



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



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17 July 2007
ORIGINAL: SPANISH

REGIONAL POLICY AND STRATEGY FOR ENSURING QUALITY OF HEALTH CARE, INCLUDING PATIENT SAFETY

Introduction

1. Quality^{*}, including patient safety, is an aspect of health care essential for attaining national health objectives, improving the health of the population, and ensuring the sustainability of the health system. However, despite the efforts of the Member States, major challenges in quality persist in the more developed and developing countries alike (I-4). This document proposes five strategic lines of action for improving the quality of health care and patient safety, with emphasis on the most vulnerable population groups. It also proposes the creation of a regional quality observatory to monitor the preparation of a consensus-based regional quality strategy.

Background

2. Poor quality health care imposes a very heavy burden on society and health systems. Annex I presents selected indicators of the quality of health care and patient safety in the Region of the Americas. Lack of quality is manifested in many ways, including:

- (a) Ineffective health services; that is, services that do not obtain the expected health outcomes. This problem is expressed in unjustifiable inconsistencies in clinical practice, inappropriate or unnecessary care, and a high percentage of care inconsistent with current knowledge in the profession. In the most extreme cases, lack of quality makes the health services unsafe, causing physical or human harm--a situation that has led to an increase in lawsuits against health professionals and

* The Institute of Medicine of the United States defines quality as the degree to which health services for individuals and populations (1) increase the likelihood of desired health outcomes and (2) are consistent with current professional knowledge. To this definition should be added the subjective component of quality, which is users' perception of quality.

- health services alike, causing service providers to feel that they are under attack and practice defensive medicine. At the regional level, examples of the lack of quality are the excessively high rate of maternal and neonatal mortality, hospital infections, irrational use of drugs, and surgical errors.
- (b) Inefficient health services; that is, services with higher costs than necessary for obtaining the same outcome, a phenomenon that contributes to an excessive increase in health expenditure without a corresponding improvement in health service performance. This implies an opportunity cost for the health service, siphoning off resources that could be invested, for example, in expanding service coverage to the most unprotected populations. The limited response capacity at the first level of care is a paradigm of inefficiency because of the pressure it puts on hospital emergency rooms and consultations at higher levels of complexity.
 - (c) Poor quality is also expressed in limited access, marked by administrative, geographic, economic, cultural, and social barriers and indifference about employing the gender perspective in health service delivery. This situation is manifested in long waiting lists, clinic hours out of synch with users' schedules, excessively long distances to health centers, lack of drugs in health centers, and services inappropriate to the cultural and social context/preferences of citizens.
 - (d) Finally, another expression of the lack of quality is the dissatisfaction of users and health professionals with the health services. Citizens complain, for example, about abuse, lack of communication, and the inadequacy of health facilities. Moreover, health professionals and health workers suffer from a lack of motivation, excessive work loads, and in the most extreme cases, burn-out, which further contributes to a deterioration in the quality of the service provided.
3. Lack of quality has many causes and involves failures at the systemic level and in the delivery of personal health services.
- (a) At the systemic level, the following contribute to poor quality: (1) failure to give quality priority and make it part of the health sector reform agenda; (2) deficiencies in the frameworks for quality regulation; e.g., technical regulations and standards, accreditation, certification, and licensing systems, and limited knowledge about patient rights and responsibilities; (3) insufficient material, human, and financial resources or their complete absence; (4) lack of information systems for adequate resource management; (5) financial transfers or provider payment mechanisms that are not linked to performance and health outcomes, and (6) low technical, ethical, and human standards in undergraduate and graduate training programs.

