

KEY ELEMENTS OF THE DRAFT WHO GLOBAL STRATEGY ON IPC

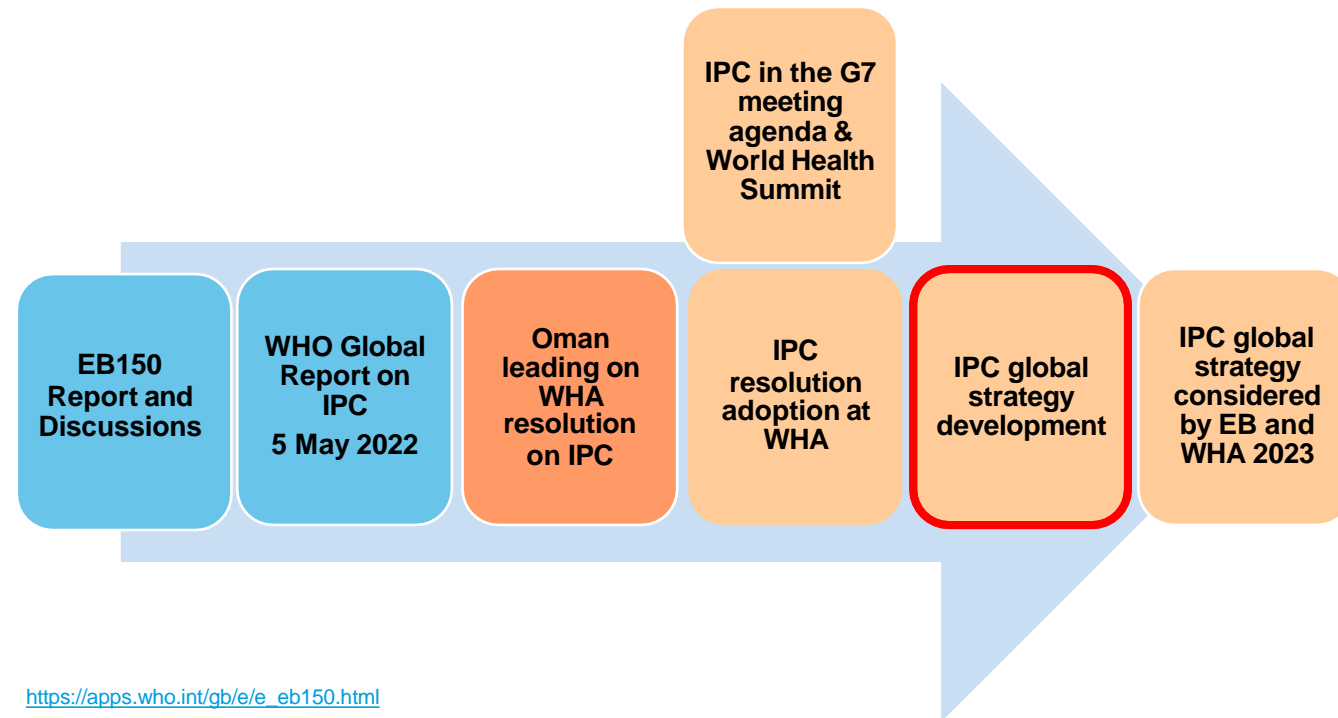
IPC Hub and Taskforce

IHS department

UHC/LC, WHO HQ



Elevating IPC in the global health and political agenda



Global strategy on infection prevention and control



SEVENTY-FIFTH WORLD HEALTH ASSEMBLY
Agenda item 14.6

A75/A/CONF./5
25 May 2022

Global Strategy on Infection Prevention and Control

Draft resolution proposed by Bosnia and Herzegovina, Botswana, Colombia, Jordan, Kenya, Kingdom of Saudi Arabia, Lebanon, Norway, Oman, Philippines, Qatar, United Arab Emirates, United States of America and Vanuatu

