremy's very good intervention to say that, Imogen, as someone whose father was in a care home, mother-in-law now, her Parkinson's and dementia getting much worse because of the isolation she has in a care home in the United States, and many of us around the table struggling with this, all this hits home very personally, I think.

WHO has recognised that immediate priorities around preventing the acute situation, infections in care homes have caused an inordinate number of deaths. It spreads very quickly, because of the residential living facilities, because of common eating areas and all sorts of other things, and providing infection prevention where you have these types of situations is difficult.

But it's not just about infection prevention. As people go in and out of residents' rooms, you have a workforce that tends to be very different than other types of healthcare workforce. They tend to be contract workers. It's a much more fractured part of the healthcare system, as someone who directs essential health services for WHO, and it's one that we have unfortunately probably as a global community neglected for a long time.

00:44:19

Several weeks ago, the Director General made a call to the rest of the world, saying the idea and the treatment of elderly deaths and elderly morbidity and mortality as something different from that of the rest of the population is a moral gap that we have. This is something that WHO has come out with guidance on. We have guidance on long-term care and how to manage it. It's not just about how to control the infections, but it's about ensuring the essential services continue, ensuring that facilities try to support residents in terms of mental and physical health as well. So, it's a priority that we have and one that needs more work.

FC Thank you, Dr Kelley. Dr Dhingra?

ND Thank you. The World Health Assembly in 2019 adopted a resolution on global action on patient safety, which clearly identifies the need for safety principles to be applied across all healthcare settings, including mental health services. Aligned with that, WHO has been working on guidelines for safety and quality in mental health services. So, just specifically to answer the question which you asked about whether there are guidelines available.

00:45:33

But I must say that we have a long way to go to improve patient safety in these services. However, it's well-recognised that this is the part of services where we need to prioritise and emphasis, particularly learning from the experience during the COVID pandemic. Thank you.

FC Thank you, Dr Dhingra. We have one question through our social media platform about protecting nurses who are doing considerable work in communities, more often overloaded by carrying out work that should be done by doctors. What is your position on the nurses working in the communities and how can you protect them? Dr Kelley?

EK Yes, I'll start, because I'm sure this is something that literally everyone around this table is interested in. It's the Year of the Nurse and the Midwife for WHO. It's something that both really flows out of the UN High-Level Commission that Guy mentioned earlier, but it's also part of our work this year with our Chief Nurse and Dr Tedros's leadership on this.

So, it's quite clear that, how shall we put it, the health systems of the world are in many ways carried on the backs of the nurse workforce around the world. The nurse and midwife. In healthcare also we have certain ideas around it being in an office, in a facility, but most care happens outside of that facility. It happens in the community, with community health workers, with nurses going out into the community and it also happens with families. With mothers and fathers taking care of their children and with other care-givers.

So, in this current pandemic, where we are recognising this particular Year of the Nurse and the Midwife, for sure there's an opportunity to emphasise that role. But we have guidance also that we've come out with for how to safely carry out community services, community outreach services. Whether this be handing out bed-nets for malaria, whether it be catching up on immunisation programmes, important programmes that have been somewhat interrupted by the pandemic. But the ongoing issue of what we technically term, task-shifting, in the health workforce world is an important one and one that will continue

as we get more and more specialised at the high-end of our healthcare delivery. Yet most of the world's problems are solved by primary healthcare and by community services that are given.

00:48:22

The countries right now, WHO, is pivoting a bit. We still have lots of areas of this outbreak we don't understand, that we're doing more work and more guidance. The science that Maria mentioned. But we are trying to pivot to look more directly at how we can support countries in their work and this has to be probably one of the top priorities. How can we support the delivery of community health services and primary care in the context of COVID?

FC Thank you, Dr Kelley. Dr Ryan?

MR Yes, I think we should truly celebrate the frontline community, nurses and midwives, public health nurses. I come from a country where public health nurses have been the bedrock of our health system for many years. In my country and in many countries around the world, the first person that a child sees in its lifetime is usually a public health nurse or a midwife, and the last person they see is a public health nurse during end of life care, and they're there all the way in between.

00:49:23

Sometimes, when I say this, I hope I'm not being too controversial. We should and we do celebrate sophisticated hospital-based medicine. It's huge, it's cutting-edge, it takes us to the next level of care. But sometimes we forget the lives that are saved in communities by community workers. We see that also now with public health. We're doing better at saving lives in intensive care units. We're not doing a whole lot better at doing public health surveillance and contact tracing and community education and outreach.

Not overinvest... We should always invest in our tertiary healthcare system. We should always invest in sophisticated medicine. But sometimes we forget to make the small, persistent, long-term investment in primary healthcare, in community health, in prevention and in supporting our communities.

I think when we get through the end of this pandemic, I hope we sit down and have a really tough conversation with ourselves around, what is the balance of our investments in health? Because some of the negative impacts of this pandemic have definitely been driven because we do not invest enough in frontline community health, in public health and in primary healthcare. It is the bedrock... Dr Tedros says it all the time. Primary healthcare is the bedrock of universal health coverage. Our public health nurses, our public health doctors, our public health midwives are the bedrock of that system as well.

FC Thank you, Dr Ryan. We are up to the hour. Maybe I can invite...? Dr Kelley I think has something to add. Dr Kelley.