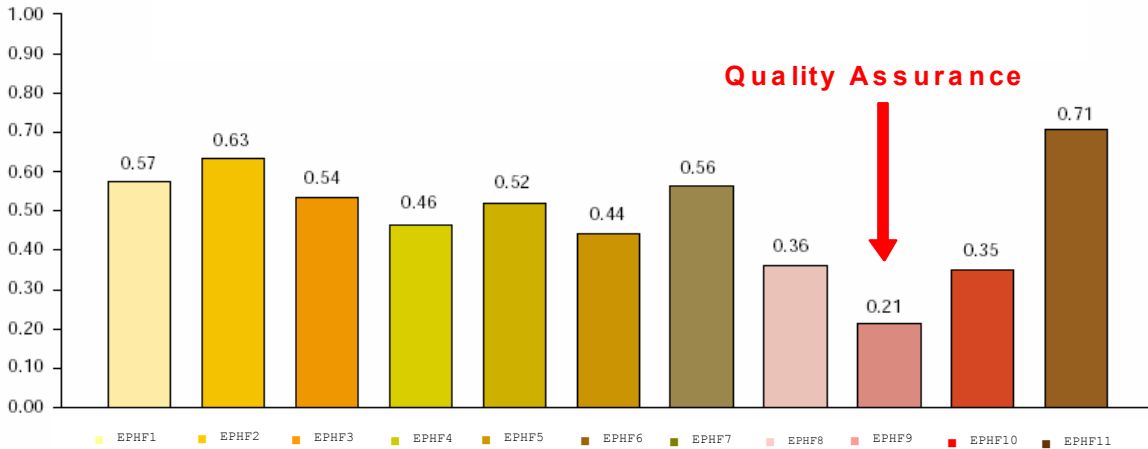
- (b) In the delivery of personal health services, poor quality is caused by: (1) lack of motivation among health workers; (2) weak competencies and technical skills; (3) the absence of teamwork and trust; (4) a paternalistic model of care in which users are not involved in decision-making; (5) poor working conditions, and (6) lack of professional programs and programs to update professional skills.

Progress Report

4. In recent decades, several countries in the Region have launched major quality and patient safety initiatives. For example, in February 2001, Mexico launched its “National Quality Campaign,” aimed at improving the quality of services and raising it to acceptable levels throughout the country; Peru has introduced a national accreditation system for health centers, with a new initiative to be implemented in 2007; Argentina has numerous institutions dedicated to improving quality and a national program for “licensing by category;” Costa Rica has spearheaded the commitment to patient safety activities; Brazil has carried out important quality assessment exercises and promoted improvement strategies in areas ranging from accreditation to the promotion of patient safety; Colombia has a system for reporting adverse events in health care; and Chile has a wide range of initiatives for controlling infections associated with health care.

5. PAHO/WHO activities to promote quality include the 1992 publication of the manual *Hospital Accreditation for Latin America and the Caribbean* (5), which was widely accepted and used in the countries of the Region. In 2000, a ninth function was added to the essential public health functions (EPHF) initiative: “Ensuring the quality of personal and population-based health services.” This was significant at two levels. First, it gave the State responsibility for safeguarding the quality of care in both the public and private sector. Second, it outlined the specific components for the performance of this function, including the continuous quality monitoring, health technology assessment, the development of standards, and application of the scientific method in evaluating health interventions. In the 2002 evaluation of the EPHF, the ninth function received the worst marks (see figure 1).

Figure 1: Performance of the EPHF in the Region of the Americas (6)



6. In May 2002, the Fifty-fifth World Health Assembly (WHA) adopted resolution WHA55.18 “Quality of Care: Patient Safety,” which urges to the Member States “to pay the closest possible attention to the problem of patient safety” and to “establish and strengthen science-based systems, necessary for improving patients’ safety and the quality of health care...” In response to this resolution, in 2004 the WHA57 proposed to the creation of a World Alliance for Patient Safety (WAPS), which was launched by the Director-General of WHO in October of that same year at PAHO/WHO Headquarters in Washington, D.C. (4)