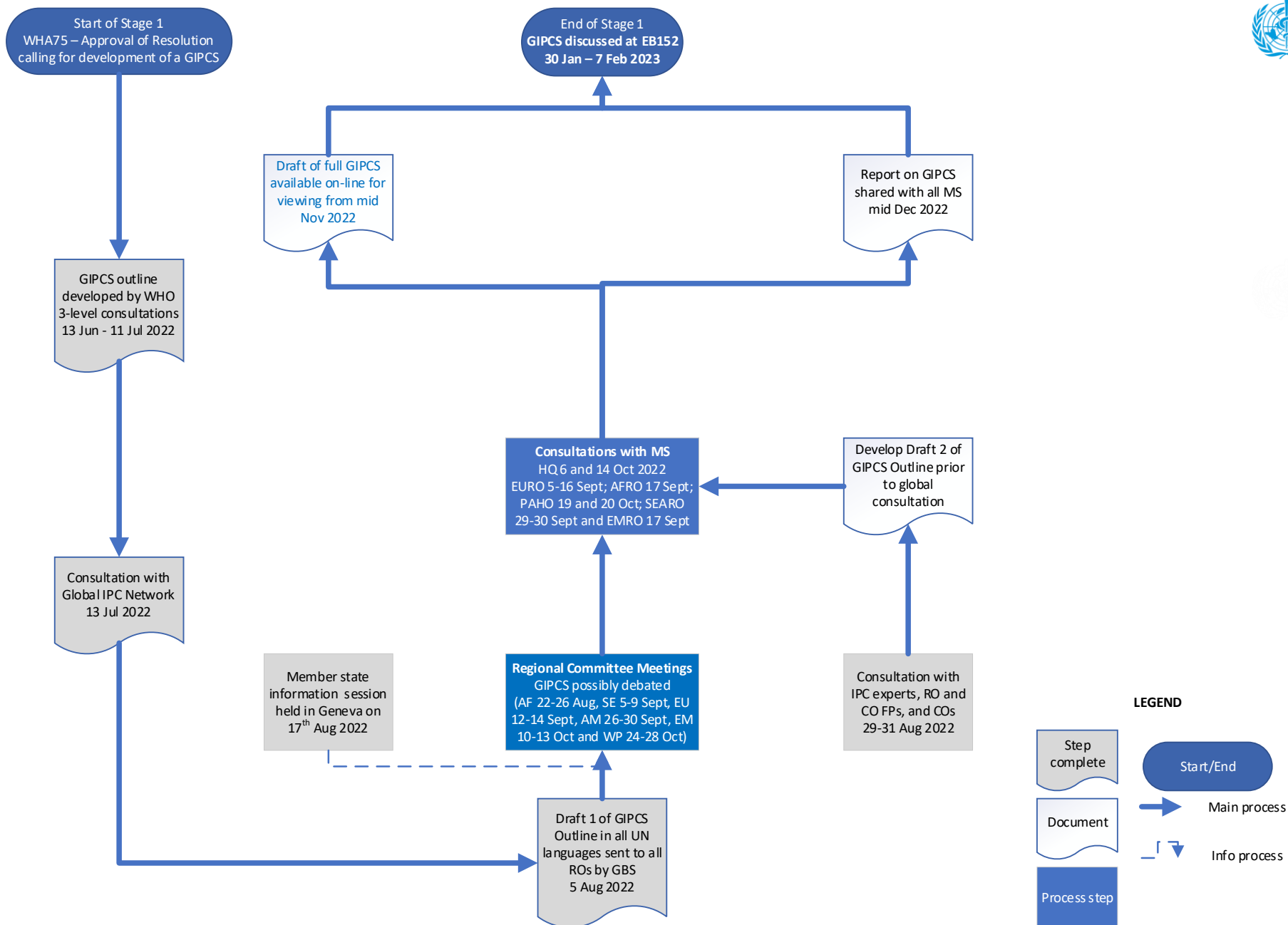
The Seventy-fifth World Health Assembly,

