

WHO DRAFT GLOBAL ACTION PLAN AND MONITORING FRAMEWORK ON INFECTION PREVENTION AND CONTROL

Global Member States Consultation

11 September 2023, 13:30 – 16:00 CET



World Health
Organization



Agenda



Meeting chair: Rudi Eggers (Director, IHS)

Meeting chair: Dr Bruce Aylward (Assistant Director General, Universal health coverage - life course)

13:30 Welcome and opening remarks

(Dr Rudi Eggers, Director, Integrated health services department)



13:40 Overview of the process for development and finalisation of the draft global action plan and monitoring framework for infection prevention and control

(Mr. Paul Rogers, Program manager, IPC Hub)

13:50 Overview of the content of the draft global action plan and monitoring framework for infection prevention and control

(Dr Benedetta Allegranzi, Technical lead, IPC Hub)

14:20 Discussion and feedback

(Member States)

15:45 Summary, next steps and closing remarks

Dr Bruce Aylward (Assistant Director General, Universal health coverage life course)

16:00 Meeting closure

75th WHA Resolution on IPC approved on 28 May 2022



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 on infection prevention and control efforts, such as the global action plan on antimicrobial resistance – **on infection prevention and control in both health and long-term care settings**, for consideration by the Seventy-sixth World Health Assembly in 2023, through the Executive Board at its 152nd session;

(2) to translate the global strategy on infection prevention and control in both health and long-term care settings into an **action plan for infection prevention and control, including a framework for tracking progress, with clear measurable targets to be achieved by 2030**, for consideration by the Seventy-seventh World Health Assembly in 2024, through the Executive Board at its 154th session;



SEVENTY-FIFTH WORLD HEALTH ASSEMBLY
Agenda item 14.6

WHA75.13
28 May 2022

Global strategy on infection prevention and control

The Seventy-fifth World Health Assembly,

Having considered the consolidated report by the Director-General;¹

https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_ACONF5-en.pdf

IPC 2022-2031



Consultative process to develop the draft global strategy on IPC, June-October 2022



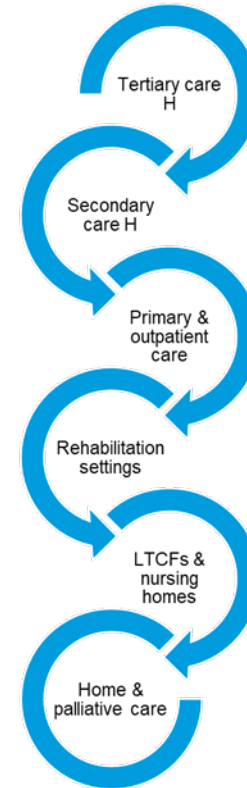
- 4 meetings of the 3-level working group
- 3 global MS consultations
- 2 MS briefings
- 2 global experts/stakeholders meetings
- 4 regional MS consultations
- 1-1 consultations with countries (EURO/WPRO)

