
Draft global strategy on infection prevention and control

Executive summary

Report by the Director-General

INTRODUCTION

1. Over the last decade, major outbreaks such as those relating to Ebola virus disease and Middle East respiratory syndrome, and more recently the Sudan virus disease outbreak in Uganda and the pandemic of coronavirus disease (COVID-19), have demonstrated how outbreaks can both spread rapidly through the community and be significantly amplified in health care settings. These events have exposed the gaps in infection prevention and control programmes that exist in all countries, although they are more serious in low- and middle-income countries. In addition, the increasing endemic burden of health care-associated infections and antimicrobial resistance, which harm patients every day across health care systems in all countries and can spread within the community, is a less visible yet equally compelling reason to address gaps in infection prevention and control.

2. A recent WHO report on infection prevention and control¹ highlighted the burden of infection and antimicrobial resistance and the related harm to both patients and health workers in health care settings. It presents a global situation analysis of the implementation of infection prevention and control programmes, as well as an overview of the strategies and resources that are available to improve the situation within countries. While identifying key gaps and achievements at the country and global levels, the report highlights how much more could and should be done across all WHO regions to ensure the reliable implementation of infection prevention and control strategies and to realize the potential cost and life-saving benefits that this could bring.

3. Recognition of the gaps in infection prevention and control programmes and practices shown by the devastating impact of the COVID-19 pandemic and the increasing burden of infection and antimicrobial resistance associated with health care delivery, led to a resolution on infection prevention and control that was adopted by consensus at the Seventy-Fifth World Health Assembly.² The resolution includes 13 calls to Member States for improving infection prevention and control at the national, subnational and facility levels, in line with the WHO-recommended core components for infection

¹ Global report on infection prevention and control. Geneva: World Health Organization; 2022 (<https://apps.who.int/iris/handle/10665/354489>, accessed 15 November 2022). Infection prevention and control is described as a clinical and public health specialty based on a practical, evidence-based approach that protects patients, health workers and visitors to health care facilities by preventing avoidable infections, including those caused by antimicrobial-resistant pathogens, acquired during the provision of health care services.

² Resolution WHA75.13 (2022).

prevention and control programmes.¹ The resolution also requests the Director-General to develop, in consultation with Member States and regional economic integration organizations, a draft global strategy 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.

4. Although aspects of infection prevention and control and related principles are, to varying degrees, included in some existing WHO and country-based programmes, a dedicated global strategy on infection prevention and control will urge Member States to take action to strengthen the foundations for, and implementation of, infection prevention and control programmes, with a view to creating more robust health systems for universal health coverage and a solid architecture for health emergencies. A global strategy will facilitate deeper integration and alignment of infection prevention and control principles and interventions with water, sanitation and hygiene activities, and with the global strategies and action plans to address antimicrobial resistance, quality and safety of health care, and other critical health priorities.

5. In response to resolution WHA75.13 (2022) and building on the content of the *WHO global report on infection prevention and control*, the Secretariat has developed a draft of the requested global strategy on infection prevention and control in both health and long-term care settings.^{2,3} The draft global strategy is intended to be an aspirational, strategic and programmatic document that will be complemented by, and used in conjunction with, an associated action plan and monitoring framework to be developed in 2023–2024.

DEVELOPMENT PROCESS AND GUIDING PRINCIPLES

6. The draft global strategy on infection prevention and control has been developed by the Infection Prevention and Control Hub team at WHO headquarters, in close consultation with focal points responsible for infection prevention and control across all three levels of the Organization (headquarters, country offices and regional offices) and in the areas of patient safety, quality of care, antimicrobial resistance, water, sanitation and hygiene, occupational health, and health emergencies, as well as with country delegates and/or Member States' national infection prevention and control focal points. Members of the Global Infection Prevention and Control Network and of civil society, along with other international experts, were also consulted.

7. Two global meetings with these stakeholders and three additional global consultations with Member States were held between June and October 2022. Regional offices gathered specific inputs from Member States through either bilateral meetings or regional consultations (four regional consultations were held).

¹ Guidelines on core components of infection prevention and control programmes at the national and acute health care facility level. Geneva: World Health Organization; 2016 (<https://apps.who.int/iris/handle/10665/251730>, accessed 15 November 2022).

² The full text of the draft global strategy on infection prevention and control is available at: <https://www.who.int/publications/m/item/draft-global-strategy-on-infection-prevention-and-control> (accessed 16 December 2022).