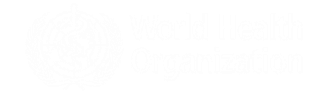
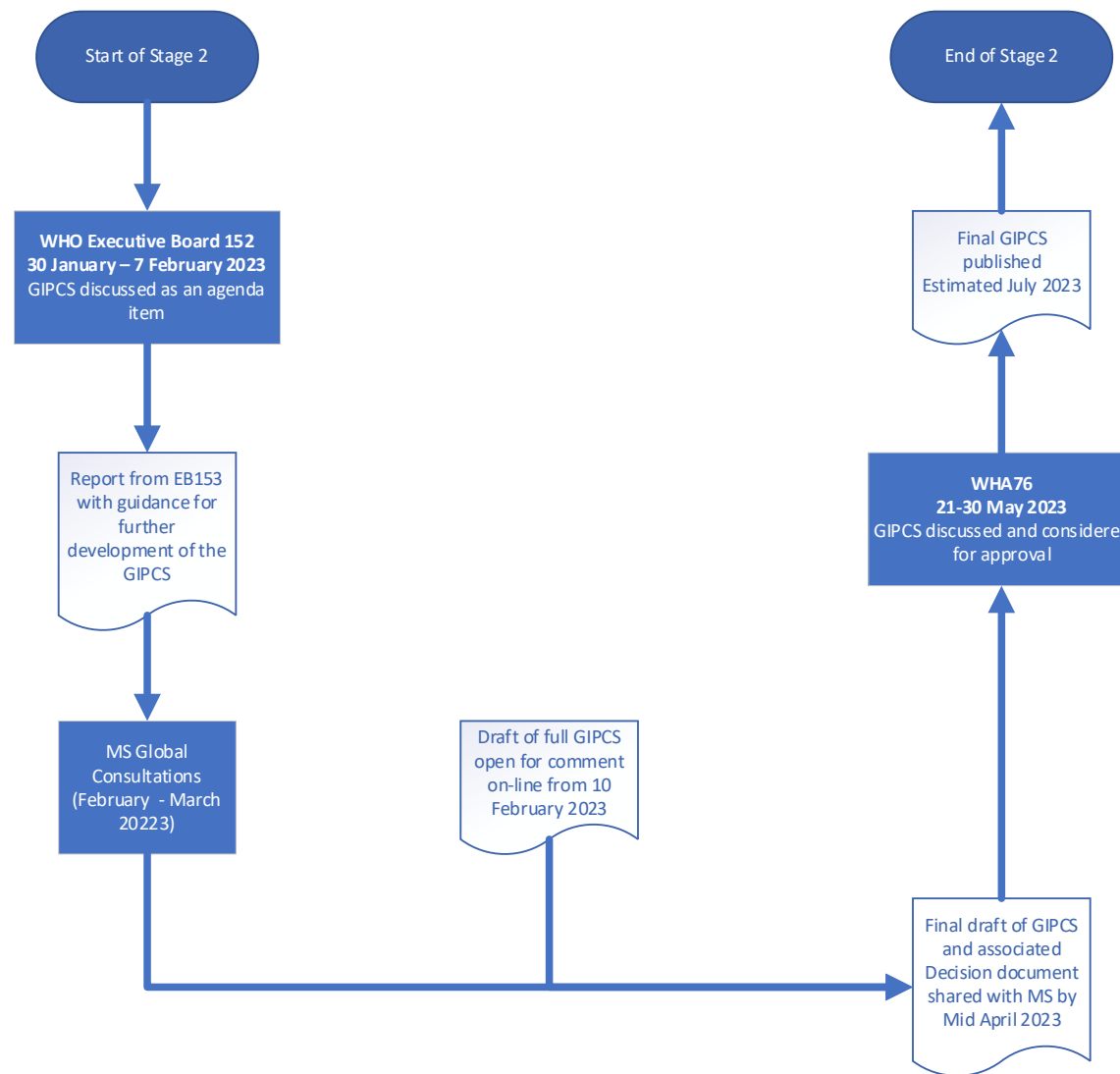
PP1 Having considered the report by the Director-General on infection prevention and control as part of the universal health coverage and communicable disease agendas towards 2030¹;

PP2 Recalling the resolutions WHA48.7 (1995)² on the International Health Regulations, WHA58.27 (2015)³ on infection prevention and control as objective 3 of the Global Action Plan on Antimicrobial Resistance (AMR), WHA69.1 (2016)⁴ on quality care for all, WHA70.7 (2017)⁵ on infection prevention and control as part of prevention of sepsis, WHA72.6 (2019)⁶ on infection prevention and control as strategy 3.3 of the global patient safety action plan 2021–2030, WHA72.7 (2019)⁷ on infection prevention and control as part of water, sanitation and hygiene, WHA73.1 (2020),⁸ WHA73.8 (2020),⁹ and WHA74.7 (2021)¹⁰ on infection prevention and control as

REQUESTS the Director-General:

