

# Initiative to ensure basic levels of care in Africa ready to roll-out

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An African network of healthcare policy-makers focusing on patient safety has been established following a landmark conference on basic healthcare standards in Cape Town.

Senior representatives from health departments in at least 10 African countries attended the two-day event for the launch of the SafeCare Initiative, a global quality think tank that will provide healthcare facilities in resource-restricted settings with a means to improve service delivery.

The initiative is a partnership between the locally based Council for Health Service Accreditation of Southern Africa (COHSASA), PharmAccess Foundation of the Netherlands and the Joint Commission International, the United States-based quality standards authority.

Michiel de Wilde, managing director of the PharmAccess Foundation, said the SafeCare Initiative was an opportunity for countries in Africa to learn from each other and share knowledge on how to address a critical health issue.

"A very practical next step for the SafeCare Initiative is to facilitate an information exchange network between healthcare providers. We are asking all countries interested in contributing to the discussion on quality and standards to work through SafeCare to keep the dialogue going."

Stuart Whittaker, the first chair of SafeCare and CEO of COHSASA, said the launch of the initiative was the combined effort and experience of the three dedicated to ensure a basic level of care and safety for African people.

"Now, more than ever, it is important that we identify human error so that learning can take place. The evolution of monitoring quality in healthcare has reached the point where we have the standards and guidelines in place to influence performance and to measure outcomes so that finally patients visiting hospitals and clinics know that they will receive an acceptable level of care," said Whittaker.

Paula Wilson, CEO of JCI, said the organisation worked in 90 countries around the world and she commented that the same mission and vision for patient care was shared broadly. "We work with partners in every country but take into account the cultural and regional norms and how these could impact on patient care."

Ghana, Nigeria, Lesotho, Botswana, Kenya all made presentations showing how basic standards and healthcare were applied in their countries.

Dr Nicholas Tweneboah, director of operations from the National Health Insurance Authority in Ghana, said expertise had been developed over the past few years within the NHIS in Ghana and he believed a partnership with SafeCare could be mutually beneficial.

"Accreditation is an essential tool that serves as a first step in promoting quality and safety and we expect and welcome continued and expanded international collaboration and partnerships."

Dr Carmen Audera-Lopez, from the WHO's patient safety programme, also addressed the conference saying that too often, lower levels of staff and even patients were afraid to speak up in the presence of a doctor or point out mistakes when patient safety was compromised.

"The WHO is proposing simple solutions to bring about the changes we want to see in patient safety," she said. These included enforcing hand washing, checklists, protocols, standard procedures and finding local solutions to local problems. Most important though was that there had to be a change in patient safety culture.

"And that comes with leadership followed by communication and learning from mistakes.

"Over 40 individuals have signed up to be part of the SafeCare communication network regarding quality safe care in Africa," says Paul vanOstenberg. "Based on this response, the SafeCare Initiative is now poised to rollout a package of services, standards and advocacy in the coming months."

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