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

- EB150 Report and Discussions
- WHO Global Report on IPC 5 May 2022
- Oman leading on WHA resolution on IPC
- IPC resolution adoption at WHA
- IPC in the G7 meeting agenda & World Health Summit
- IPC global strategy development
- IPC global strategy considered by EB and WHA 2023

https://apps.who.int/gb/e/e_eb150.html
Global strategy on infection prevention and control

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.

https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_ACONF5-en.pdf
Simplified process for Stage 1 of the development and approval by WHA76 of the Global IPC Strategy (GIPCS) from 23 June 2022 onwards

Start of Stage 1

WHA75 – Approval of Resolution calling for development of a GIPCS

GIPCS outline developed by WHO
3-level consultations
13 Jan - 11 Jul 2022

Consultation with Global IPC Network
13 Jul 2022

Consultations with MS
HQ: 6 and 14 Oct 2022
EURO: 5-16 Sept; APRO: 17 Sept;
PAHO: 19 and 20 Oct; SEARO: 29-30 Sept and EMRO: 17 Sept

Regional Committee Meetings
GIPCS possibly debated

Member state information session held in Geneva on 17th Aug 2022

Draft 1 of GIPCS Outline in all UN languages sent to all ROs by GBS
5 Aug 2022

End of Stage 1

GIPCS discussed at EB152
30 Jan – 7 Feb 2023

Report on GIPCS shared with all MS
mid Dec 2022

Draft of full GIPCS available on-line for viewing from mid Nov 2022

Consultation with IPC experts, RO and
CO FPs, and COs
29-31 Aug 2022

Develop Draft 2 of GIPCS Outline prior to global consultation

Draft 1 of GIPCS

Document

Step complete

Start/End

Info process

LEGEND

v13 22 Sept 22
Draft process for Stage 2 of the development and approval by WHA76 of the Global IPC Strategy (GIPCS) from January 2023 onwards

Start of Stage 2

WHO Executive Board 152
30 January – 7 February 2023
GIPCS discussed as an agenda item

Report from EB153 with guidance for further development of the GIPCS

End of Stage 2

Final GIPCS published
Estimated July 2023

WHA76
21-30 May 2023
GIPCS discussed and considered for approval

Final draft of GIPCS and associated Decision document shared with MS by Mid April 2023

MS Global Consultations (February–March 2023)

Draft of full GIPCS open for comment on-line from 10 February 2023
Resolution on infection prevention and control

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,

FP1. Having considered the report by the Director-General on infection prevention and control as part of the universal health coverage and communicable disease agenda towards 2030;

FP2. Recalling the resolutions WHA64.7 (2011) on the International Health Regulations, WHA68.27 (2015) on infection prevention and control as objective 3 of the Global Action Plan on Antimicrobial Resistance (AMR), WHA69.1 (2016) on quality care for all, WHA70.7 (2017) on infection prevention and control as part of prevention of sepsis, WHA72.6 (2019) on infection prevention and control as strategy 3.3 of the global patient safety action plan 2011-2020, WHA73.7 (2019) on infection prevention and control as part of water, sanitation and hygiene, WHA73.1 (2020)*, WHA73.8 (2020)*, and WHA74.7 (2021)* on infection prevention and control as

Global IPC Strategy - Overview

- Acute health care facilities
- Primary health care facilities
- Long-term care facilities

Overview

Community Health

Outbreaks & Pandemics

One Health
Global IPC Strategy - Overview

Overview

Acute health care facilities

Primary health care facilities

Long-term care facilities

Vision

Objectives

Strategic Directions

Community Health

Outbreaks & Pandemics

May 2023 - WHA
Global IPC Strategy - Overview

Overview

- Acute health care facilities
- Primary health care facilities
- Long-term care facilities

Vision

Objectives

Strategic Directions

Action plan

Outcomes & Impact

Monitoring framework

May 2023 - WHA

May 2024 - WHA

2031

Community Health

Outbreaks & Pandemics

Acute health care facilities

Long-term care facilities

Primary health care facilities

World Health Organization
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.
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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
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
Global strategy on IPC: objective 2, option 1

2. Ensure active IPC programmes are in place and implemented

To provide strategic directions and catalize 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

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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
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 vice versa.*
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
Global IPC Strategy – Key questions

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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
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
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