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POLICYBRIEF
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Strengthening Patient Advocacy in South Asia: Aligning Regional Action with the WHO Global Patient Safety Action Plan 2021–2030

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Context and Background

Poor quality healthcare remains a major cause of preventable harm worldwide. Evidence from a comprehensive systematic review and meta-analysis by Panagioti et al. (2019) revealed that approximately 6% of patients experienced healthcare-associated preventable harm, of which 12% led to severe harm and even death. According to the World Health Organization (WHO, 2023a), more than 134 million adverse events occur annually in hospitals across low- and middle-income countries (LMICs), leading to around 2.6 million deaths. The burden is so acute in LMICs that approximately 4 out of every 100 individuals die due to unsafe healthcare practices (Slawomirski & Klazinga, 2022). South Asia, for instance, records the highest per capita death rates due to poor quality of care (Kruk et al., 2018). These findings underscore the urgent need to strengthen healthcare quality and safety standards, especially in resource-poor settings.

In response to the global burden of unsafe care, the WHO (2021) introduced the Global Patient Safety Action Plan (GPSAP) 2021–2030, which outlines seven strategic objectives to improve patient safety worldwide. Strategic Objective 4 explicitly mentions engaging and empowering patients and families to support healthcare safety practice. Recommended strategies to achieve this objective include co-designing healthcare initiatives with patients, involving patient advocates, educating patients, and encouraging open communication on adverse outcomes. The action plan urges all countries to implement these strategies to foster a culture

Highlights

South Asia records some of the highest global per capita death rates due to poor healthcare quality, where clinical harms are structurally produced by weak regulation, fragmented governance, and low public trust.

While Strategic Objective 4 of WHO's Global Patient Safety Action Plan (GPSAP 2021–2030) demands patient empowerment, regional frameworks like WHO-SEARO's Strategy (2016–2025) treat patients merely as beneficiaries rather than active health governance partners.

Community-level groups across South Asia actively promote patient rights, health literacy, and disease support, yet remain fragmented, donor-dependent, and unintegrated into formal national health architectures.

Increasing cross-border medical travel within South Asia lacks unified guidelines regarding patient safety protocols, continuity of care, and compensation for adverse events occurring abroad.

Establishing a regional network—the South Asian Patient Safety and Advocacy Network (SAPSAN)—can formalize patient advocacy, bridge regional governance gaps, and embed patient voices directly into SAARC/BIMSTEC health dialogues.

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of trust, transparency, and partnership in the healthcare system, ultimately improving patient outcomes and reducing preventable harm.

Though WHO provides global guidance to ensure patient safety, its potential impact will be greatest when tailored to the needs of the regional context where resources are limited and challenges are significant. South Asia, home to nearly two billion people (World Bank, 2025), faces health systems constrained by chronic workforce shortages, weak regulation, and low public trust (Naher et al., 2020). In fact, Asian patients and caregivers were found reluctant to voice their concerns or report healthcare-associated harm (Alabdullah & Karwowski, 2024). Patient Advocacy Groups (PAGs) in this context might be crucial to develop a more patient-centric, accountable, transparent, and quality healthcare system where the patient's voice is heard and addressed properly throughout healthcare delivery and governance (WHO, 2023b; The Lancet Regional Health Southeast Asia, 2024). PAGs are contributing as vital stakeholders in various healthcare systems of the Global North to maintain a safe, transparent, and accountable atmosphere in clinical practice (Baker et al., 2024). However, South Asian countries are still lagging behind in integrating PAGs into their healthcare systems. Strengthening patient advocacy in this region can therefore become a powerful lever to ensure accountability, transparency, and quality care across the region.

Figure 1. Overview of GPSAP
Source: WHO Global Patient Safety Action Plan

Global to Regional: A Loophole in the System of South Asia

Regions such as Europe, America, and parts of Africa and Southeast Asia have already developed mechanisms to integrate the patient's voice and participation at the core of health governance through patient advocates. For instance, in Europe, a well-structured model of patient engagement was established through the European Patients' Forum (EPF, 2021) and European Patient Advocacy Groups (ePAGs) that operate in collaboration with the European Reference Network (ERN). These networks play vital roles in involving the European patient community in policymaking (European Reference Network ITHACA, 2022). In Africa, the Patient-Centered Care Movement Africa (PaCeM-Afro) has begun integrating patient voices into national and regional governance processes, bridging the gap between community-level engagement and ministerial decision-making to bring sustainable changes in healthcare quality (Muganzi et al., 2024). Similarly, in Southeast Asia, Singapore offers a notable model of institutionalized patient engagement through the SingHealth Patient Advocacy Network (SPAN) to amplify the voice of patients within Singapore's largest public healthcare cluster, SingHealth (Sim-Devadas et al., 2022).

