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# **Draft global action plan for infection prevention and control**

## **Draft global action plan and monitoring framework**

### **Report by the Director-General**

1. In decision WHA76(11) in May 2023 the Seventy-sixth World Health Assembly adopted the WHO global strategy on infection prevention and control (IPC), whose development for both health and long-term care settings had been requested in resolution WHA75.13 (2022). In that resolution, the Health Assembly had also requested that the global strategy be translated into an action plan, including a framework for tracking progress, with clear measurable targets to be achieved by 2030, for consideration by the Seventy-seventh World Health Assembly, through the Executive Board at the current session.
2. The draft global action plan and monitoring framework on IPC are designed to support and enable the implementation of the WHO global strategy and were developed through an extensive consultative process including global and regional consultations with Member States, international experts and across the three levels of the WHO secretariat.<sup>1</sup> Actions, indicators and targets have been identified, for each of the eight strategic directions in the global strategy.
3. Both the draft global action plan and monitoring framework directly refer to: WHO's recommendations and standards included in the guidelines on core components of<sup>2</sup> and the minimum requirements for<sup>3</sup> IPC programmes; the essential water, sanitation and hygiene (WASH) standards in

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<sup>1</sup> Global strategy on infection prevention and control. World Health Organization; 2023 (<https://www.who.int/publications/m/item/global-strategy-on-infection-prevention-and-control>, accessed 24 November 2023).

<sup>2</sup> 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 20 November 2023).

<sup>3</sup> Minimum requirements for infection prevention and control programmes. Geneva: World Health Organization; 2019 (<https://apps.who.int/iris/handle/10665/330080>, accessed 20 November 2023); see also EB154/8 Add.1.

health care;<sup>1,2</sup> and the IPC sections of the global patient safety action plan<sup>3</sup> and the global action plan on antimicrobial resistance (AMR).<sup>4,5</sup> Therefore, this present document must be read in conjunction with those documents (particularly the annex reproduced in the accompanying document EB154/8 Add.1), which provide more details on what is proposed to be achieved.

4. The draft global action plan on IPC proposes key and additional actions at the global and regional, national and subnational, and facility levels. For every action, indicators are proposed for Member States' consideration. In addition, a set of core and additional targets have been identified at each of those levels.

5. The Secretariat recommends that countries include all key actions and core targets at national and facility levels into their own IPC action plans. Additional actions and targets are also suggested as relevant, depending on the local situation and needs.

6. At the national/subnational and facility levels, countries are strongly encouraged both to monitor and evaluate progress in implementing their action plans and provide information for global reporting through WHO. Similarly, as requested in the resolution WHA75.13, the Director-General will report back to the Health Assembly biennially from 2025 until 2031. The intent is to report aggregated data on progress and results at global/regional and national levels.

7. More details about the background, foundations and development process of this action plan and monitoring framework, including instructions for reading the following sections, are provided in Supplementary Annex 1,<sup>6</sup> as well as an outline of the drivers of progress.

8. The appended Table presents proposed actions, targets and indicators for the national/subnational and facility levels.

9. Supplementary Annex 2 lists the actions and related indicators at the global/regional level. Here, the Secretariat, coordinating the work of headquarters, regional offices and country offices and in collaboration with international and national stakeholders and partners, is the key player in providing support to Member States.

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<sup>1</sup> Adams J, Bartram J, Chartier Y, editors. Essential environmental health standards in health care. Geneva: World Health Organization; 2008 ([https://iris.who.int/bitstream/handle/10665/43767/9789241547239\\_eng.pdf?sequence=1](https://iris.who.int/bitstream/handle/10665/43767/9789241547239_eng.pdf?sequence=1), accessed 20 November 2023).

<sup>2</sup> Water and Sanitation for Health Facility Improvement Tool (WASH FIT): A practical guide for improving quality of care through water, sanitation and hygiene in health care facilities. Second edition. Geneva: World Health Organization; 2022 (<https://www.who.int/publications-detail-redirect/9789240043237>, accessed 25 October 2023).

<sup>3</sup> Global patient safety action plan 2021–2030: towards eliminating avoidable harm in health care. Geneva: World Health Organization; 2021 (<https://iris.who.int/handle/10665/343477>, accessed 24 November 2023).

<sup>4</sup> Global action plan on antimicrobial resistance: towards eliminating avoidable harm in health care. Geneva: World Health Organization; 2015 (<https://iris.who.int/handle/10665/193736>, accessed 24 November 2023).

<sup>5</sup> WHO, FAO, OIE. Monitoring and evaluation of the global action plan on antimicrobial resistance: framework and recommended indicators. Geneva, Rome and Paris: World Health Organization, Food and Agriculture Organization, and World Organisation for Animal Health; 2019 (<https://iris.who.int/handle/10665/325006>, accessed 24 November 2023).

<sup>6</sup> The contents of the supplementary annexes 1–4 are available at <https://www.who.int/teams/integrated-health-services/infection-prevention-control/draft-global-action-plan-and-monitoring-framework-on-ipc> (accessed 20 December 2023).

10. Supplementary Annex 3 lists the key players for each proposed action at the national and facility level and indicates when the monitoring framework indicators are already existing, including existing systems for data collection.

11. Supplementary Annex 4 shows the results chain according to the theory of change used to develop this draft global action plan and monitoring framework.

### **ACTION BY THE EXECUTIVE BOARD**

12. The Board is invited to note the report and consider the proposed actions, targets and indicators for the national/subnational and facility levels. It is also invited to consider the following draft decision:

The Executive Board, having considered the report of the Director-General on the draft global action plan for infection prevention and control, 2024–2030: draft global action plan and monitoring framework,<sup>1</sup>

Decided to recommend that the Seventy-seventh World Health Assembly adopt the following draft decision:

The Seventy-seventh World Health Assembly, having considered the report of the Director-General, decided to adopt the global action plan and monitoring framework on infection prevention and control as contained in the Table in document EB154/8.