- (1) to develop, in consultation with Member States and regional economic integration organizations, a draft global strategy, in alignment with other strategies with infection prevention and control efforts, like the Global Action Plan on Antimicrobial Resistance, on infection prevention and control in both health and long term care settings, for consideration by WHA76 via EB152;
- (2) to translate this global strategy, by WHA77 via EB154, into an action plan for infection prevention and control, including a framework for tracking progress with clear measurable targets to be achieved by 2030;
- (3) to continue to update and develop as required technical guidance on infection prevention and control programmes and practices for health and long term care settings;
- (4) to report back on progress and results to the Seventy-eighth World Health Assembly in 2025, and thereafter every two years until 2031.





Resolution on infection prevention and control



SEVENTY-FIFTH WORLD HEALTH ASSEMBLY
Agenda item 14.6

A75/A/CONF.15
25 May 2022

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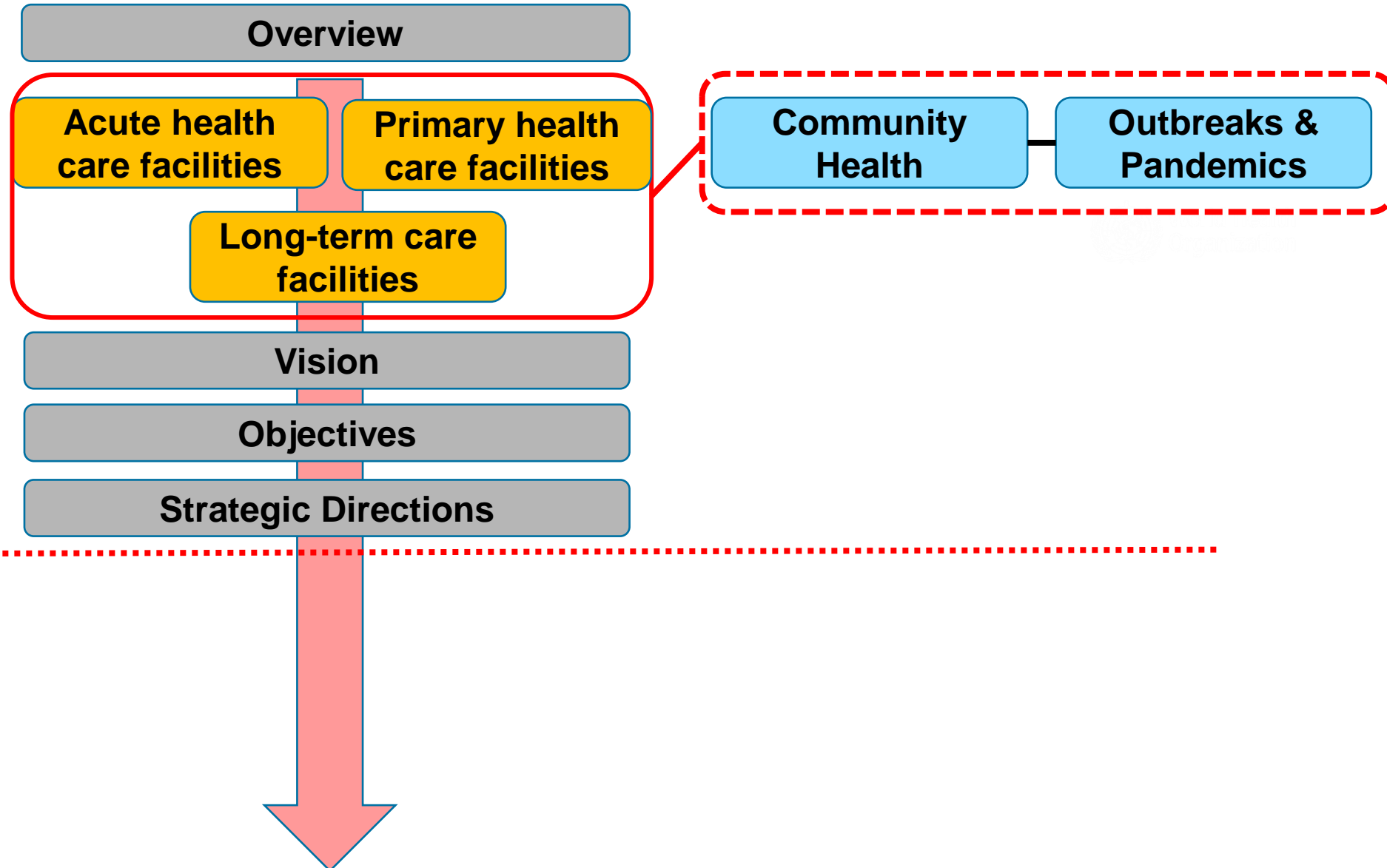