EK I'm sorry to take the floor again. Really, it's a problem when you get an Irishman and an Irish-American together in the same room. We could just be here by ourselves probably. It's just to come back to the day just briefly, which is this World Patient Safety Day, where we are really looking at health worker safety and patient safety.

00:51:16

We actually had a discussion at one point where someone asked me these two separate things. Will it confuse people that they're together? We've talked about this. Neelam has led this work, heading in for the day with Dr Tedros and Jeremy as the cochair of the steering committee for a long time.

For me, I got involved in global health because of patient safety. My mother died in the best hospital in New York City, from a healthcare associated infection and subsequent sepsis. The reason that was investigated was because the staff were overworked, under-capacitated and there were improper and not properly implanting IPC infection prevention and control measures.

So, the idea that health worker safety and patient safety are part of the same agenda is of highest priority to WHO. It is for sure one of the ways we will ensure the success both of this day and as it goes forward. Today, and the charter day, and in some ways a piece of paper, but the work really goes on through the year. There'll be the Global Action Plan for Patient Safety that goes to the World Health Assembly next year. There's going to be a whole bunch of work of countries around the world raising awareness today. Lighting up things in orange, but also doing work with local communities and local leaders.

00:52:44

So, to come back to this idea that today on health worker safety and partnership with ILO and others, that this kind of work needs to go forward and it can make a big difference.

FC Thank you, Dr Kelley. I would like to invite Mr Hunt, if you would like to give some closing remarks. Mr Hunt?

JH I'm very happy to do that. Thank you so much. I just want to thank everyone at the WHO for the tremendous support that they have shown for the patient safety agenda over recent years. In some ways, avoidable harm and death in healthcare systems has been a hidden killer. It has been something that we haven't wanted to talk about.

Everyone knows how many people die every year from cancer, heart disease, malaria and so on. But the number of people who died because proper procedures aren't followed, medical error, is something we haven't wanted to talk about. But because of the great efforts of the people we have heard from today, this is really starting to change.

This is a year with this horrible pandemic, where people are understanding that avoidable deaths in healthcare settings is unfortunately a reality. So, my plea to everyone is when we finally get this horrific pandemic behind us, when we get that vaccine... That bell, by the way, is the House of Commons in the UK, so please ignore it. But when we get that vaccine and we put this pandemic behind us, please let's not forget that avoidable death continues and there is so much we can do to tackle the five avoidable deaths we have every single minute somewhere in the world. That's why... I think the really important thing... This is the second World Patient Safety Day, but we are putting together a ten year programme to tackle patient safety in healthcare systems across the world. Focussing on different themes every year. It's

absolutely right that this year we're focusing on healthcare worker safety, because that's where it all starts.

But let's not forget, there are many other safety issues to tackle going forward. So, thank you, everyone, for your tremendous commitment to this cause, to you, Dr Tedros, without whom none of this would've happened, and to your team. Let's use this as a big step forward in a global campaign, to prevent the scandal of preventable harm and death.

00:55:29

FC Thank you so much, Mr Hunt. Mr Ryder?

GR Listening to this conversation, the questions and answers, it's actually quite remarkable the extent to which the issues have been addressed. I think they overspill the immediate issues of patient safety and health worker safety, our immediate circumstance of the pandemic. It is remarkable how many of the issues that have come into the conversation resonate and resonate very, very strongly with the types of issues that we're trying to deal with day in, day out, across the road at the International Labour Organisation.

So, when I hear the brilliant colleagues at the World Health Organisation emphasise the mental and psychological hazards at work, which I think are the tip of an iceberg that we're uncovering now, when it's said very clearly and eloquently, that when a worker, a health worker or any other worker, feels safe and treated decently, able to express their views, they perform better apart from anything else. These are issues which are fundamental to what we do. The whole future of the care economy, which spills beyond perhaps our immediate categories of thought and analysis, these are things that are bread and butter issues for the International Labour Organisation in the world of work.

00:56:47

So, I'm looking forward to that day when we can look back at this pandemic as something which belongs to the past. I hope we can pick up these threads and bring them together, and weave them into something which is important I think for the future of healthcare in the world and very important for the future of work as well. So, thank you very much for including me in today.

FC Thanks to you, Mr Ryder. I will let Dr Tedros finish. Dr Tedros, you have the floor.

TG Thank you. After Jeremy and Guy, I think my life is easier. I would like to say I fully conquer with what they have said I don't want to repeat what they have said actually, and I fully conquer. I would like also to on behalf of all our colleague, Jeremy, Guy and all my colleagues here and on behalf of WHO, we would like to express our greatest respect and appreciation to all health workers. Thank you so much. With that, I would like to pass to Fadela and see you in our next press... I think we have tomorrow the Global Preparedness Monitoring Board. I think we have a special event tomorrow. Thank you, Fadela.

FC Thank you, Dr Tedros, Mr Hunt, Mr Ryder and to our colleagues for your valuable contribution and not forgetting the journalists for their regular attendance and presence.

00:58:26

I now close this press conference and remind you that you will receive the audio file of this press conference and Dr Tedros's remarks. The transcript will be available in the course of the day. I apologise to those who could not get their questions answered. Thank you so much.