World Health Organization
Eastern Mediterranean Region

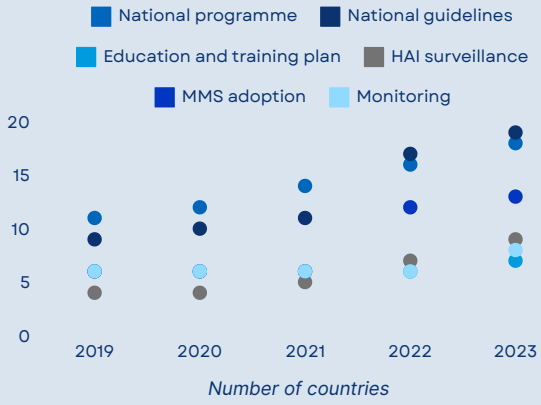
ANTIMICROBIAL RESISTANCE AND INFECTION PREVENTION AND CONTROL

Effective infection prevention and control (IPC) is the cornerstone of every health system.
As of 2023, 17 Member States have a functioning IPC programme; 19 countries have developed national IPC guidelines; and 13 countries have adopted multimodel intervention strategies to improve the implementation of IPC at health care facilities.

IPC is highly cost-effective and a best buy for reducing infections and antimicrobial resistance (AMR) in health care.

In particular, hand hygiene and environmental hygiene more than halve the risk of dying as a result of infection with AMR pathogens, and decrease the associated long-term complications and health burden by at least 40%.

Progress in implementing IPC programmes in the Region's countries, 2019–2023

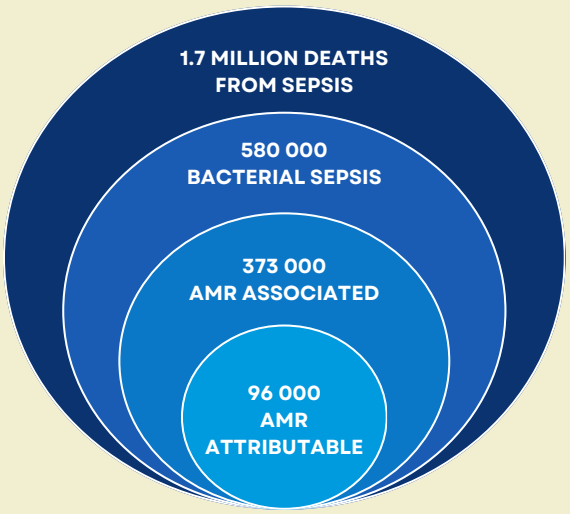


MMS: Multimodel strategies
HAI: Health care-associated infections

DRUG RESISTANCE IS INCREASING IN THE WHO EASTERN MEDITERRANEAN REGION

In 2021, there were **1.7 million deaths** from sepsis in the Eastern Mediterranean Region. Of these **373 000 were associated with bacterial AMR**.

The Eastern Mediterranean Region consumes more antibiotics than any other WHO region.
In 2018, the Eastern Mediterranean Region consumed antibiotics at a higher rate per capita (21.8 defined daily doses per 1000 inhabitants per day) than the global average (14.3) and than any other WHO region. Consumption is greatest in high-income countries, while middle-income countries reported the greatest increase in consumption between 2000 and 2018.



Burden of sepsis and bacterial AMR in the Eastern Mediterranean Region, 2021

Source: Based on data from: GBD 2021 Antimicrobial Resistance Collaborators. Global burden of bacterial antimicrobial resistance 1990–2021: a systematic analysis with forecasts to 2050. Lancet. 2024 Sep 28;404(10459):1199–226.

CHALLENGES IN IMPROVING IPC IN THE REGION

Conflicts, humanitarian crises and vulnerability to natural disasters put the Region at a greater risk of the emergence and rapid transmission of infectious diseases. Outbreaks, including of Middle East respiratory syndrome (MERS), avian influenza A (H5N1), cholera, Crimean-Congo haemorrhagic fever, dengue, and others, show the need to improve IPC in community and health care facilities.

Inadequate supplies and infrastructure, including water, sanitation and hygiene (WASH) services.

Lack of national surveillance systems to track health care-associated infections and AMR.

Fragmented and/or destroyed health infrastructure in several countries.

Inadequate legal frameworks and regulations to enforce IPC measures.

Lack of awareness and understanding of the problem at all levels, from the general public to policy-makers.

MEASURES BEING IMPLEMENTED TO INCREASE IPC CAPACITY AND SERVICES IN THE REGION

Effective IPC requires programmatic, institutional and financial support. WHO is supporting Member States to scale up the IPC capacities including:

Strengthening national IPC policies and practices in alignment with the global IPC strategy and its global action plan and monitoring framework.

Undertaking IPC situation analysis to identify gaps and allow planning for targeted interventions.

Supporting countries to **develop/adapt and deliver curricula and training programmes for IPC.**

Fostering collaboration among cross-cutting work programmes relevant for/complementary to IPC, such as AMR, WASH, quality and patient safety.

Developing regional IPC/AMR communications and advocacy strategies.

Enhancing IPC preparedness, readiness and response to public health emergencies, both at the national and facility levels.

WHO-EM/CSR/782/E

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TO ACCESS KEY RESOURCES

ANTIMICROBIAL RESISTANCE RESOURCES