Global IPC Strategy - Overview

Overview

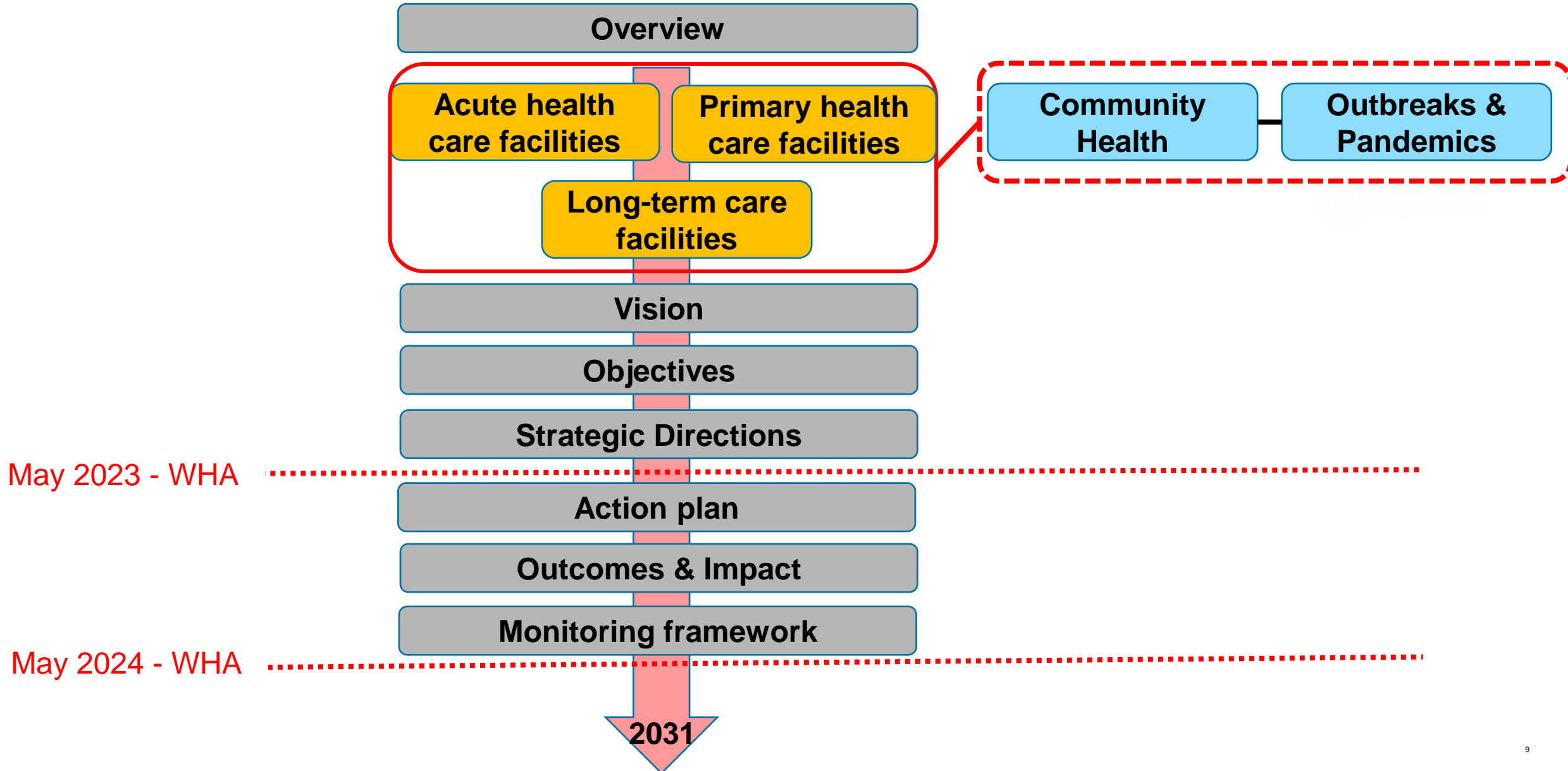


Global IPC Strategy - Overview



May 2023 - WHA

Global IPC Strategy - Overview



Guiding principles

- People-centered approach
- Using the lens of patient safety/compassion and HCW protection
- Preparedness, readiness and response
- Clean and safe care as a human right
- Equity-driven
- Evidence-informed
- Country-led
- Partnership-driven
- Accountable
- Sustainable