³ In line with resolution WHA69.19 (2016) on the global strategy on human resources for health: workforce 2030, the draft global strategy on infection prevention and control was reviewed to assess possible impacts on the health workforce. The review did not reveal any issues and therefore consideration of the draft global strategy on infection prevention and control can proceed as per normal governing bodies processes, with a recommendation to include reference to the consideration of the principle of precaution within WHO standardized methodological processes to identify infection prevention and control measures, when scientific evidence about a pathogen is only emerging or uncertain.

8. As a result of this extensive consultative process, the draft global strategy is country- and stakeholder-driven, and has a focus on infection prevention and control in any setting where health care is delivered, across the continuum of the health system. Furthermore, the guiding principles underpinning the draft global strategy include a people-centred approach that emphasizes health workers' protection, and patient safety and compassion, while also highlighting the central role of infection prevention and control in combating antimicrobial resistance and in outbreak preparedness, readiness and response. The draft global strategy is also based on the principles of clean and safe care as a human right for all, is equity driven, and should ensure accountability and sustainability.

9. Importantly, the draft global strategy on infection prevention and control is informed by scientific evidence and experiences from the field that indicate that infection prevention and control measures are effective; and that clearly defined implementation strategies with existing support aids are readily available. Furthermore, infection prevention and control initiatives and interventions have a proven track record in being scalable and adaptable to local settings, contexts and conditions.

10. The draft global strategy builds on WHO's two decades of work to highlight the importance of key infection prevention and control principles and strategies, which culminated in the WHO guidelines on the core components¹ of, and the minimum requirements² for, infection prevention and control programmes, and the WHO frameworks and toolkits for infection prevention and control in outbreak preparedness, readiness and response.^{3,4}

11. The draft global strategy on infection prevention and control outlines a clear vision and accompanying objectives and identifies a target audience, including a wide range of key players, for strategy adoption and implementation. Further, it provides Member States with strategic directions to achieve measurable improvements and to substantially reduce the ongoing risk of health care-associated infections (including those that exhibit antimicrobial resistance) and limit infectious disease outbreaks by 2030. Preventing infection also contributes to improving other critical health outcomes addressed by the Sustainable Development Goals and has potentially huge benefits in reducing health costs and providing safer health care.

VISION AND TARGET AUDIENCE

12. There is consensus that the vision should be aspirational, ambitious but also sufficiently realistic, measurable in terms of outcomes and impacts, and clear and simple; it should also provide a clear basis

¹ Guidelines on core components of infection prevention and control programmes at the national and acute health care facility level. Geneva: World Health Organization; 2016 (<https://apps.who.int/iris/handle/10665/251730>, accessed 15 November 2022).

² Minimum requirements for infection prevention and control programmes. Geneva: World Health Organization; 2019 (<https://apps.who.int/iris/handle/10665/330080>, accessed 15 November 2022).

³ Framework and toolkit for infection prevention and control in outbreak preparedness, readiness and response at the national level. Geneva: World Health Organization; 2021 (<https://apps.who.int/iris/handle/10665/345251>, accessed 15 November 2022).

⁴ Framework and toolkit for infection prevention and control in outbreak preparedness, readiness and response at the health care facility level. Geneva: World Health Organization; 2022 (<https://apps.who.int/iris/handle/10665/361522>, accessed 28 November 2022).

for advocacy. The vision proposed for the draft global strategy on infection prevention and control is: “By 2030, everyone accessing or providing health care¹ is safe from associated infections”.

13. The target audience (at the global, national, subnational and health care facility levels, and in both the public and private sectors) includes:

- (i) government officials, political and health care leaders and policy-makers within health ministries (and other relevant ministries and entities providing health care delivery), as well as ministries of finance, the environment and education; accreditation and health regulatory bodies; and senior managers/administrators responsible for planning and budgets;
- (ii) infection prevention and control focal points/leaders (within health ministries, and public health and other national institutes), and focal points/leaders responsible for patient safety and quality, antimicrobial resistance, occupational health, environmental public health (including water, sanitation and hygiene), health emergencies, outbreak management, and the One Health approach;
- (iii) all health and care workers;
- (iv) educational institutions and professional and scientific organizations, societies and unions;
- (v) the general population/community, including civil society, patient and family networks, advocacy groups, and community leaders;
- (vi) key stakeholders and donors, at the national and international levels, that support ministries and health care facilities (for example entities within the United Nations system, Global Infection Prevention and Control Network members, partners, nongovernmental organizations and faith-based organizations); and
- (vii) communication professionals/bodies and the media.