IPC resolution adoption at WHA

IPC global strategy adoption by EB and WHA 2023

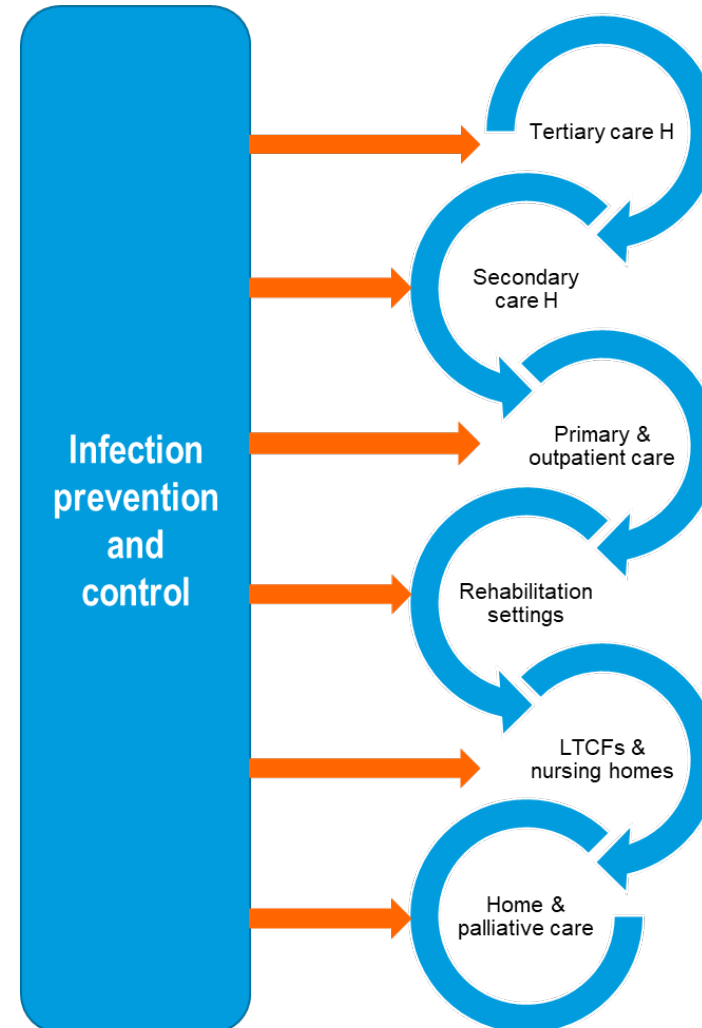
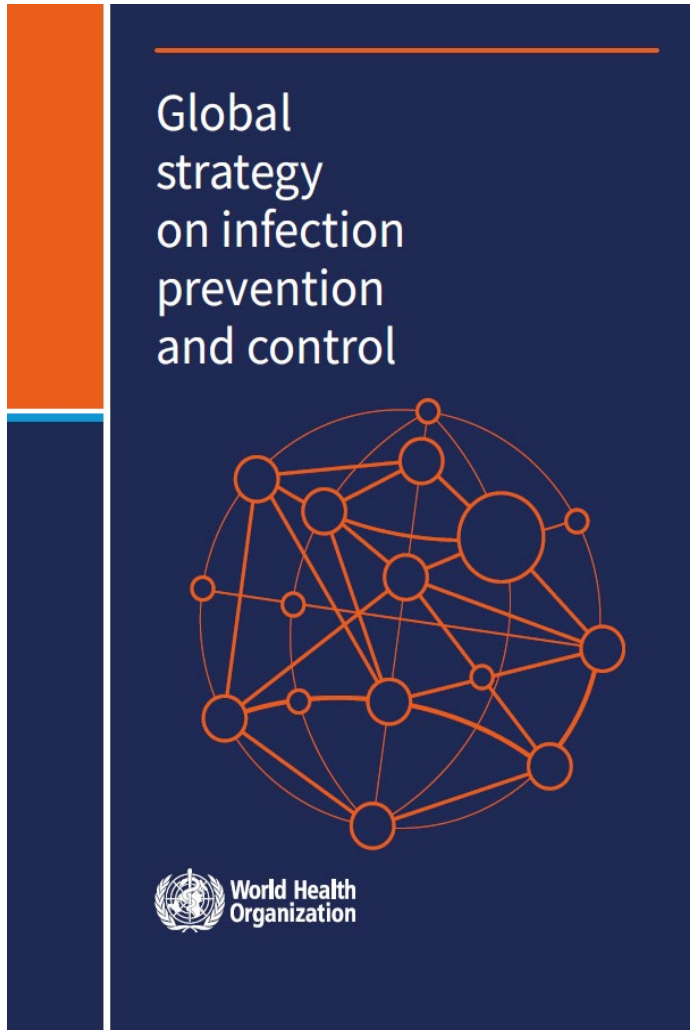
IPC ACTION PLAN BY WHA 2024

MONITORING FRAMEWORK BY WHA 2024



REPORTING ON PROGRESS 2025-2031

Approved by the World Health Assembly in May 2023 & to be launched on 12 September 2023



Vision of the Global Strategy on IPC



By 2030, everyone accessing or providing health care is safe from associated infections.



This vision should be valid regardless of the:

- *Reason why care is delivered* – whether for prevention, diagnosis, treatment, rehabilitation or palliative care
- *Epidemiological context* – public health epidemic event 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.