Global IPC Strategy – Key questions

What & Why? –

- the business case

- the vision

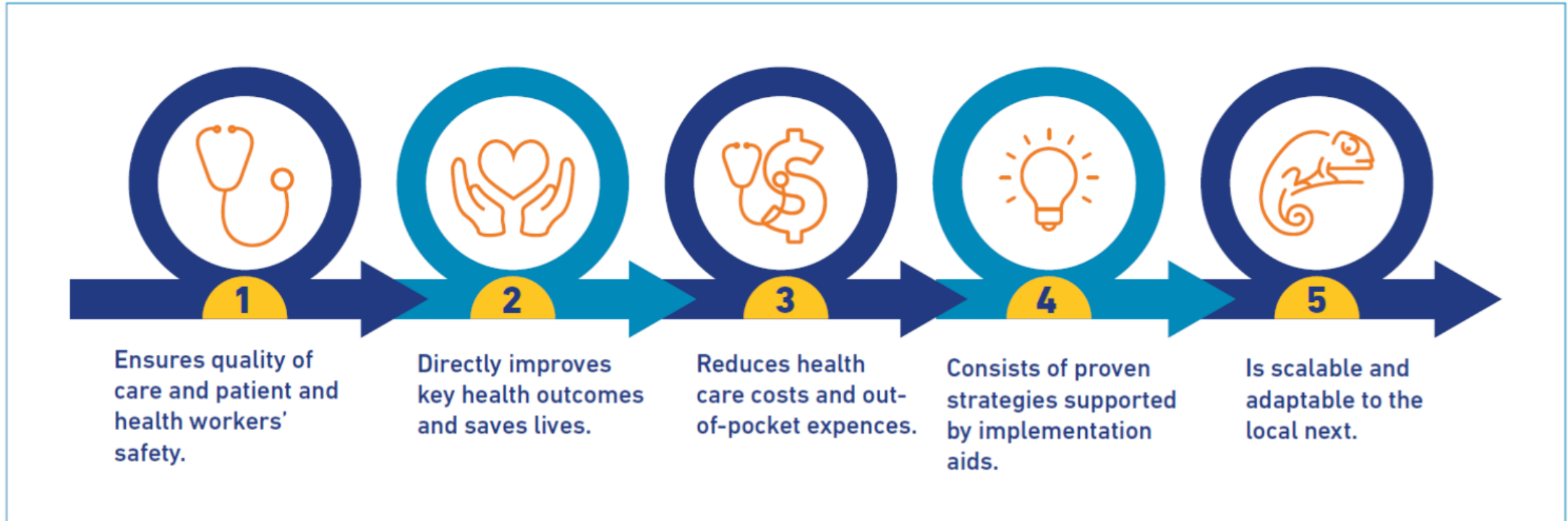
- the strategic objectives

Who? – the target audience/key players

How? – the strategic directions and target outcomes

When? – the target timeframe

Global strategy on IPC: the business case for IPC



IPC is indeed at the core of a number of other major global health priorities, including health emergencies and the International Health Regulations, AMR action plans, patient and health worker safety, integrated people-centred, high-quality care, sepsis prevention, and WASH.

