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Global strategy on infection prevention and control

Development of a draft global strategy on infection prevention and control in both health and long-term care settings, 2023–2031

INTRODUCTION

1. Over the past decade, major outbreaks, such as those of Ebola virus disease and Middle East respiratory syndrome, and the pandemic of coronavirus disease (COVID-19) have demonstrated how epidemic-prone pathogens can spread rapidly through health care settings.

2. Furthermore, other less visible health emergencies, such as the silent burden of endemic health care-associated infections, harm millions of patients every year across all health care systems and can also affect health and care workers and anyone accessing health facilities. Health care-associated infections are mostly caused by antimicrobial-resistant pathogens, but emerging viruses, such as novel influenza viruses and coronaviruses, or other viruses such as hepatitis viruses and HIV, can spread as a result of poor care practices.

3. Infection prevention and control consists of evidence-based practices and interventions with demonstrated impact and cost-effectiveness to decrease transmission and acquisition of infectious agents in health care facilities, among patients, health and care workers and visitors. It is foundational to patient safety and delivering high-quality care to each person that is served by health services, including at the first point of entry of the patient into the health system, that is, primary care facilities. It is also critical to maintain the population's trust in the health system and to encourage people to use health facilities.

4. The COVID-19 pandemic has shown that no country can claim to have a sufficiently strong infection prevention and control programme, and that many gaps and inefficiencies in implementation of infection prevention and control exist, especially in low- and middle-income countries. However, the pandemic has brought a unique window of opportunity to strengthen infection prevention and control and water, sanitation and hygiene, by ensuring that there are adequate financial and human resources as well as improvements globally in logistics, infrastructure and practices, in high-income countries as well as resource-limited settings.

5. At WHO governing bodies meetings in 2021¹, several Member States noted the importance of infection prevention and control and its sustainability for outbreak preparedness and response and for health systems strengthening, quality of care, patient safety and combating antimicrobial resistance.

6. Infection prevention and control was discussed by the Executive Board at its 150th session in January 2022.² During the discussions, many Member States highlighted the importance of infection

¹ The Executive Board at its 148th session and the Seventy-fourth World Health Assembly.

² Document EB150/12.

prevention and control in addressing the silent burden of antimicrobial resistance and health care-associated infections, as well as its central role in preparedness for and response to infectious hazards and health emergencies.¹ They also acknowledged the gaps in infection prevention and control programmes, which have been highlighted by the COVID-19 pandemic. In their interventions, several Member States indicated that the development of a global strategy on infection prevention and control was the way forward.

7. The Seventy-fifth World Health Assembly in May 2022 adopted a resolution on infection prevention and control by consensus.² The resolution included 13 calls to Member States aimed at improving infection prevention and control at the national, subnational and/or facility levels. The Health Assembly also requested the Director-General, *inter alia*, 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, and to translate the global strategy into an action plan for infection prevention and control, including a framework for tracking progress, with clear measurable targets to be achieved by 2030, for consideration by the Seventy-seventh World Health Assembly in 2024, through the Executive Board at its 154th session.

8. In May 2022, G7 Health Ministers committed to strengthening and assessment of the implementation of infection prevention and control programmes across the One Health spectrum, in particular for health care facilities, in line with the infection prevention and control minimum requirements identified by WHO.³

9. To inform discussions at the Seventy-fifth World Health Assembly, WHO issued the first global report on infection prevention and control in May 2022,⁴ which provides a global situation analysis of how infection prevention and control programmes are being implemented in countries around the world, while also including regional and country focuses. In addition to highlighting the harm to patients and health and care workers caused by health care-associated infections and antimicrobial resistance, the report addresses the impact and cost-effectiveness of infection prevention and control programmes and the strategies and resources available to countries to improve their programmes. The report also suggests priorities and strategic directions for urgent improvement and sustainability of action on infection prevention and control internationally and in country.

10. In response to resolution WHA75.13 (2022) and building on the content of the WHO global report, the Secretariat has started to develop a draft outline of the requested global strategy on infection prevention and control in both health and long-term care settings. The draft global strategy will be an inspirational, strategic document that will be complemented by and aligned with an action plan and monitoring framework to be developed in a sequential manner.