7. In response to this global initiative, PAHO/WHO has aligned its quality improvement strategy with the objectives of WAPS. In May 2006, the First Regional Workshop on Patients for Patient Safety was held in San Francisco (USA); here, professionals and patients from the Region formed an initial network of regional leaders. In March 2007, the first regional workshop of WAPS’ first Global Patient Safety Challenge, “Clean Care is Safer Care”, was held in San José, Costa Rica. Also in March 2007, the first working meeting of the Research for Patient Safety Project (IBEAS), was held in Buenos Aires; the project’s objective is to determine the frequency of adverse events in a sample of over 20 hospitals in Argentina, Colombia, Costa Rica, Mexico, and Peru. The IBEAS study is a collaboration between AMSP, PAHO/WHO, and the Ministry of Health and Consumer Affairs of Spain.

8. Other regional initiatives include the Iberoamerican Cochrane Network for evidence-based medicine; the Iberoamerican Network for Quality guides, the Central American EPQI Network for continuous evidence-based quality improvement, and the Expert Nurses Group on Patient Safety.

9. Despite the progress cited earlier, quality improvement still poses a real challenge for the Region, not only because of the persistence of the problems associated with the lack of quality, but because of the multiple concepts and approaches for improving it (1-7). This heterogeneity, combined with the lack of available information, hinders the development of a shared conceptual framework and the setting of intervention priorities. Moreover, the limited evidence on the cost-effectiveness of quality improvement strategies poses a dilemma for decisionmakers regarding which policies and strategies will have a greater impact on health outcomes (1).

Regional Strategy: Lines of action

10. The current context and regional situation call for the definition of a regional strategy to promote quality care and patient safety. This strategy should cover the health care continuum, including patients, family members, and communities, and target the most vulnerable population groups and the priority health issues defined in the Millennium Development Goals (MDGs). Its development will require an exhaustive situation analysis and regional consultative process. For this purpose, the following strategic lines of action have been defined:

- (a) Make the quality of health care and patient safety sectoral priorities:
 - (i) political dialogue with national authorities to make quality and patient safety part of sectoral policies and health sector reform processes;
 - (ii) active participation and advocacy in global and regional forums;
 - (iii) signing of political commitments for action. By December 2008, at least 20 Latin American and Caribbean countries are expected to have signed the commitment to the first Global Patient Safety Challenge, “Clean Care is Safer Care”;
 - (iv) identification and orientation of leaders—“ambassadors”—for quality and safety in health care;
 - (v) advocacy to include quality and patient safety in the curriculum for training health workers.

- (b) Promote citizen participation in matters related to quality:
 - (i) Encourage the promotion and protection of the rights and responsibilities of patients and health professionals in the areas of quality in health care and patient safety, including the respect for privacy, confidentiality, and the integrity of the person;

- (ii) Use of tools for evaluating user satisfaction with the health services;
 - (iii) Encourage the creation and strengthening of citizen initiatives to improve quality and patient safety, as well as their links with decisionmakers, managers, and professional societies; (by December 2007, at least five countries are expected to have participation initiatives of this type.)
- (c) Generate information and evidence on quality:
- (i) Production and pilot testing of a tool for measuring quality and patient safety in health centers (Final report anticipated in December 2008.);
 - (ii) Compile information with evidence on quality and patient safety and make it available through virtual media;
 - (iii) Develop and encourage priority lines of research:
 - status of quality initiatives in Latin America and the Caribbean through a literature review and survey of key informants (anticipated publication of results: December 2007);
 - patient safety (IBEAS study), (anticipated publication of final report: March 2008);
 - effectiveness of hand-washing solutions (final report expected in June 2008); PICK strategy for the prevention of kernicterus, and retinopathy prevention in premature infants (Final report expected in December 2008).
- (d) Develop, adapt, and support the application of solutions in the field of quality:
- (i) Compile and disseminate existing material, models, and tools for improving quality based on evidence, including continuous improvement and quality assurance models, formation in clinical management, in addition to the publication of a manual of methodologies for quality and safety in health care and specific manuals on hospital infections;
 - (ii) Compile, develop, and disseminate solutions based on new information technologies that improve the quality of care, such as, for example, information systems on the quality situation and patient safety, electronic clinical histories, telemedicine applications, etc.
 - (iii) Train in the use of quality models and instruments through online courses such as those of the Iberoamerican Network of Quality Guides, on-site training activities in collaboration with WAPS, quality courses from the Spanish Agency for International Cooperation, and creation of the Central