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<sup>1</sup> Document EB154/8.

**Table. Draft global action plan and monitoring framework on IPC, 2024–2030: actions, indicators and targets for national/subnational and facility levels<sup>1,2</sup>**

**STRATEGIC DIRECTION 1. POLITICAL COMMITMENT AND POLICIES**

Action	Indicator(s)
<b>National level</b>	
<b>Key action 1</b> <b>Develop a national action plan and monitoring framework for IPC integrate it into national health plans, outlining costs and sources of financing</b>	1. IPC national action plan and monitoring framework <sup>3</sup> developed, costed, validated and approved by health ministry or other relevant national authorities within the context of national health plans
<b>Key action 2</b> <b>Establish the legal framework for IPC to mandate the implementation of IPC programmes at all levels</b>	1. Legislation/regulations in place to address IPC (including IPC professionals) in public health regulatory framework
<b>Key action 3</b> <b>Develop a national financial investment case aligned with the global business case for IPC</b>	1. National financial investment case developed based on global models (by 2026)
<b>Key action 4</b> <b>Establish a dedicated IPC budget to fund the national IPC programme and action plan</b>	1. Dedicated budget (in line with the IPC national action plan) allocated to fund the IPC national programme and action plan identified and available 2. Proportion of health care facilities with adequately funded and dedicated budget for IPC
<b>Key action 5</b> <b>Demonstrate evidence of investment by national authorities in WASH and infrastructure services for health care waste and cleaning and staffing to</b>	1. Dedicated and sufficient funding allocated at the national level for WASH services and activities

<sup>1</sup> For the global/regional level, see Supplementary Annex 1 (<https://www.who.int/teams/integrated-health-services/infection-prevention-control/draft-global-action-plan-and-monitoring-framework-on-ipc>, accessed 20 December 2023).

<sup>2</sup> Details about the key participants for each action at national and facility levels can be found in Supplementary Annex 4 (<https://www.who.int/teams/integrated-health-services/infection-prevention-control/draft-global-action-plan-and-monitoring-framework-on-ipc>, accessed 20 December 2023).

<sup>3</sup> If the IPC national action plan and monitoring framework are part of the antimicrobial resistance or patient safety national action plan and monitoring framework but they are clearly distinguishable, detailed and fulfilling all the attributes of the indicator, this can be considered equivalent to a specific IPC national action plan and monitoring framework.

<b>ensure that all health care facilities have safely managed WASH services to enable IPC practices</b>	
<i>Action 6</i> Establish a national IPC committee <sup>1</sup> actively functioning with dedicated role (regulatory authority) to support implementation of the IPC action plan at the national and facility levels	<ol style="list-style-type: none"> <li>1. National IPC committee established and functioning (by 2026)</li> <li>2. Proportion of countries with a national IPC committee established and functioning</li> </ol>
<i>Action 7</i> Introduce IPC indicators in line with WHO's core components and minimum requirements for IPC in the national quality-assurance systems for health care facilities (such as licensing and accreditation systems or similar) where they exist	<ol style="list-style-type: none"> <li>1. IPC requirements included as indicators in national licensing and accreditation (or similar) systems for health care facilities, where they exist (by 2028)</li> </ol>
<i>Action 8</i> Establish adequate staffing levels, including IPC professionals, according to the local needs and use of standardized tools	<ol style="list-style-type: none"> <li>1. Adequate staffing levels met in line with the requirements for IPC core components (core component 1 for IPC professionals and core component 7 for health and care workers) (by 2030)</li> <li>2. Proportion of facilities that meet predefined national standards for staffing levels</li> </ol>
<b>Facility level</b>	
<b>Key action 1</b> <b>Demonstrate commitment and support of facility senior managers to IPC through adequate dedicated budget allocation to the IPC programme and team, including funding to implement the annual action plan</b>	<ol style="list-style-type: none"> <li>1. Adequate dedicated budget available for IPC (that is, to fund the IPC programme and team and the annual action plan, including equipment for IPC practices)</li> </ol>

<b>Strategic direction 1 – Global targets and related indicators</b>	
<b>Core target 1/top eight global targets</b>	<b><i>Proportion of countries with a costed and approved national action plan and monitoring framework on IPC</i></b> <b>Increase of the proportion of countries with a costed and approved national action plan and monitoring framework for IPC to:</b> <b>30% by 2026</b> <b>50% by 2028</b>

<sup>1</sup> The national IPC committee (or an equivalent structure) should be established as an official multidisciplinary group to interact with the technical team responsible for the IPC programme. The mandate of this entity would be to integrate IPC in the national health system and enhance cooperation, coordination and information-sharing, particularly with complementary programmes. Other tasks of the group could be to perform a review of the IPC programme content, promote improved practices, ensure appropriate training, review risks associated with new technologies and periodically evaluate the programme.

	<b>&gt;80% by 2030</b>
<i>Core target 2/top eight global targets</i>	<p><i>Proportion of countries with legislation/regulations in place for IPC (including IPC professionals) as part of the public health regulatory framework</i></p> <p><b>Increase of the proportion of countries with legislation/regulations for IPC to:</b></p> <p><b>30% by 2026</b></p> <p><b>50% by 2028</b></p> <p><b>&gt;80% by 2030</b></p>
<i>Core target 3/top eight global targets</i>	<p><i>Proportion of countries having an identified dedicated (in line with the IPC national action plan) budget allocated to fund the IPC national programme and action plan</i></p> <p><b>Increase of the proportion of countries having an identified dedicated budget allocated to the national IPC programme and action plan to:</b></p> <p><b>50% by 2026</b></p> <p><b>75% by 2028</b></p> <p><b>&gt;90% by 2030</b></p> <p>Baseline (2021–2022): 41%</p>
Additional target	<p><i>Proportion of countries with dedicated and sufficient funding for WASH services and activities</i></p> <p>Increase of the proportion of countries with dedicated and sufficient funding for WASH services and activities to:</p> <p>40% of countries by 2026</p> <p>80% of countries by 2028</p> <p>100% of countries by 2030</p> <p>Baseline (2022): 3%</p>
<b>Strategic direction 1 – National targets and related indicators</b>	
Additional target	<p><i>Proportion of health care facilities with adequate dedicated budget for IPC (to fund the IPC programme and team and the annual action plan, including equipment for IPC practices)</i></p> <p>Increase of the proportion of health care facilities with adequate dedicated budget for IPC to:</p> <p>30% by 2026</p> <p>50% by 2028</p> <p>&gt;80% by 2030</p>