In contrast, patient advocacy remains an underdeveloped and less commonly discussed issue within the national healthcare governance of South Asia due to the absence of a collective mechanism to translate GPSAP commitments into regional or national practice. Although the WHO South-East Asia Regional Office (SEARO) developed a Regional Strategy for Patient Safety (2016–2025), it clearly overlooked the role of patient advocacy, leaving patients recognized as beneficiaries rather than active stakeholders shaping a safe, inclusive, and sustainable healthcare system (WHO, 2016). Meanwhile, existing cooperation under the South Asian Association for Regional Cooperation (SAARC Tuberculosis and HIV/AIDS Centre, 2019) and the Bay of Bengal Initiative for Multi-Sectoral Technical and Economic Cooperation (BIMSTEC, 2023) continues to focus primarily on communicable diseases, environment, and climate change, paying insufficient attention to patient safety and advocacy as strategic priorities.

This gap highlights the urgent need for regional cooperation and innovation to draw inspiration from successful models—such as Europe's collaborative networks or Singapore's institutionalized frameworks—to ensure that South Asian health systems integrate patient engagement as a formal pillar of safety and governance.

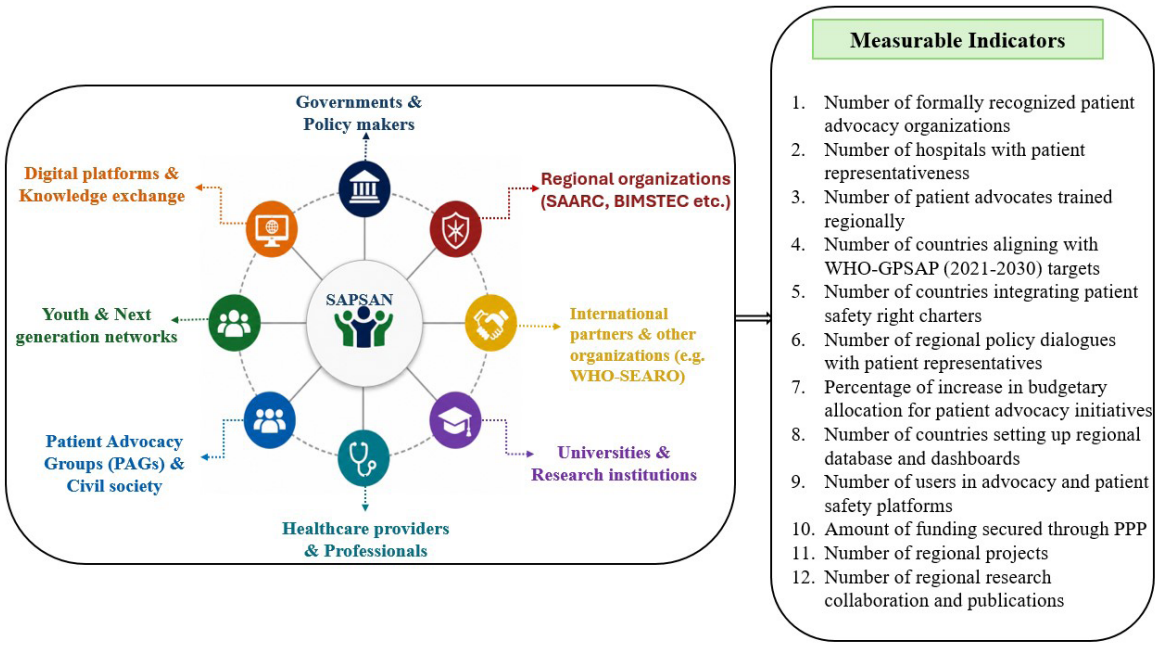

Figure 2. A conceptual Model of the SAPSAN Health diplomacy Architecture in South Asia's health ecosystem

Insights from South Asia's Emerging Patient Advocacy Landscape

A scoping review by Faruqui (2025) explored the role of patient advocacy groups toward safe healthcare practice across South Asian countries (Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka). The findings revealed that the region is not without patient advocacy, but rather home to diverse groups that support patients in ways a formal health system often cannot. These range from Afghanistan's family health action groups that support maternal and neonatal health (Samuels, Ancker, & Khan, 2015); to patient advocacy groups like CanKids (2021–2022) in India supporting children affected by cancer; and several other support groups assisting patients with Scleroderma (Scleroderma India Trust, 2021), Psoriasis (Dakshama Health & Education, 2022), HIV/AIDS (Lhak-Sam [BNP+], 2019–2020), and mental health conditions (KOSHISH, 2023). However, these groups mostly operate at the grassroots level and frequently remain invisible within the formal health system. They advocate for patient communities who fall through the cracks of formal healthcare and lack guidance on where to seek help, how to make decisions regarding treatment continuation, or how to rehabilitate following treatment. Despite lacking formal recognition within the health system, these groups consistently promote patient rights, education, and empowerment aligned with Strategic Objective 4 of WHO's GPSAP. Their activities center on enhancing health literacy, offering guidance during medical procedures, providing financial support, and raising awareness for disease prevention and health promotion—demonstrating a clear patient-centered approach. Some groups even feature well-organized structures, clear visions, and active collaborations with government bodies, healthcare providers, and NGOs (Faruqui, 2025).