OBJECTIVES AND STRATEGIC DIRECTIONS

Global strategy objectives

14. The draft global strategy on infection prevention and control has three key objectives, which can be summarized as “**Prevent, Act, Coordinate**”:

(1) Prevent infection in health care

Substantially improve health care quality and safety by reducing the frequency of infection and antimicrobial resistance acquired during health care delivery, and their burden on those who get access to and provide health care, including in the context of health emergencies.

¹ Regardless of the *reason* – care delivered for promotion, prevention, diagnosis, treatment or rehabilitation and palliative care; *epidemiological context* – public health event or endemic burden of health care-associated infections and antimicrobial resistance; or *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.

(2) Act to ensure infection prevention and control programmes are in place and implemented

Provide strategic directions and catalyse political commitment to enable active infection prevention and control programmes to reduce health care-associated infections and antimicrobial resistance, and prevent and control outbreaks, through leadership engagement and support from stakeholders, financing, and legal and accountability frameworks, and according to the WHO infection prevention and control core components.¹

(3) Coordinate infection prevention and control activities with other areas and vice versa

Transform health care systems and service delivery so that infection prevention and control is implemented in clinical practice and within an enabling environment through water, sanitation and hygiene activities, and by coordinating infection prevention and control activities with programmes relating to public health emergencies, universal health coverage, patient safety, quality of care, antimicrobial resistance (in particular antimicrobial stewardship² and monitoring, and antimicrobial resistance surveillance), occupational health, health promotion, immunization, and other aspects of public health, and vice versa.

Strategic directions

15. The following strategic directions have been identified for inclusion in the draft global strategy on infection prevention and control:

(i) Political commitment and policies:

(a) demonstrate visible leadership engagement and action-oriented political commitment, such that:

(i) policies are in place that require the scale up and enforcement of the core components for infection prevention and control programmes, including through legal and accountability frameworks, regulations and accreditation systems; and

(ii) resources are mobilized for the sustained financing of infection prevention and control programmes, and based on the local situation analysis.

(ii) Active infection prevention and control programmes:

(a) establish active and sustainable infection prevention and control programmes supported by an enabling environment (adequate staffing levels, and water, sanitation and hygiene activities);

(b) ensure that at least the minimum requirements for infection prevention and control programmes³ are in place in all countries at all levels of the health system, including in

¹ Guidelines on core components of infection prevention and control programmes at the national and acute health care facility level. Geneva: World Health Organization; 2016 (<https://apps.who.int/iris/handle/10665/251730>, accessed 15 November 2022).

² Antimicrobial stewardship is defined as a coherent set of integrated actions that promote the responsible and appropriate use of antimicrobial agents to help improve patient outcomes across the continuum of care.

³ Minimum requirements for infection prevention and control programmes. Geneva: World Health Organization; 2019 (<https://apps.who.int/iris/handle/10665/330080>, accessed 15 November 2022).

primary and long-term care, and that progress is made towards meeting all requirements of the infection prevention and control core component;

(c) implement infection prevention and control programmes using behavioural change and multimodal strategies,¹ including in the context of national action plans on antimicrobial resistance; and

(d) strengthen and maintain infection prevention and control in the context of preparedness, operational readiness and response for disease outbreaks, disasters and humanitarian crises at the national and health facility levels.

(iii) Infection prevention and control coordination and integration:

(a) consistently coordinate infection prevention and control with other health priorities and programmes, including those on: antimicrobial resistance (in particular antimicrobial stewardship and monitoring, and antimicrobial resistance surveillance, including through the One Health approach), patient safety and quality of care, water, sanitation and hygiene, occupational health and safety, health emergencies, and other programmes (including immunization, HIV, tuberculosis, malaria, hepatitis, and maternal/child health); and

(b) integrate infection prevention and control measures into patient pathways and clinical care delivery at the point of care, across health services at all health system levels, including primary care, and with adaptation for fragile² and low-resource settings.