## STRATEGIC DIRECTION 2. ACTIVE IPC PROGRAMMES

Action	Indicator(s)
<b>National level</b>	
<p><b>Key action 1</b>  <b>Establish a national IPC programme and/or demonstrate evidence of improvement of IPC programmes, including WASH (namely, meet WHO’s minimum requirements at national and facility levels)</b></p>	<ol style="list-style-type: none"> <li>1. All WHO’s minimum requirements for IPC at national level (see document EB154/8 Add.1) met (to be assessed through WHO’s Global IPC portal)<sup>1</sup></li> <li>2. Proportion of health facilities meeting all WHO’s minimum requirements for IPC at facility level (to be assessed through WHO’s IPC portal)</li> <li>3. Proportion of health care facilities with basic water, sanitation, hygiene, and waste services (per each indicator, to be assessed through the definitions of the WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene)</li> </ol>
<p><b>Key action 2</b>  <b>Support the establishment of active IPC programmes (that is, with objectives and action plan, supported by dedicated human resources and financing) at least in tertiary and secondary care facilities, and identification of an IPC link person in each primary care facility, within broader health services development</b></p>	<ol style="list-style-type: none"> <li>1. Proportion of tertiary/secondary care health facilities with an active IPC programme</li> <li>2. Proportion of primary care facilities with an IPC link person</li> </ol>
<p><b>Key action 3</b>  <b>Establish national targets on reducing health care-associated infections (HAIs) and support the implementation of multimodal improvement strategies<sup>2</sup> to reduce HAIs in health care facilities at all levels, according to local priorities</b></p>	<ol style="list-style-type: none"> <li>1. Proportion of facilities with implemented interventions based on multimodal strategies to reduce specific HAIs according to local priorities</li> </ol>
<p><b>Key action 4</b>  <b>Develop national IPC guidelines, including policies for enabling environments for IPC, infrastructure, supplies and infection prevention among health and care workers at facility level, and link these guidelines with strategic principles for the control of AMR</b></p>	<ol style="list-style-type: none"> <li>1. Evidence-based IPC guidelines and policies available at the national level</li> </ol>

<sup>1</sup> WHO Global IPC Portal. For more information, see website (<https://ipcportal.who.int>, accessed 24 November 2023).

<sup>2</sup> 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 (prevention of HAIs and antimicrobial resistance) 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 good practices in IPC); (ii) education and training of health and care workers and key players (for example, managers); (iii) monitoring infrastructures, practices, processes and outcomes and providing data feedback; (iv) reminders in the workplace/communications; and (v) cultural change within the establishment or the strengthening of a safety climate.

Facility level	
<p><b>Key action 1</b>  <b>Establish an active IPC programme for tertiary and secondary care facilities (that is, with objectives and an annual action plan, supported by dedicated human resources and budget) and ensure there is an IPC link person in each primary care facility, within broader health services development</b></p>	<p>1. Active IPC programme established (that is, with objectives and annual action plan, supported by dedicated human resources and adequate funding) (by 2026)</p>
<p><b>Key action 2</b>  <b>Make, fund and implement IPC improvement plans in order to achieve WHO's minimum requirements for IPC according to the facility level, including availability of adequate facility infrastructure and IPC supplies</b></p>	<p>1. WHO's minimum requirements for IPC in the health care facility met according to the facility level  2. Percentage of WHO's minimum requirements for IPC met in the health care facility, according to the facility level</p>

Strategic direction 2 – Global targets and related indicators	
<p><b>Core target 4/top 8 global targets</b></p>	<p><i>Proportion of countries meeting all WHO's minimum requirements for IPC programmes at national level (through WHO's IPC portal)</i>  <b>Increase of the proportion of countries meeting all WHO's minimum requirements for IPC programmes at national level to:</b>  <b>30% by 2026</b>  <b>60% by 2028</b>  <b>&gt;90% by 2030</b>  Baseline (2021–2022): 4%</p>
<p><b>Core target 5/top 8 global targets</b></p>	<p><i>Proportion of countries with national IPC programmes at Level 4 or 5 in section C9.1 of SPAR<sup>1</sup> and Level D or E in section 3.5 of TrACSS<sup>2</sup> (highest levels)</i>  <b>Increase of the proportion of countries with national IPC programmes at Level 4 or 5 in section C9.1 of SPAR 9.1 and Level D or E in section 3.5 of TrACSS to:</b>  <b>50% by 2026</b>  <b>75% by 2028</b>  <b>&gt;90% by 2030</b></p>

<sup>1</sup> SPAR: IHR State Party Self-Assessment Annual Reporting tool; section C9.1 covers IPC programmes. For more information see the SPAR website (<https://www.who.int/emergencies/operations/international-health-regulations-monitoring-evaluation-framework/states-parties-self-assessment-annual-reporting>, accessed 21 November 2023).

<sup>2</sup> TrACSS: Tripartite AMR Country Self-Assessment Survey; for more information see the TrACSS website (<https://amrcountryprogress.org/#/map-view>, accessed 21 November 2023); section 3.5 covers Infection Prevention and Control (IPC) in human health care. The same website also contains the full Global Database for Tracking Antimicrobial Resistance (AMR) Country Self-Assessment Survey.