American EPQI Network, promoted by the University of Tohoku, Japan, etc;

- (iv) Provide technical assistance in the formulation, improvement, and implementation of the national quality and patient safety programs of the Member States;
 - (v) Promote sharing of experiences among Member States.
- (e) Develop a Regional Strategy for improving the quality of health care and patient safety with a 10-year horizon. The methodology will be based on a regional consultation that will involve health authorities, leaders in the field of quality, service providers, experts, and other relevant actors. The Plan will include the development of a consensus-based conceptual framework for quality and patient safety, beginning with a broad analysis on the concepts of health and quality of life, and a regional plan of operation at four levels: country, groups of countries, corporate, and multiagency. The strategy is expected to be finalized in December 2008.

11. These strategic lines prioritize the most vulnerable population groups, especially those specified in the MDGs. The areas selected for the maternal and child group include maternal mortality, neonatal infections, prevention of retinopathy in premature infants, and the prevention of kernicterus. Priority is also given to various health issues, such as hospital infections (the objective of the First World Challenge of WAPS 2005-6); safe surgery (the objective of the Second World Challenge of WAPS 2007-8); and safe technologies and drugs (based on PAHO/WHO's current work in these areas).

12. The proposal also includes the creation of a Regional Observatory of Quality in Health Care and Patient Safety as a national observatory network, made up of the national authorities responsible for quality, health service providers, academicians, citizens' representatives, international cooperation agencies, and other NGOs will have the following functions:

- (a) generate, analyze, and disseminate information and solutions with respect to quality based on evidence;
- (b) help make quality fundamental to the effectiveness and sustainability of health systems;
- (c) promote the sharing of experiences and solutions between the Member States of the Region and other regions of the world;
- (d) mobilize resources for quality initiatives;
- (e) support development of the regional strategy on quality and patient safety.

13. The regional strategy involves collaboration with several national and international centers. Some of the most important are:

- (a) The Joint Commission-Joint Commission International, the official collaborating center of the AMSP/WHO for the design of solutions in patient safety.
- (b) There are other activities and/or active relations with other centers, such as:
 - (i) The Quality Agency of the Ministry of Health and Consumer Affairs of Spain, and its collaborating institutions (Universidad Española and regional health services);
 - (ii) The International Society for Quality (ISQua);
 - (iii) The Latin American Federation of Hospitals (FLH);
 - (iv) The Argentine Society for Quality Care (SACAS);
 - (v) Argentina's Technical Institute for the Accreditation of Health Facilities (ITAES);
 - (vi) Center for Regulation and Standardization in Health (CENAS), Argentina;
 - (vii) EPQI Initiative of the University of Tohoku, Japan; and
 - (viii) Quality Assurance Project (QAP), University Research Co., LLC.

Action by the Pan American Sanitary Conference

14. The Conference is requested to consider these strategic lines of action and support the creation of a Regional Observatory on Quality and Patient Safety, and also the adoption of the resolution proposed by the 140th Session of the Executive Committee (see Annex II).

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6. Pan American Health Organization/ World Health Organization (PAHO/WHO). Public Health in the Americas: New Concepts, Analysis of Performance, and Basis for Action. Washington D.C.: PAHO/WHO; Scientific and Technical Publication No. 589; 2002.
7. World Health Organization (WHO). Quality and accreditation in health care services. A global review. Geneva: WHO; WHO/EIP/PSD/2003.1; 2003.