The interconnections between IPC and other global health priorities





Need for:

- Country/region-tailored business cases
- Tools to cost IPC action plans

Global strategy on IPC: the business case for IPC (1)

- IPC interventions = highly effective in preventing HAIs
- Data and modelling show IPC is highly cost-effective and a public health "best buy" for:
 - Reducing infections and AMR in health care
 - Improving health
 - Protecting health care workers
- Systematic reviews show IPC interventions = **35-70% reduction in HAI rates**, regardless of a country income level

Global strategy on IPC: the business case for IPC (2)



- Hand hygiene and environmental hygiene in health care facilities = most cost-saving interventions
 - Applying these would more than halve the risk of dying as a result of infections with AMR pathogens
 - Decrease associated long-term complications and health burden by at least 40%
 - Improving hand hygiene in health care settings could save ~US\$ 16.50 in reduced health care expenditure for every US\$1 invested
 - These IPC interventions were affordable in all settings, including low-resourced ones
- A recent study by OECD and WHO indicated that, during the first six months of the COVID-19 pandemic, the availability and rational use of appropriate PPE combined with rapid IPC training would have averted SARS-CoV-2 infections and related deaths among HCWs globally, while generating substantial net savings in all regions, independently from their income
 - Enhancing hand hygiene was also shown to be cost-effective in most regions
- But – there are only a limited number of studies on the cost-effectiveness of IPC interventions
 - Are related to only a limited number of specific infectious outcomes
 - Most were undertaken in HICs.
- More research needed to identify evidence on cost-effectiveness of IPC interventions – esp. in LMICs.

Global IPC Strategy – Key questions

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Vision of the Global Strategy on IPC

- By 2030, everyone* is at all times protected and safe from the harm caused by health care-associated infections, including epidemic/pandemic-prone and antimicrobial resistant infections.

*who seeks health care and all health and care workers, regardless of the

Reason - care delivered for prevention, diagnosis, treatment or rehabilitation and palliative care

Epidemiological context - outbreak situation or endemic burden of HAIs and AMR

Setting - across the continuum of the health system, including primary and long-term care facilities, home care and health care delivered in other community settings

Key discussion points on vision

- Agreement that the content of the drafted vision is aspirational and consistent with the definition of a vision, although some expressed concerns that it's too ambitious
- Need to specify the part in yellow within the GS narrative to provide those important details
- **Strategic/technical discussion whether to include**
 - *“avoidable/preventable” infections*
 - *“re-emerging pathogens”*

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Global IPC Strategy - Overview

Strategic Objectives

**Reduce infection and AMR
in health care**

Reduce microbial transmission

*Reduce the frequency & burden
of HAIs and AMR among
patients and HCWs*

Global strategy on IPC: objective 1

1. Reduce infection and AMR in health care

To significantly improve health care quality and safety by reducing microbial transmission during health care delivery including in the context of outbreaks, and thus, the frequency of HAIs and AMR, and their burden affecting those who seek health care and health and care workers

To significantly improve health care quality and safety by reducing the frequency of infection and AMR acquired during health care delivery, and their burden affecting those who seek health care as well as health and care workers, ~~microbial transmission~~ including in the context of outbreaks

Global IPC Strategy - Overview

Strategic Objectives

**Reduce infection and AMR
in health care**

Reduce microbial transmission

*Reduce the frequency & burden
of HAIs and AMR among
patients and HCWs*

**Ensure active IPC
programmes are in place
and implemented**

*Provide strategic directions &
catalyze political commitment*

*Enable functional IPC programs
through leadership engagement
and stakeholders' support,
financing and legal frameworks*

2. Ensure active IPC programmes are in place and implemented

To provide strategic directions and catalyze political commitment to enable functional IPC programmes for HAI and AMR reduction and prevention and control of outbreaks, through

- leadership engagement and stakeholders' support,*
- financing and legal frameworks,*
- and according to the WHO IPC core components*

Global IPC Strategy - Overview

Strategic Objectives

Reduce infection and AMR in health care

Reduce microbial transmission

Reduce the frequency & burden of HAIs and AMR among patients and HCWs

Ensure active IPC programmes are in place and implemented

Provide strategic directions & catalyze political commitment

Enable functional IPC programs through leadership engagement and stakeholders' support, financing and legal frameworks

Integrate IPC within other areas

Clinical practice

Patient safety and quality of care

WASH

AMR

Public Health Emergencies

Occupational health

UHC

Other public health programs

Global strategy on IPC: objective 3

3. Integrate IPC within other areas

To transform health care systems and service delivery in a way that IPC is implemented in clinical practice and within an enabling environment through WASH, and in integration with public health emergencies, UHC, patient safety, quality of care, AMR, occupational health and other public health related programmes agendas, and viceversa