	Baseline (2022): 39% in SPAR section C9.1; 38% in TrACSS section 3.5
Additional target	<p><i>Country scoring improved within section C9.1 of SPAR and/or within section 3.5 of TrACSS</i></p> <p>Step improvement in the country level within section C9.1 of SPAR and/or within section 3.5 of TrACSS to:</p> <p>50% of countries moved to the next level by 2026</p> <p>75% of countries moved to the next level by 2028</p> <p>100% of countries moved to the next level by 2030</p>
<b>Core target 6/top 8 global targets</b>	<p><b><i>Proportion of countries with basic water, sanitation, hygiene and waste services in all health care facilities (per each indicator as monitored in the definitions of the WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene)<sup>1</sup></i></b></p> <p><b>Increase of the proportion of countries with basic water, sanitation, hygiene and waste services in all health care facilities to:</b></p> <p><b>60 % by 2026</b></p> <p><b>80% by 2028</b></p> <p><b>100% by 2030</b></p> <p>Baseline (2022) – water: 78%; sanitation: not determined; hand hygiene: 51%; waste services: not determined</p>
<b>Strategic direction 2 – Global targets and related outcome indicators</b>	
<b>Denominator for Core target 7</b>	<p><b><i>Proportion of countries that have a national target on reducing HAIs (monitored by WHO’s Patient Safety Flagship secretariat)</i></b></p> <p><b>Increase of the proportion of countries that have a national target on reducing HAIs to:</b></p> <p><b>50% by 2026</b></p> <p><b>75% by 2028</b></p> <p><b>100% by 2030</b></p> <p>Baseline (2023): 31%</p>

<sup>1</sup> Core questions and indicators for monitoring WASH in health care facilities in the Sustainable Development Goals. Geneva: World Health Organization and the United Nations Children’s Fund; 2018 (<https://www.who.int/publications/i/item/9789241514545>, accessed 30 October 2023)

Core target 7/top 8 global targets	<p><i>Proportion of countries that have achieved their national targets on reducing HAIs<sup>1</sup> (existing indicator in the Global Patient Safety Action Plan 2021–2030)</i></p> <p><b>Increase of the proportion of countries that have achieved their national targets on reducing HAIs (among those having such target) to:</b></p> <p><b>30% by 2026</b>  <b>50% by 2028</b>  <b>&gt;80% by 2030</b></p>
<b>Strategic direction 2 – National targets and related indicators</b>	
Core target 2/top 4 national targets	<p><i>Percentage of WHO's minimum requirements for IPC met at the national level</i></p> <p><b>Increase in the percentage of WHO's minimum requirements for IPC met at the national level to:</b></p> <p><b>50% by 2026</b>  <b>75% by 2028</b>  <b>&gt;90% by 2030</b></p>
Core target 1/top 4 national targets	<p><i>Proportion of facilities meeting all WHO's minimum requirements for IPC programmes</i></p> <p><b>Increase of the proportion of facilities meeting all WHO's minimum requirements for IPC programmes to:</b></p> <p><b>30% by 2026</b>  <b>60% by 2028</b>  <b>&gt;90% by 2030</b></p> <p>Baseline (2019): 16%</p>
<b>Strategic direction 2 – Facility level target and related indicator</b>	
Additional target	<p><i>Percentage of WHO's minimum requirements for IPC met in the health care facility, according to the facility level</i></p> <p><b>Increase of the percentage of WHO's minimum requirements for IPC met by the facility to:</b></p> <p><b>30% by 2026</b>  <b>60% by 2028</b>  <b>&gt;90% by 2030</b></p>

<sup>1</sup> HAIs caused by priority pathogens recommended to be addressed are: surgical site infections related to selected surgical procedures (existing indicator in the global action plan on antimicrobial resistance); bloodstream infections among inpatients; and central line-associated bloodstream infections.

### STRATEGIC DIRECTION 3. IPC INTEGRATION AND COORDINATION

Action	Indicator(s)
<b>National level</b>	
<p><b>Key action 1</b>  <b>Ensure inclusion of IPC principles, standards and indicators within strategies and documents of other complementary national programmes<sup>1</sup></b></p>	<ol style="list-style-type: none"> <li>1. Desk review and situational analysis of integration of IPC within other programmes completed (by 2028)</li> <li>2. Key existing IPC principles, standards and indicators identified, appropriately included and cross-referenced within other national complementary programmes, as appropriate (by 2030)</li> </ol>
<p><b>Key action 2</b>  <b>Ensure the IPC programme is aligned with and contributes to other complementary national programmes' strategies and documents</b></p>	<ol style="list-style-type: none"> <li>1. Desk review and situational analysis of integration of other complementary programmes within the IPC programme completed (by 2028)</li> <li>2. Key existing policies, principles, standards and indicators from other complementary programmes identified, appropriately included and cross-referenced within IPC documents and programmes, as appropriate (by 2030)</li> </ol>
<p><b>Key action 3</b>  <b>Ensure IPC clinical practices and appropriate prescribing of antimicrobial agents (that is, antimicrobial stewardship) are embedded in policies related to patient care pathways/programmes at the national, subnational and facility levels for tertiary, secondary and primary health care</b></p>	<ol style="list-style-type: none"> <li>1. Clinical packages (for example, policies and standard operating procedures) available for integrating IPC and appropriate antimicrobial prescribing within clinical care (such as surgery, maternal and neonatal care) (by 2028)</li> </ol>
<p><b>Action 4</b>            Ensure inclusion of IPC principles, strategies and standards in policies, national action plans and implementation projects on AMR</p>	<ol style="list-style-type: none"> <li>1. AMR policies, national action plans and implementation projects including IPC available (by 2026)</li> <li>2. Modified Sustainable Development Goal indicator 3.d.2 in inpatients: proportion of bloodstream infections due to methicillin-resistant <i>Staphylococcus aureus</i>, <i>Acinetobacter</i> spp., <i>Klebsiella</i> spp. and <i>Pseudomonas</i> spp. resistant to carbapenems</li> </ol>

<sup>1</sup> Examples of programmes/areas of work complementary to IPC programmes include those on antimicrobial resistance; occupational health; patient safety; public health emergencies; quality of care; water, sanitation and hygiene and health care waste; and specific infectious diseases (such as HIV infection and tuberculosis).