Annexes

**Selected indicators of quality in health care and patient safety
in the Region of the Americas**

Functions and Indications of quality	Selected indicators
State regulatory function in quality assurance ^a	<ul style="list-style-type: none"> - Only 49% of the countries indicate that they have national policies on quality; only 30% have an agency that regulates health technologies, and only 22% autonomous accreditation bodies. ^a - Only 43% of the countries apply quality standards. ^a - Only 27% of the countries have measured progress in quality improvement. ^a
Indications of ineffectiveness	<ul style="list-style-type: none"> - In Brazil, the proportion of deliveries via caesarean section was 41.8% in 2004. ^b - A productivity analysis of some hospitals in the Americas found that the number of laboratory tests per discharge ranged from 2.1 to 22.8 per discharge.
Indications of inefficiency	<ul style="list-style-type: none"> - 51% of hospitalizations are for problems that could be handled on an outpatient basis or at the first level of care. ^d - The cost of nosocomial pneumonia associated with mechanical ventilation in a Guatemalan hospital was US \$1,758 per case, or 2.5 times higher than cost of care for a patient who does not contract this infection. ^e - In Brazil, Passarelli et al ^f report that hospitalization was prolonged by 10 days in cases of adverse reactions to drugs.
Indications of a lack of safety	<ul style="list-style-type: none"> - At a university hospital in Brazil, 61% of elderly patients admitted experienced at least one adverse drug reaction. In approximately one-quarter of these cases, inappropriate drugs had been administered. ^f - At a third-level hospital for respiratory pathologies in Mexico, 9.1% of hospitalized patients suffered adverse events associated with the care received. Of this group, 17% suffered temporary disability and 52% required a longer hospital stay; in 26%, these adverse events were a contributing cause of death. Some 74% of these events were considered potentially preventable. ^g - At the Teaching Hospital of Honduras the prevalence of hospital infections in services under surveillance was 10%. ^h - In Peru, Ministry of Health hospitals, the incidence of surgical wound infection is 2.1 for every 100 deliveries by caesarean section, and puerperal endometritis, 1.19. ⁱ
Indications of lack of access	<ul style="list-style-type: none"> - In the Central American Isthmus, only 59.1% of deliveries are attended by trained professionals. ^j - In municipios in northeast Brazil, at least 10% of the women who used the health services in the three months prior to the evaluation were dissatisfied with the access. ^k

^a PAHO/WHO. Public Health in the Americas: New Concepts, Analysis of Performance, and Basis for Action. Scientific and Technical Publication No. 589; 2002. ^bPAHO/WHO. Draft of the ECP of Brazil. OPS/OMS; 2007. ^cOPS/OMS.ACODESS. Ministère des Affaires Étrangères. République Française. La Transformación de la gestión de hospitales en América Latina y el Caribe. Washington, D.C.: OPS/OMS; 2001. ^dPAHO/WHO, Estudio Regional sobre e Assistência Hospitalar e Ambulatorial Especializada na América Latina e Caribe. Document THS/OS/04/2; 2004. ^eSalvatierra-González, R.M. Costo de la infección nosocomial en nueve países de América Latina; Washington, D.C.: PAHO; DPC/CD/271/03; 2003. Available at: <http://www.paho.org/Spanish/AD/DPC/CD/eer-amr-costo-infec-nosocomial.htm>. ^fPassarelli MC, Jacob-Filho W, Figueras A.; Adverse drug reactions in an elderly hospitalised

population: inappropriate prescription is a leading cause. *Drugs Aging*. 2005; 22(9):767-77.