Building upon this foundation, it is critical to leverage these opportunities and scale up grassroots efforts into a formal patient advocacy structure embedded in existing national health governance. However, key systemic challenges persist (Faruqui, 2025): high donor dependency; weak healthcare infrastructure (poor referral mechanisms, limited facilities, and shortage of trained personnel); and fragmented governance structures (lack of intersectoral coordination and inconsistent policy implementation).

Policy recommendations

The core policy recommendation is the creation of a regional network hypothetically named the South Asian Patient Safety and Advocacy Network (SAPSAN). This network will formalize existing grassroots patient advocacy groups, train patient safety champions, and embed the patient's voice directly into South Asian healthcare governance.

1. High-Level Regional Integration and Governance

- Harmonising Cross-Border Standards: SAPSAN will work with governments, policymakers, and regional bodies like SAARC and BIMSTEC to secure patient representation in high-level policy dialogues and harmonize quality standards across borders.
- Institutionalising Patient Representation: Institutionalise patient representation through advocacy groups to amplify patient voices in SAARC/BIMSTEC health ministerial dialogues, policy development forums, and technical working groups.
- Annual Policy Summits: Convene annual regional advocacy summits to share case studies, evaluate country progress reports, and align local targets with global benchmarks.

2. Safeguarding Transnational Patient Journeys

- Protecting Cross-Border Patients: As patients increasingly travel across South Asian borders seeking medical care, SAPSAN must establish mechanisms to safeguard their rights and safety throughout transnational care journeys.
- Shared Treatment Guidelines: Develop shared regional guidelines covering patient information transfer, standardised treatment protocols, continuity of care, and fair compensation mechanisms for adverse events occurring abroad.

3. Technical Guidance and Sustainable Financing

- Multilateral Partnerships: Partnering with international organizations like WHO-SEARO will supply necessary technical expertise, enabling accountability between institutions and communities while advancing advocacy across the region.
- Sustainable Budgets: To guarantee long-term autonomy, South Asian states must foster robust public-private partnerships (PPPs) while systematically allocating dedicated patient advocacy funds within national and regional health budgets.

4. Academic Collaboration, Capacity Building, and Youth Engagement

- Regional Learning Hubs: Universities and research institutes should build local capacity for patient advocates, healthcare providers, and regulatory bodies via regional fellowship programs and digital learning hubs.
- Interdisciplinary Research: Funding cross-border interdisciplinary research will produce context-specific evidence, establish collaborative databases, and generate measurable indicators to track policy impact.
- Youth-Led Advocacy: Collaborating with student organisations, such as the International Federation of Medical Students' Associations (IFMSA) and national student bodies, will foster youth-led advocacy and train the next generation of patient safety champions.

5. Clinical Integration and Digital Innovation

- Embedding Advocacy in Care: At the point of care, SAPSAN will engage directly with clinical professionals to integrate patient-centered safety practices into daily healthcare delivery, expanding the proportion of hospitals with formal patient representation.
- Digital Health Platforms: Harness digital innovations—such as AI-enabled applications—to connect patients across borders, facilitate peer-to-peer learning, and build health literacy toolkits in local languages.
- Progress Dashboards: Implement interactive dashboards for governments and stakeholders to track real-time progress toward achieving WHO GPSAP targets.

By implementing these para-diplomatic mechanisms, South Asia can transition from isolated advocacy efforts to a coordinated, system-wide movement. This bottom-up approach aligns directly with WHO's GPSAP to place patients at the center of health governance. Non-state regional networks can serve as structural building blocks, translating global UN norms on patient safety into inclusive, context-specific practices on the ground. While future research must continue evaluating the operational feasibility, financing, and governance impact of this framework, SAPSAN offers a clear roadmap for regional reform.

Conclusion

The healthcare system of South Asia stands on the verge of a decisive phase of reform for patient safety. The voice of patients has long been unheard or ignored by decision-makers, but growing demands for equity, accountability, and transparency make it imperative to place patients at the core of healthcare decision-making. Without a clear, dedicated, and

regionally coordinated framework, current advocacy initiatives will remain fragmented and episodic.

Integrating patient advocacy into national safety agendas and regional cooperation mechanisms offers a practical, sustainable path forward—aligning local realities with WHO's GPSAP and converting patient experiences into measurable safety improvements. By taking these steps, regional bodies will not only serve as delivery platforms for health system reform, but also act as catalysts strengthening the legitimacy and accountability of multilateral health governance across South Asia. Grounding governance reforms in lived experiences reminds us that every patient's story is not merely feedback, but a call to action.

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