<p><i>Action 5</i> Ensure IPC is included as a component of the national preparedness, readiness and response plan within the context of public health emergencies</p>	<ol style="list-style-type: none"> <li>1. IPC section including budget, personnel, and supplies included in the national preparedness, readiness and response plan</li> </ol>
<p><i>Action 6</i> Develop and cost national plans for WASH in health care facilities</p>	<ol style="list-style-type: none"> <li>1. Costed road maps (that is, national plans) for WASH in health care facilities which include IPC elements available</li> <li>2. Standards for water, sanitation, hygiene, cleaning and health care waste in health care facilities available</li> </ol>
<p><i>Action 7</i> Ensure IPC is included as a component of national occupational health and safety programmes for health and care workers, including plans for prevention, reporting and follow-up of occupational infections</p>	<ol style="list-style-type: none"> <li>1. National plans for prevention, reporting and follow-up of occupational infections, including a policy for vaccination of health and care workers available</li> <li>2. Proportion of countries having a national policy for occupational health and safety for health and care workers (an indicator for global reporting)</li> <li>3. Proportion of countries with a vaccination programme for health and care workers (indicator for global reporting)</li> </ol>
<p><i>Action 8</i> Integrate IPC supplies/equipment in the national lists of essential medicines and priority medical devices and identify those essential for emergencies</p>	<ol style="list-style-type: none"> <li>1. Agreed list of essential IPC supplies (for instance, alcohol-based hand rub products, personal protective equipment and disinfectants) available (by 2026)</li> <li>2. Assessment of which IPC supplies are included in the national lists of essential medicines and priority medical devices completed (by 2028)</li> <li>3. Agreed list of essential IPC supplies included in lists of essential medicines and priority medical devices, including specifications for emergencies (by 2030)</li> </ol>
<b>Facility level</b>	
<p><b><i>Key action 1</i></b> <b>Establish an IPC committee<sup>1</sup> ensuring representation of and collaborative activities with other complementary programmes (for tertiary/secondary care facilities)</b></p>	<ol style="list-style-type: none"> <li>1. IPC committee established with representation of and collaborative activities with other complementary programmes (by 2026)</li> </ol>

<sup>1</sup> An IPC committee is a multidisciplinary group with interested stakeholders from other complementary programmes (for example, patient safety, quality of care, occupational health, antimicrobial resistance/antimicrobial stewardship and WASH) across the facility, which interacts with and advises the IPC team.

<p><b>Key action 2</b>  <b>Ensure both IPC clinical practices and appropriate antimicrobial prescribing are embedded in all patient care pathways/wards</b></p>	<ol style="list-style-type: none"> <li>1. Standard operating procedures available integrating IPC and appropriate antimicrobial prescribing within clinical care (for example, surgery, maternal and neonatal care) (by 2028)</li> <li>2. Increased compliance with IPC practices in specific wards and among specialized professionals (for example, injection safety, hand hygiene and waste management in surgical wards, operating theatres and critical care units) demonstrated (by 2030)</li> <li>3. Increased compliance with appropriate antimicrobial prescribing (for example, at least one annual audit) demonstrated</li> </ol>
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<b>Strategic direction 3 – Global targets and related indicators</b>	
<p><b>Core target 6</b>/top 8 global targets</p>	<p><i>Proportion of countries with costed road maps (namely, national plans) for WASH in health care facilities</i>  <b>Increase of the proportion of countries with costed road maps (namely, national plans) for WASH in health care facilities to:</b>  <b>80% countries by 2026</b>  <b>90% countries by 2028</b>  <b>100% countries by 2030</b>            Baseline (2022): 63% of countries</p>
<p>Additional target</p>	<p><i>Proportion of countries with updated standards for water, sanitation, hygiene, cleaning and health care waste in health care facilities available</i>            Increase of the proportion of countries with updated standards for water, sanitation, hygiene, cleaning and health care waste in health care facilities available to:            75% countries have updated standards by 2026            90% countries have updated standards by 2028            100% of countries have updated standards by 2030            Baseline (2022): 53% of countries have standards</p>
<p>Additional target</p>	<p><i>Proportion of countries reporting data regarding the modified Sustainable Development Goal indicator 3.d.2 (proportion of patient bloodstream infections due to methicillin-resistant Staphylococcus aureus, Acinetobacter spp., Klebsiella spp., and Pseudomonas spp. resistant to carbapenems in inpatients)</i>            Increase of the proportion of countries reporting the modified indicator 3.d.2 to:            30% by 2026            50% by 2028            &gt;80% by 2030</p>

<b>Strategic direction 3 – National targets and related indicators</b>	
Additional target	<p><i>Proportion of facilities with a dedicated and sufficient funding for WASH services and activities</i></p> <p>Increase of the proportion of facilities with a dedicated and sufficient funding for WASH services and activities to:</p> <p>40% of facilities by 2026</p> <p>80% of facilities by 2028</p> <p>100% of facilities by 2030</p>
Additional target	<p><i>Proportion of health care facilities with an IPC committee established with representation of and collaborative activities with other complementary programmes</i></p> <p>Increase of the proportion of health care facilities with such an IPC committee established to:</p> <p>30% by 2026</p> <p>50% by 2028</p> <p>&gt;80% by 2030</p>

#### **STRATEGIC DIRECTION 4. KNOWLEDGE ABOUT IPC AMONG HEALTH AND CARE WORKERS AND CAREER PATHWAYS FOR IPC PROFESSIONALS**