^gHerrera-Kiengelher L, Chi-Lem G, Baez-Saldana R et al. Frequency and correlates of adverse events in a respiratory diseases hospital in Mexico city; *Chest*. 2005 Dec;128(6):3900-5. ^hKafati R. Informe de actividades de vigilancia de infecciones intrahospitalarias 2006. In: I Regional Workshop on Clean Care is Safe Care. San José de Costa Rica, Costa Rica. 2007. ⁱCárdenas F. Infecciones intrahospitalarias en el Perú. In: I Regional Workshop on Clean Care is Safe Care. San José de Costa Rica, Costa Rica. 2007. ^jPAHO/WHO, Health Situation in the Americas. Basic Indicators. PAHO/HDM/HA/06.1; 2006. ^kAtkinson, S. and D. Haran, Individual and district scale determinants of users' satisfaction with primary health care in developing countries. *Soc Sci Med*, 2005. 60(3): p. 501-13.



PAN AMERICAN HEALTH ORGANIZATION
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140th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 25-29 June 2007

CSP27/16 (Eng.)
Annex II

RESOLUTION

CE140.R18

ENSURING THE QUALITY OF HEALTH CARE, INCLUDING PATIENT SAFETY

THE 140th SESSION OF THE EXECUTIVE COMMITTEE,

Having analyzed the document presented by the Director, *Ensuring the Quality of Health Care, Including Patient Safety* (Document CE140/18),

RESOLVES:

To recommend to the 27th Pan American Sanitary Conference that it adopt a resolution along the following lines:

THE 27th PAN AMERICAN SANITARY CONFERENCE,

Having analyzed the document presented by the Director, *Ensuring the Quality of Health Care, Including Patient Safety* (Document CSP27/16);

Considering that it is important to take immediate steps at the national and regional levels to ensure that health systems provide effective, safe, efficient, accessible, appropriate, and satisfactory care for users;

Recognizing that policies are needed in the health sector that will impact the health care continuum, foster citizen involvement, and promote a culture of quality and safety in health care institutions;

Recalling the designation of quality assurance in individual and collective health services as an essential public health function (Document CD42/15 of the 42nd PAHO

Directing Council (2002)) and recognizing with concern the Region's poor performance in this regard;

Considering Resolution WHA55.18, "Quality of Care: Patient Safety," of the World Health Assembly in 2002, which urges Member States to pay the greatest attention to the problem of patient safety and to establish and strengthen the scientific systems necessary for improving patient safety and the quality of care;

Considering the Regional Declaration on the New Orientations for Primary Health Care (Declaration of Montevideo), endorsed by the 46th Directing Council of PAHO (2005), establishing that health systems should be oriented toward patient safety and quality of care; and

Recognizing with satisfaction the initiatives and leadership of some of the Region's Member States in the field of patient safety and quality of care,

RESOLVES:

1. To urge the Member States to:
 - (a) Prioritize patient safety and quality of care in sector health policies and programs, including the promotion of an organizational and personal culture of patient safety and quality of care to patients;
 - (b) Allocate the necessary resources for developing national policies and programs to promote patient safety and quality of care;
 - (c) Incorporate client involvement in processes for improving the quality of health care;
 - (d) Evaluate the patient safety and quality of care situation in the country, with the objective of identifying priority areas and intervention strategies;
 - (e) Design and implement interventions to improve patient safety and quality of care;
 - (f) Collaborate with the PAHO Secretariat in drafting an evidence-based regional strategy that includes measurable outcomes for improving patient safety and quality of care.
2. To request the Director to:

- (a) Emphasize to the Member States and subregional, regional, and global forums the importance of improving patient safety and quality of care;
- (b) Generate and make available information and evidence that will permit scientific evaluation of the magnitude and evolution of performance in the field of quality of care, as well as the effectiveness of the interventions;
- (c) Provide technical assistance to the countries of the Region in the design and application of solutions for quality improvement;
- (d) Promote patient/client involvement in the formulation of policies and solutions to improve patient safety and quality of care;
- (e) Spearhead efforts to create the regional observatory of patient safety and quality of care;
- (f) Mobilize resources in support of patient safety and quality of care initiatives in the Region;
- (g) Develop, in consultation with the Member States, a regional strategy for improving patient safety and quality of care.