Global Strategy on IPC – Objectives



GSIPC Objectives



1 Prevent infection
in health care

2 Act to ensure IPC
programmes are in
place and implemented

3 Coordinate IPC activities
with other areas &
vice-versa

Prevent, Act, Coordinate

Global IPC Strategy – Strategic Directions



- 1. Political commitment and policies**
- 2. Active IPC programmes**
- 3. IPC integration & coordination**
- 4. IPC knowledge among health & care workers & career pathways for IPC professionals**
- 5. Data for action**
- 6. Advocacy and communications**
- 7. Research and development**
- 8. Collaboration and stakeholders' support**



IPC GS strategic directions (1)

1. Political commitment and policies:

- Demonstrate visible leadership engagement and action-oriented political commitment, such that:
 1. policies are in place that require the scale-up and enforcement of the core components for IPC programmes, including through legal and accountability frameworks, regulations and accreditation systems; and
 2. resources are mobilized for the sustained financing of IPC programmes and based on the local situation analysis.

IPC GS strategic directions (2)

2. Active IPC programmes

- establish active and sustainable IPC programmes supported by an enabling environment;
- ensure that at least the minimum requirements for IPC programmes are in place in all countries at all levels of the health system, including in primary and long-term care, and that progress is made towards meeting all requirements of the IPC core components' recommendations;
- implement IPC interventions using behavioural change and multimodal strategies, including in the context of implementing national action plans on AMR; and
- strengthen and maintain IPC in the context of preparedness, operational readiness and response for public health emergencies (such as, disease outbreaks, conflict and fragile settings, disasters and humanitarian crises) at the national and health facility levels.

IPC GS strategic directions (3)

3. IPC integration and coordination:

- consistently coordinate IPC with other health priorities and programmes, including those on AMR (in particular, antimicrobial stewardship and monitoring and AMR surveillance, including through the One Health approach), patient safety and quality of care, WASH, occupational health and safety, health emergencies, and other programmes (including immunization, HIV, tuberculosis, malaria, hepatitis, and maternal, newborn and child health); and
- integrate IPC measures into patient pathways and clinical care delivery at the point of care across health services at all health system levels, including primary care, with adaptation for fragile and low-resource settings.

IPC GS strategic directions (4)

4. IPC knowledge of health and care workers and career pathways for IPC professionals:

- develop IPC curricula (for pre- and postgraduate and in-service training) for health and care workers and link to other associated areas (for example, water safety and occupational health and safety in health care facilities);
- provide IPC education across the entire health education system (pre- and postgraduate training);
- ensure in-service training for all health and care workers on IPC standards and practices, and specific training for IPC professionals, according to WHO-recommended competencies;
- ensure a recognized career pathway for IPC professionals and job opportunities empowering their role; and
- develop approaches and resources for the education and orientation of patients and families.

IPC GS strategic directions (5)

5. Data for action:

- establish and/or better utilize systems for regular data collection (including high-quality laboratory data) and feedback on IPC and WASH indicators (in particular for hand hygiene) and HAI surveillance (including for epidemic-/pandemic-prone diseases and health and care workers' infections);
- ensure training and expertise for data collection, analysis, interpretation and quality control;
- ensure integration of IPC and HAI data into national health information and accreditation systems, and provide regular feedback on key IPC performance indicators to relevant audiences and stakeholders;
- establish mechanisms for accountability based on IPC and HAI data;
- use these data for action in a spirit of safety and quality improvement and not for punishment or penalties; and
- develop, implement, measure, and regularly update locally tailored and actionable improvement plans.

IPC GS directions (6)

6. Advocacy and communications:

- organize and implement campaigns to promote and raise awareness of IPC themes and targets and support social mobilization, including through patient and community engagement;
- provide tailored and consistent communications from authoritative sources, based on science and adapted for different audiences; and
- provide innovative advocacy approaches through a range of communication channels.

IPC GS strategic directions (7)



7. Research and development:

- identify research gaps for IPC;
- fund and facilitate good quality research, answering key questions and developing innovations in IPC;
- include a focus on local settings, with adaptation of IPC for fragile countries and/or countries with limited resources; and
- support data sharing, collaborative research, and research capacity-building.