<b>Action</b>	<b>Indicator(s)</b>
<b>National level</b>	
<p><i>Key action 1</i></p> <p><b>Develop a national curriculum for IPC professionals aligned with WHO's core competencies for infection prevention and control professionals or endorse an international curriculum</b></p>	<ol style="list-style-type: none"> <li>1. Curriculum for IPC professionals developed or international curriculum endorsed and in use (by 2028)</li> <li>2. Proportion of countries with a curriculum for IPC professionals developed and in use (indicator for global target)</li> </ol>
<p><i>Key action 2</i></p> <p><b>Establish a national postgraduate<sup>1</sup> IPC certificate<sup>2</sup> programme (including training courses on emergency preparedness on specific situations) for IPC professionals that is aligned with existing international standards or require existing certificates</b></p>	<ol style="list-style-type: none"> <li>1. Postgraduate IPC certificate programme established or requirement for an existing certificate (by 2030)</li> <li>2. Proportion of colleges and universities offering postgraduate IPC training</li> <li>3. Proportion of countries with an IPC certificate programme or equivalent or requiring existing certificates (indicator for global target)</li> </ol>

<sup>1</sup> Postgraduate qualification: a type of qualification that is completed after a relevant undergraduate degree or diploma. Postgraduate degrees encompass a range of qualifications, including master's degrees, postgraduate diplomas and certificate and doctorates.

<sup>2</sup> A certificate is awarded following the completion of a course or series of courses that provides education and training around an intended learning outcome.

<p><b>Key action 3</b>  <b>Develop and establish a national curriculum on IPC (or adopt an international one) for pregraduate<sup>1</sup> training and education for all relevant health care disciplines (in, for example, medical, nursing and midwifery schools), endorsed by the appropriate national or international body, and integrate it within health educational curricula, with embedded evaluation mechanisms</b></p>	<ol style="list-style-type: none"> <li>1. IPC pregraduate curriculum for all relevant health care disciplines developed and endorsed by the appropriate national or international body ensuring that quality and standards (national/international) are met (by 2028)</li> <li>2. IPC pregraduate curriculum integrated within health educational curricula, with embedded evaluation mechanisms (by 2030)</li> </ol>
<p><b>Key action 4</b>  <b>Develop a national in-service<sup>2</sup> curriculum on IPC (or adopt an international one) for all health and care workers, in particular frontline clinical, cleaning and management staff and create a national (or subnational) training programme to support in-service IPC training</b></p>	<ol style="list-style-type: none"> <li>1. National in-service IPC curriculum developed (by 2026)</li> <li>2. National (or subnational) IPC training programme to support in-service training created (by 2028), introduced and regularly updated (by 2030)</li> <li>3. Proportion of countries with a national in-service curriculum on IPC (indicator for global target)</li> </ol>
<p><b>Key action 5</b>  <b>Mandate that all health and care workers, in particular frontline clinical, cleaning and management staff, receive education and training in standard operating procedures for IPC upon employment and regularly (for instance, annually) thereafter</b></p>	<ol style="list-style-type: none"> <li>1. Legal mechanism or well-defined strategies established to mandate IPC in-service training (by 2028)</li> <li>2. Proportion of facilities providing and/or requiring mandatory training for all health and care workers, in particular frontline clinical and cleaning staff upon employment and annually thereafter and for managers upon employment</li> <li>3. Proportion of facilities achieving all WHO's minimum requirements for IPC training and education according to facility level</li> <li>4. Proportion of countries with a national (or subnational) IPC training programme (indicator for global target)</li> </ol>
<p><b>Key action 6</b>  <b>Create a career pathway for IPC professionals</b></p>	<ol style="list-style-type: none"> <li>1. Framework/policy document developed that outlines the steps to create a career pathway for IPC professionals (by 2028)</li> <li>2. Specific positions for IPC professionals/focal points created/available in the national health care system</li> <li>3. Proportion of hospitals with at least one full-time IPC professional per 250 beds</li> </ol>
<p><b>Facility level</b></p>	
<p><b>Key action 1</b>  <b>Make implementation plans and provide resources (human and financial) to achieve all WHO's minimum requirements for IPC training and education and to progressively achieve all requirements of core component 3 on IPC education and training</b></p>	<ol style="list-style-type: none"> <li>1. All WHO's minimum requirements for IPC training and education met, according to facility level (by 2030)</li> </ol>

<sup>1</sup> Pregraduate: a person is taking an academic course (such as a diploma or degree programme) but has not yet graduated.

<sup>2</sup> In-service: training that is given to employees during the course of employment, carried out by an institution or agency. It includes orientation programmes.

<b>Strategic direction 4 – Global targets and related indicators</b>	
Additional target	<p><i>Proportion of countries with a curriculum for IPC professionals developed or endorsed and in use</i></p> <p>Increase of the proportion of countries with a curriculum for IPC professionals developed or endorsed and in use to:</p> <p>30% by 2026 50% by 2028 &gt;80% by 2030</p>
Additional target	<p><i>Proportion of countries with an IPC certificate programme or equivalent or requiring existing certificates</i></p> <p>Increase of the proportion of countries with an IPC certificate programme or equivalent to:</p> <p>30% by 2026 50% by 2028 &gt;80% by 2030</p>
Additional target	<p><i>Proportion of countries having IPC training programme for health and care workers</i></p> <p>Increase of the proportion of countries having an IPC training programme for health and care workers to:</p> <p>30% by 2026 50% by 2028 &gt;80% by 2030</p>
<b>Strategic direction 4 – National target and related indicator</b>	
<b>Core target 3/top 4 national targets</b>	<p><b><i>Proportion of facilities providing and/or requiring training of all frontline clinical and cleaning staff upon employment and annually and to managers upon employment</i></b></p> <p><b>Increase of the proportion of facilities providing and/or requiring training to all frontline clinical and cleaning staff upon employment and annually and to managers upon employment to:</b></p> <p><b>30% by 2026</b> <b>60% by 2028</b> <b>&gt;90% by 2030</b></p>