Key discussion points on objectives

Objective #1

- The importance of safety was highlighted
- Some interest in noting additional prevention measures beyond AMR

Objective #2

- Importance to draw out key action words across all objectives, such as “improve, integrate, implement”
- Focus on transmission prevention, however, prevention measures (e.g., bundles) should be a focus too
- Discussion that those working in health care settings are not all HCW (e.g., support services) and use of language consistent with vision footnotes
- Need to use action words that are measurable (“ensure” is not)

Objective #3

- Research emerged as critical to be added but consensus was not reached
- Enabling approaches such as human factors, behavioral and implementation science
- Integration is critical and should be bi-directional e.g., WASH

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Who is the IPC global strategy for?

Target audience at global, national, subnational and health care facility levels (1)

1. Leaders – Political and Government and health care leaders

- Government officials/political leaders - at MOH, ministry of finances, education, accreditation bodies
- Health care policy makers, senior managers/administrators – responsible for planning and budgets

2. IPC and other focal points/leaders

- IPC focal points (Ministry of Health, public health and other national institutes)
- Focal points responsible for patient safety & quality, AMR, occupational health, WASH, health emergencies (IHR), outbreak management

3. Health workers – all

Who is the IPC global strategy for?

Target audience at global, national, subnational and health care facility levels (2)



4. **Educational institutions and professional organizations, societies, unions**
5. **General Population/Community**
Including civil society, patient/families networks,/advocacy groups
6. **Key stakeholders and donors - international & national**
UN, GIPCN members, partners, NGOs, others

Key discussion points on target audience

- General strong agreement with a wide audience
- Several additional groups identified (media, other relevant ministries/dept/agencies, accreditation bodies, those responsible for implementation of IHR)
- Intense discussion about the role of policy makers and those responsible for budgets as well as civil society and patient advocacy groups

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IPC GS draft strategic directions (1)

1. Political commitment and policies

- Demonstrate leadership engagement and political commitment such that:
 - Policies are in place requiring the scale up and enforcement of the IPC core components, including through legal frameworks and accreditation systems
 - Mobilizing resources for sustained financing of IPC programmes, and according to local situation analysis

2. Active IPC programmes and minimum requirements

- Establish active and sustainable IPC programmes supported by an enabling environment
- Implement them using multimodal strategies
- Ensure at least the IPC minimum requirements are in place in all countries

IPC GS draft strategic directions (2)

3. IPC integration

- Integrate IPC across health services at all levels of the health system, including primary care and with adaptation for fragile and low-resource settings
- Consistently coordinate IPC with other health priorities and programmes, including:
 - AMR
 - Patient safety and quality of care
 - WASH
 - Occupational health
 - Health emergencies
 - Other programmes including HIV, TB, malaria, hepatitis and maternal/child health
 - Implement IPC at the point of care within the patient pathways and clinical care delivery

IPC GS draft strategic directions (3)

4. IPC knowledge and expertise

- Develop IPC curricula
- Provide IPC education across the entire health education system (pre- and post-graduate*)
- Ensure in-service training for all health workers on IPC standards and practices
- Train IPC professionals and ensure a career pathway that empowers their role

5. Data for action

- Establish systems for:
 - IPC and WASH indicators monitoring (in particular hand hygiene indicators)
 - HAI surveillance (including HCW infections)
 - Regular data collection (including quality laboratory data)
- Ensure integration of IPC and HAI data in national health information systems and regular feedback of key IPC performance indicators to relevant audiences and stakeholders
- Use these data for action in a spirit of safety and quality improvement
- Develop, implement, measure and refresh local tailored improvement plans

IPC GS draft directions (4)

6. Advocacy and communications

- Organize campaigns to promote IPC themes and targets, including patient and community engagement
- Provide tailored and consistent communications from authoritative sources, based on science and adapted for different audiences

7. Research and development

- Identify research gaps in the most relevant areas for IPC
- Fund and facilitate research answering key questions and developing innovations in IPC
- Include a focus on local settings, with adaptation of IPC for fragile countries and/or with limited resources

8. Collaboration and stakeholders' support

- Strengthen collaboration among partners and stakeholders to synergistically support countries to improve IPC according to their priorities and plans

Thank you for your attention



<https://www.who.int/teams/integrated-health-services/infection-prevention-control>