(iv) Infection prevention and control knowledge and career pathways for infection prevention and control professionals:

(a) develop infection prevention and control curricula (for pre- and post-graduate, and in-service training) for health and care workers and link to other associated areas (such as water safety and occupational health and safety in health care facilities);

(b) provide infection prevention and control education across the entire health education system (pre- and post-graduate training);

(c) ensure in-service training for all health workers on infection prevention and control standards and practices, and specific training for infection prevention and control professionals, according to WHO-recommended competencies;³

¹ A multimodal strategy comprises several components or elements (three or more, usually five) implemented in an integrated way with the aim of improving an outcome and changing behaviour. It includes tools, such as bundles and checklists, developed by multidisciplinary teams that take into account local conditions. The five most common elements are: (i) system change (availability of the appropriate infrastructure and supplies to enable infection prevention and control good practices); (ii) education and training of health care workers and key players (for example, managers); (iii) monitoring infrastructures, practices, processes, outcomes and providing data feedback; (iv) reminders in the workplace/communications; and (v) culture change within the establishment or the strengthening of a safety climate.

² Fragile and conflict-affected states: health and WHO: country presence profile. Geneva: World Health Organization; 2017 (<https://apps.who.int/iris/handle/10665/255801>, accessed 15 November 2022).

³ Core competencies for infection prevention and control professionals. Geneva: World Health Organization; 2017 (<https://apps.who.int/iris/handle/10665/335821>, accessed 30 October 2022).

(d) ensure a recognized career pathway for infection prevention and control professionals and job opportunities empowering their role; and

(e) develop approaches and resources for education and orientation of patients and families.

(v) Data for action:

(a) establish systems for regular data collection (including high-quality laboratory data) and feedback on infection prevention and control and water, sanitation and hygiene indicators (in particular hand hygiene indicators) and health care-associated infection surveillance (including epidemic/pandemic-prone and health workers' infections);

(b) ensure training and expertise for data collection, analysis, interpretation and quality control;

(c) ensure integration of infection prevention and control and health care-associated infection data into national health information and accreditation systems, and provide regular feedback on key infection prevention and control performance indicators to relevant audiences and stakeholders;

(d) establish mechanisms for accountability based on infection prevention and control and health care-associated infection data;

(e) use these data for action in a spirit of safety and quality improvement and not for punishment or penalties; and

(f) develop, implement, measure and refresh locally tailored and actionable improvement plans.

(vi) Advocacy and communications:

(a) organize and implement campaigns to promote and raise awareness of infection prevention and control themes and targets, and support social mobilization, including through patient and community engagement;

(b) provide tailored and consistent communications from authoritative sources, based on science and adapted for different audiences; and

(c) provide innovative advocacy approaches through a range of communication channels.

(vii) Research and development:

(a) identify research gaps for infection prevention and control;

(b) fund and facilitate good quality research, answering key questions and developing innovations in infection prevention and control;

(c) include a focus on local settings, with adaptation of infection prevention and control for fragile countries and/or countries with limited resources; and

(d) support data sharing, collaborative research, and research capacity-building.

(viii) Collaboration with and support from stakeholders:

(a) strengthen collaboration and alignment among partners and stakeholders to synergistically support countries to improve infection prevention and control according to their priorities and plans; and

(b) support networking and partnerships between facilities, institutions and countries and internationally to share infection prevention and control experiences and expertise, in particular by fostering South–South and North–South cooperation.

IMPLEMENTATION, MONITORING AND EVALUATION OF THE DRAFT GLOBAL STRATEGY

16. Implementation of the global strategy will require prioritization of infection prevention and control and domestic financial resource mobilization as well as strong donor support, especially in low-resource settings and to ensure sustainability.

17. Following adoption of the draft global strategy on infection prevention and control, in response to the request to the Director-General through resolution WHA75.13 (2022), a detailed implementation and global action plan will be developed for consideration by the Seventy-seventh World Health Assembly in May 2024. This will include a suggested monitoring and evaluation framework that will have to be aligned with the monitoring matrix of other relevant existing WHO programmes to avoid duplication of reporting. Where evaluation gaps are identified, new outcome metrics will be developed, following detailed consultations with relevant infection prevention and control experts, stakeholders and Member States' focal points.

ACTION BY THE EXECUTIVE BOARD

18. The Board is invited to note the report. In its discussions, it is further invited to provide guidance on how the Secretariat can best provide support to Member States in:

- driving the investment and multisectoral action needed to prioritize infection prevention and control programmes at the national and facility levels;
- accelerating sustained implementation of the global strategy on infection prevention and control within national strategies and action plans.

19. The Executive Board is also invited to consider the following draft decision.

The Executive Board, having considered the report on the draft global strategy on infection prevention and control,

Decided to recommend to the Seventy-sixth World Health Assembly the adoption of the following decision:

The Seventy-sixth World Health Assembly, having considered the report on the draft global strategy on infection prevention and control,

Decided to adopt the WHO global strategy on infection prevention and control.

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