## STRATEGIC DIRECTION 5. DATA FOR ACTION

Action	Indicator(s)
<b>National level</b>	
<p><b>Key action 1</b>  <b>Establish and/or strengthen national IPC monitoring system and ensure health care facilities participate in the national IPC monitoring networks</b></p>	<ol style="list-style-type: none"> <li>1. National strategic plan for IPC monitoring in place, including an integrated IPC monitoring system for collection, analysis and feedback of data</li> <li>2. Proportion of tertiary/secondary-level health care facilities having an IPC monitoring system for collection, analysis and feedback of data</li> <li>3. Proportion of countries with a national IPC monitoring system (indicator for global reporting)</li> </ol>
<p><b>Key action 2</b>  <b>Establish and/or strengthen a national surveillance system for HAIs and related AMR including for early warning the ability to detect epidemic- and pandemic-prone pathogens and for monitoring antimicrobial consumption, and ensure that tertiary/secondary health care centres (at least referral centres) participate in national or international HAI and AMR surveillance networks</b></p>	<ol style="list-style-type: none"> <li>1. National strategic plan for surveillance of HAIs and related AMR (with a focus on priority infections based on the local context) developed by a multidisciplinary technical group (by 2026) within the context of a broader surveillance system</li> <li>2. National/subnational surveillance system for HAIs and related AMR (including for early warning the ability to detect epidemic- and pandemic-prone pathogens causing HAIs) established and supported (including financially) by governmental and national/subnational authorities (by 2028)</li> <li>3. Proportion of tertiary/secondary health care facilities participating in the national/subnational or international network for surveillance of HAIs and related AMR, if existing</li> <li>4. Proportion of tertiary/secondary health care facilities having a surveillance system for HAIs and related AMR including for early warning the ability to detect epidemic- and pandemic-prone pathogens</li> </ol>
<p><b>Key action 3</b>  <b>Establish and/or strengthen a system for monitoring hand hygiene in health care facilities as a key national indicator</b></p>	<ol style="list-style-type: none"> <li>1. Hand hygiene compliance monitoring and feedback established as a key national indicator, at the very least for reference hospitals (by 2026)</li> <li>2. National programme for improving hand hygiene compliance in place (by 2026)</li> <li>3. National hand hygiene monitoring system (compliance or product consumption) established and implemented (by 2028)</li> <li>4. Proportion of health care facilities at all levels monitoring hand hygiene and providing data through the national system</li> </ol>
<p><b>Action 4</b>  <b>Integrate IPC and HAI indicators and data into national health information and accreditation systems and/or other relevant quality-improvement activity</b></p>	<ol style="list-style-type: none"> <li>1. IPC and HAI data included as key criteria in national health care accreditation systems and/or other relevant quality improvement activity (by 2028)</li> <li>2. IPC and HAI data included in health management information system (by 2028)</li> </ol>

<p><i>Action 5</i> Ensure training and expertise in data collection, analysis, interpretation and reporting in order to maximize data accuracy and quality</p>	<ol style="list-style-type: none"> <li>1. Training programme for data collection, analysis, interpretation and reporting on IPC, HAIs and antimicrobial consumption established (by 2026)</li> <li>2. National training courses regularly organized (by 2028)</li> </ol>
<p><i>Action 6</i> Support health care facility activities concerning IPC, HAIs and antimicrobial consumption in the areas of data analysis, reporting/feedback and interpretation to facilitate development and update of local improvement plans</p>	<ol style="list-style-type: none"> <li>1. Regular reports of data on IPC, HAIs and antimicrobial consumption produced and shared with health and care workers and administrators (by 2026)</li> <li>2. Local action plans regularly developed/updated in light of reported data (by 2028)</li> </ol>
<p><b>Facility level</b></p>	
<p><i>Action 1</i> Make implementation plans and provide resources (human and financial) to achieve all WHO's minimum requirements for HAI surveillance according to facility level and to progressively achieve all requirements of core component 4 on HAI surveillance</p>	<ol style="list-style-type: none"> <li>1. Percentage of WHO's minimum requirements for HAI surveillance met (only for tertiary and secondary care facilities)</li> </ol>
<p><i>Action 2</i> Make implementation plans and provide resources (human and financial) to achieve all WHO's minimum requirements for IPC monitoring and feedback according to facility level, and to progressively achieve all requirements of core component 6 on Multimodal strategies for implementing IPC activities</p>	<ol style="list-style-type: none"> <li>1. Percentage of WHO's minimum requirements for IPC monitoring and feedback met</li> </ol>

<p><b>Strategic direction 5 – Global targets and related indicators</b></p>	
<p>Additional target</p>	<p><i>Proportion of countries reporting annually through WHO's IPC portal</i> Increase of the proportion of countries reporting annually through WHO's IPC portal to: 30% by 2026 50% by 2028 &gt;80% by 2030</p>
<p>Additional target</p>	<p><i>Proportion of countries with a national IPC monitoring system</i> Increase of the proportion of countries with a national IPC monitoring system to: 30% by 2026 50% by 2028 &gt;80% by 2030</p>