¹ See the summary records of the Executive Board at its 150th session, eighth meeting, section 3, and ninth meeting, section 1.

² Resolution WHA75.13 (2022).

³ G7 Health Ministers' Communiqué, 20 May 2022, Berlin (<https://www.g7germany.de/resource/blob/974430/2042058/5651daa321517b089cdccfaffd1e37a1/2022-05-20-g7-health-ministers-communication-data.pdf>, accessed 20 May 2022).

⁴ Global report on infection prevention and control. Geneva: World Health Organization; 2022 (<https://apps.who.int/iris/handle/10665/354489>, accessed 20 May 2022).

FORMULATING A DRAFT GLOBAL STRATEGY ON INFECTION PREVENTION AND CONTROL IN BOTH HEALTH AND LONG-TERM CARE SETTINGS

11. The Infection Prevention and Control Technical and Clinical Hub at WHO headquarters is in charge of coordinating the development of the draft global strategy, supported by an ad hoc cross-cutting working group drawn from all three levels of the Organization, established in 2021, which provides multidisciplinary strategic thinking and support for the development of the strategy.

12. Consultations with infection prevention and control regional focal points, the three-level working group and the Global Infection Prevention and Control Network were held in July 2022 to develop an outline of the draft global strategy. In addition, a Member State informal consultation session on this will be held in August 2022.

13. The infection prevention and control regional focal points and the Global Infection Prevention and Control Network will meet on 29–31 August 2022 at WHO headquarters to develop the draft strategy further. Infection prevention and control experts, other stakeholders and WHO colleagues in charge of infection prevention and control and/or from other relevant departments, at all three levels of the Organization, have been invited. An additional consultation with Member States and regional economic integration organizations will be held online, coordinated from WHO headquarters, at the end of September 2022.

14. Regional offices are expected to gather essential input from Member States on the outline of the draft global strategy, at the meetings of the Regional Committees (August–October 2022) or through ad hoc regional consultations in September or early October 2022.

15. The Infection Prevention and Control Technical and Clinical Hub will incorporate the input from both regional and headquarters' consultations into the outline of the draft global strategy, which will be submitted to the Board at its 152nd session in January 2023 for its consideration. The document will also contain a link to the zero draft of the draft global strategy, which will be posted online. This zero draft will serve as the basis for final consultations with Member States, experts, stakeholders and the public, leading up to the Seventy-sixth World Health Assembly in May 2023, at which the final draft global strategy will be considered.

16. In the light of the consultations conducted to date, the outline of the draft global strategy on infection prevention and control includes the following information.

- (a) **Target audience** (at global, national, subnational and health facility levels):
 - (i) government officials and political leaders (in health ministries, ministries of finance and of education), policy-makers, senior managers and administrators who manage health budgets;
 - (ii) infection prevention and control focal points (in, for example, health ministries and public health institutes), individuals in charge of patient safety, quality of care, occupational health, water, sanitation and hygiene, health emergencies and antimicrobial resistance;
 - (iii) all health and care workers;

(iv) donors and stakeholders (such as the United Nations, members of the Global Infection Prevention and Control Network, partners nongovernmental organizations and other relevant non-State actors) at international and national levels;

(v) professional educational institutions and organizations, unions, and academic institutions; and

(vi) community, civil society and patient–family networks.

(b) **Vision:** By 2031, everyone who accesses health care¹ and all health and care workers are at all times protected and safe from the harm resulting from health care-associated infections, including those caused by emerging pathogens and antimicrobial-resistant pathogens.

(c) **Objectives**

(i) **Reduce infection and antimicrobial resistance in health care.** To significantly reduce microbial transmission in health facilities and thus the frequency of health care-associated infections and antimicrobial resistance and their burden affecting those who access health care and health and care workers.