IPC GS strategic directions (8)

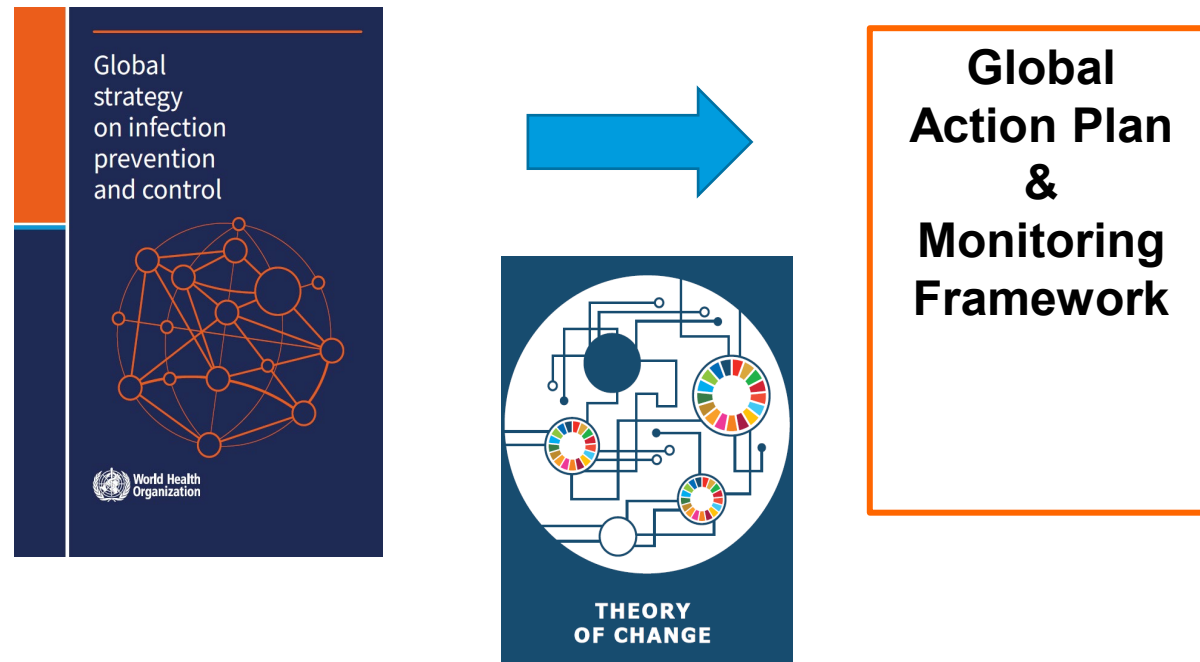


8. Collaboration and stakeholders' support:

- strengthen collaboration and alignment among partners and stakeholders to synergistically support countries to improve IPC according to their priorities and plans; and
- support networking and partnerships between facilities, institutions and countries and internationally to share IPC experiences and expertise, in particular by fostering South-South and North-South cooperation.



From the global strategy to the GAP&MF



For each strategic direction:

- **Key actions** needed to implement the strategic direction
 - **Roles and responsibilities** for each action
 - **Resources** needed
- **Indicators & Targets** and related **timelines**

Development process

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- Draft Summary to Regional Committees (Aug)
 - Other GIPCN & 3-levels WG meetings (Sept-Oct)
 - Global MS consultations (11 Sept + TBD in Oct)
 - Delphi survey for indicators & targets (mid-Sept-mid-Oct)
 - Regional MS consultations (TBD, Sept-mid-Oct)
 - EB submission of GAP & MF final draft (15 Nov)
 - Implementation manual development (Oct 2023-March 2024) and publication (May 2024)
 - WHA submission

Review of the online draft document

Discussion and questions to Member States

- 1. Are there any actions that are missing or that need major revision in the draft global action plan?*
- 2. Are there any indicators that are missing or that need major revision in the draft monitoring framework?*
- 3. Are the draft global action plan targets considered relevant and acceptable?*

Thank you for your attention



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