<p><b>Core target 8</b>/top 8 global targets</p>	<p><i>Proportion of countries with a national surveillance system for HAIs and related AMR, including for early warning to detect epidemic- and pandemic-prone pathogens causing HAIs</i></p> <p><b>Increase of the proportion of countries with a national surveillance system for HAIs and related AMR to:</b></p> <p><b>30% by 2026</b></p> <p><b>50% by 2028</b></p> <p><b>&gt;80% by 2030</b></p>
<p><b>Strategic direction 5 – National targets and related indicators</b></p>	
<p>Additional target</p>	<p><i>Proportion of tertiary/secondary health care facilities having an IPC monitoring system for collection, analysis and feedback of data</i></p> <p>Increase of the proportion of tertiary/secondary health care facilities having an IPC monitoring system to:</p> <p>30% by 2026</p> <p>50% by 2028</p> <p>&gt;80% by 2030</p>
<p><b>Core target 4</b>/top 4 national targets</p>	<p><i>Proportion of tertiary/secondary health care facilities having a surveillance system for HAIs and related AMR, including early warning to detect epidemic- and pandemic-prone pathogens</i></p> <p><b>Increase of proportion of tertiary/secondary health care facilities having a surveillance system for HAIs and related AMR to:</b></p> <p><b>30% by 2026</b></p> <p><b>50% by 2028</b></p> <p><b>&gt;80% by 2030</b></p>
<p>Additional target</p>	<p><i>Proportion of health care facilities at all levels monitoring hand hygiene and providing data through the national system</i></p> <p>Increase of the proportion of health care facilities monitoring hand hygiene and providing data through the national system to:</p> <p>30% by 2026</p> <p>60% by 2028</p> <p>&gt;90% by 2030</p>

## STRATEGIC DIRECTION 6. ADVOCACY AND COMMUNICATIONS

Action	Indicator(s)
<b>National level</b>	
<b>Key action 1</b> <b>Develop and implement a national IPC advocacy and communications strategy and implementation plan (as stand-alone or a part of wider strategies, for example, on AMR, patient safety or WASH), aligned for consistency with the WHO global strategy on infection prevention and control and including engaging local champions and the community</b>	1. National advocacy and communications strategy and implementation plan, including the identification of local experts/champions, developed and implemented (by 2026)
<b>Action 2</b> Establish a training programme on advocacy and risk communication and community engagement for IPC professionals and champions	1. National training programme on advocacy and communications for IPC established (by 2028)
<b>Action 3</b> Organize national communication campaigns on IPC priority topics and participate in WHO's World Hand Hygiene Day as a country with national initiatives	1. National campaigns on IPC priority topics organized annually 2. National initiative to participate in the annually-organized World Hand Hygiene Day 3. Proportion of facilities participating in World Hand Hygiene Day with local activities and/or participating in national event
<b>Facility level</b>	
<b>Key action 1</b> <b>Organize events and/or communications and campaigns on IPC priority topics (for example, hand hygiene, AMR and WASH), including patient and community participation</b>	1. At least one event/communications per year organized
<b>Key action 2</b> <b>Participate in WHO's World Hand Hygiene Day</b>	1. Activities for WHO World Hand Hygiene Day organized every year

Strategic direction 6 – Global target and related indicator	
Additional target	<i>Proportion of countries having a national advocacy and communications strategy and implementation plan</i> Increase of the proportion of countries having a national advocacy and communications strategy and implementation plan to: 30% by 2026 50% by 2028 >80% by 2030

## STRATEGIC DIRECTION 7. RESEARCH AND DEVELOPMENT

Action	Indicator(s)
<b>National level</b>	
<b>Key action 1</b> Develop country-specific national research agenda and priorities for IPC (as stand-alone or a part of wider strategies, for example, on AMR, patient safety and WASH), adapted from the global research agenda and including a multisectoral and multidisciplinary approach	1. National research agenda and priorities for IPC developed
<b>Key action 2</b> Prioritize, fund and implement research projects on IPC in selected facilities, according to local priorities	1. Biennial number of scientific publications/publicly-available reports of research results on priority IPC topics
<b>Facility level</b>	
<b>Key action 1</b> Seek research funds for projects on IPC, according to the facility's priorities	1. Grant proposals for IPC research projects submitted
<b>Key action 2</b> Implement research projects on IPC and report on the results	

<b>Strategic direction 7 – Global target and related indicator</b>	
Additional target	<i>Proportion of countries having a national IPC research agenda</i> Increase of the proportion of countries having a national IPC research agenda to: 30% by 2026 50% by 2028 >80% by 2030

## STRATEGIC DIRECTION 8. COLLABORATION AND STAKEHOLDERS' SUPPORT

Action	Indicator(s)
<b>National level</b>	
<b>Key action 1</b> <b>Map national partners, professional societies, civil society organizations, patient advocacy and community groups, and international organizations relevant for IPC, taking a multisectoral and multidisciplinary approach</b>	<ol style="list-style-type: none"> <li>1. National mapping exercise performed and available (by 2026) and mechanisms in place for regular updates</li> <li>2. National agenda for collaboration to improve collaborating agenda on IPC developed (by 2028)</li> <li>3. Profiles of IPC national stakeholders (such as organizations, societies, partners and donor supporting and/or working on IPCs) regularly updated (by 2030)</li> </ol>
<b>Key action 2</b> <b>Encourage and implement multistakeholder activities and/or initiatives, according to country needs and including sharing of data on IPC, HAIs, AMR and WASH</b>	<ol style="list-style-type: none"> <li>1. Proportion of countries with multisectoral taskforce that includes a strong focus on IPC and WASH in health care facilities</li> <li>2. Number of joint IPC activities with national IPC stakeholders in line with national plan and local needs and context (by 2030)</li> </ol>
<b>Facility level</b>	
<b>Key action 1</b> <b>Seek collaborations, networking and partnerships with other health care facilities and national IPC societies (if present) to support IPC implementation</b>	<ol style="list-style-type: none"> <li>1. Proportion of collaborative or multidisciplinary projects, networking events or partnerships established</li> </ol>

<b>Strategic direction 8 – Global target and related indicator</b>	
Additional target	<i>Proportion of countries having a national multisectoral/multi-partner taskforce that includes a strong focus on IPC and WASH in health care</i> Increase of the proportion of countries having a national multisectoral/multi-partner taskforce that includes a strong focus on IPC and WASH in health care facilities to: <ul style="list-style-type: none"> <li>30% by 2026</li> <li>50% by 2028</li> <li>&gt;80% by 2030</li> </ul>