(ii) **Ensure active infection prevention and control programmes exist and are implemented.** To provide strategic direction and support to catalyse political commitment and enable functional infection prevention and control programmes through leadership engagement and stakeholders' support, sustained financing and legal frameworks and according to the WHO core components of infection prevention and control programmes.²

(iii) **Integrate infection prevention and control into other areas.** To transform health care systems and service delivery in a way that infection prevention and control is implemented in clinical practice and within an enabling environment through water, sanitation and hygiene, and in alignment with agendas related to public health emergencies, universal health coverage, patient safety, quality of care, antimicrobial resistance, occupational health and other public health-related programmes.

(d) **Business case for infection prevention and control:** this section will provide evidence on the following topics: the status of infection prevention and control programmes worldwide, highlighting achievements and gaps; the central role of infection prevention and control within other health priorities; and the effectiveness and cost–effectiveness of infection prevention and control as the best buy approach to reducing infections and antimicrobial resistance in health care, improving health and protecting health and care workers.

(e) **Areas for action**

(i) **Political commitment and policies.** Demonstrate leadership engagement and political commitment such that policies are in place requiring the scale up and enforcement

¹ Regardless of the reason (prevention, diagnosis, treatment or palliative care), epidemiological context (outbreak situation or burden of endemic health care-associated infections and antimicrobial resistance) and setting (across the continuum of the health system, including home care and long-term care facilities).

² 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 May 2022).

of the core components of infection prevention and control programmes, including through sustained financing, legal frameworks and accreditation systems, and according to local situation analysis.

(ii) **Active infection prevention and control programmes and minimum requirements.** Establish active and sustainable infection prevention and control programmes supported by an enabling environment and implement them using multimodal strategies. Ensure at least the infection prevention and control minimum requirements¹ are in place in all countries.

(iii) **Infection prevention and control integration.** Integrate infection prevention and control across the continuum of provision of health services at all levels of the health system, including primary care, and with adaptation for fragile and low-resource settings. Consistently coordinate infection prevention and control with other health priorities and programmes such as those focusing on antimicrobial resistance, quality of care, patient safety, water, sanitation and hygiene, occupational health and health emergencies, as well as HIV, tuberculosis, malaria, hepatitis and maternal and child health programmes. Implement infection prevention and control at the point of care within patient pathways and delivery of clinical care.

(iv) **Infection prevention and control knowledge and expertise.** Develop infection prevention and control curricula, provide infection prevention and control education across the entire health education system (pre- and post-graduate) and ensure in-service training for all health and care workers on infection prevention and control standards and practices. Train infection prevention and control professionals and ensure a career pathway that empowers them in their role.

(v) **Data for action.** Establish systems for indicators monitoring infection prevention and control and water, sanitation and hygiene (in particular indicators for hand hygiene) and health care-associated infections surveillance (including health and care workers infections) with regular data collection (including good-quality laboratory data). Ensure integration of data on infection prevention and control and health care-associated infections in national health information systems and regular feedback of key infection prevention and control performance indicators to relevant audiences and stakeholders. Ensure use of data for action in a spirit of safety and quality improvement. Develop, implement, measure and refresh local tailored improvement plans.

(vi) **Advocacy and communications.** Organize campaigns to promote infection prevention and control themes and targets, including patient and community engagement. Provide tailored and consistent communications from authoritative sources, based on science and adapted for different audiences.

(vii) **Research and development.** Identify research gaps in the most relevant areas for infection prevention and control and fund and facilitate research answering key questions and developing innovations, with a focus on local settings, including adaptation of infection prevention and control for fragile and/or low-resource settings.

¹ Minimum requirements for infection prevention and control programmes. Geneva: World Health Organization; 2019 (<https://apps.who.int/iris/handle/10665/330080>, accessed 20 May 2022).

(viii) **Collaboration and stakeholders' support.** Strengthen collaboration among partners and stakeholders to synergistically support countries to improve infection prevention and control according to their priorities and plans.

ACTION BY THE REGIONAL COMMITTEE

17. The Regional Committee is invited to provide input on the outline of the draft global strategy on infection prevention and control in both health and long-term care settings, 2023–2031, contained in paragraph 16.

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