(Ninth meeting, 29 June 2007)



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27th PAN AMERICAN SANITARY CONFERENCE 59th SESSION OF THE REGIONAL COMMITTEE

Washington, D.C., USA, 1-5 October 2007

CSP27/16 (Eng.)
Annex III

Report on the Financial and Administrative Implications for the Secretariat of the Resolutions Proposed for Adoption by the Pan American Sanitary Conference

1. Resolution: ENSURING THE QUALITY OF HEALTH CARE, INCLUDING PATIENT SAFETY

2. Linkage to program budget

Area of work

Expected Result

Biennial budget 2006-2007
AMPES THS.0051

THS.0051.02
THS.0051.04

- **THS.0051.02:** Development of clinical management and patient safety strategies in public hospitals. **Indicator:** Patient safety strategies implemented in at least 12 hospitals in 3 countries. There is no baseline information. **Degree of progress:** with the IBEAS study *Prevalence of Adverse Effects in Health Care*, introduction of a patient safety strategy is beginning in more than 20 public hospitals in 5 countries (Argentina, Costa Rica, Colombia, Mexico, and Peru). With the pilot study on the WHO hand-washing strategy, a patient safety strategy is being introduced in the Children's Hospital of San José, Costa Rica, which will serve as a model and be used in other hospitals of the Region.
- **THS.0051.04:** Strengthening of national quality assurance programs. **Indicator:** three countries will have strengthened their national quality programs. **Degree of progress:** Argentina, Costa Rica, Colombia, Peru, and Mexico are involved in projects to strengthen their national quality programs, including patient safety.

Area of work: Strategic Plan 2008-2012. Strategic Objective 10 (SO10) "To Improve the Organization, Management and Delivery of Health Services"

- **Expected result:** support for the Member States in providing equitable access to quality health services, with special emphasis on vulnerable populations, and health

<p>services that use recognized standards, best practices, and available evidence. Indicator: number of countries that have received support for strengthening quality in health services delivery; baseline indicator at the end of 2007: 11. objective indicator 2009: 19. objective indicator 2013: 24. Other indicators: guidelines for evaluating the quality of the services, guide to patients' rights and responsibilities, situation report, and patient safety activities.</p>
<p>3. Financial implications</p> <p>(a) Total estimated cost for implementation over the lifecycle of the resolution (estimated to the nearest US\$ 10,000; including staff and activities): implementation of the resolution in a biannual period is associated with a total budget of approximately \$1,100,000; funds already confirmed for the period up to June 2008, 98% of which are extrabudgetary funds.</p> <p>(b) Estimated cost for the biennium 2006-2007 (estimated to the nearest US\$ 10,000; including staff and activities): the cost of implementing the resolution up to June 2008 for activities will be \$830,000, with 52% of the resources coming from the World Partnership for Patient Safety/WHO, 42% from Spanish Cooperation (as a component of the Health Program in Ibero-America 2005-2007) and 4% from other entities (Joint Commission-Joint Commission International, Parents of Infants and Children with Kernicterus-PICK). Spanish Cooperation is also financing the hiring of a full-time associate quality expert.</p> <p>(c) Of the estimated cost that noted in b), what can be subsumed in the existing programmed activities? The total cost can be subsumed in the existing programmed activities.</p>
<p>4. Administrative implications</p> <p>(a) Implementation locales (indicate the levels of the Organization at which the work will be undertaken and identify the specific regions, where relevant): regional implementation.</p> <p>(b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile): the initiative is based on the mobilization of extrabudgetary financial resources, requiring a full-time project officer and a minimum of one consultant, and one half-time administrative support person.</p> <p>(c) Timeframes (indicate broad timeframes implementation and evaluation). December 2007, baseline evaluation. December 2008 analysis of progress. December 2009 and December 2013 report on level of implementation.</p>