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# Item 8. Draft global action plan for infection prevention and control

## Contents



## In focus

In response to a request in resolution WHA75.13 (2022) on the global strategy on infection prevention and control, the Director-General will submit a draft global action plan (in EB154/8) to translate the WHO global strategy, adopted in decision WHA76(11) (2023), into an action plan, including a framework for tracking progress with clear measurable targets, for consideration by the Seventy-seventh World Health Assembly, through the Executive Board at its present session. The Board will be invited to note the report and consider a draft decision to adopt the action plan.

## Background

Tracker links to previous global GB discussions of IPC

Global strategy on infection prevention and control and Executive summary (EB152/8).

PSI takes the voice of health and care workers to the WHO (PSI, 1/2/2024)

## PHM Comment

The proposed action plan, presented in EB154/8, identifies actions, indicators and targets, for each of the eight strategic directions in the global strategy.

The proposed action plan also assumes the implementation of the provisions of the WASH plan, the global patient safety action plan and the global action plan on antimicrobial resistance (AMR). The supplementary annexes 1 to 4 accompanying this report provide further detail, including the theory of change. The annexes are essential resources for Member States to formulate and implement their own action plans (refer paragraphs 1 to 11 of the report).

### Appreciation

The proposed Action Plan is to be welcomed. The issue is critical and the provisions of the plan are generally very practical and useful. However, we are critical of the vertical thinking which

characterises much of the action plan and the failure to fully acknowledge the wider range of generic resources and capacities needed for infection prevention and control.

## Scope: need to encompass community as well as facility

Whereas, EB154/8 focuses on IPC in the facility, Item 13 on AMR, which includes IPC as a key strategic priority, addresses infection prevention in the community as well as in the facility. There is a strong case for doing so since it is difficult and inadequate to achieve safe water, sanitation, hygiene, and waste disposal in only the facility, without consideration of the urban environment in which it is situated. However, addressing infection control in the community calls for public health legislation that can enforce citizens' rights with respect to safe water, sanitation, and hygiene measures in the community. Many countries do have such laws, with local government institutions as their duty bearers but local governments are generally not provided with the capacities and financial powers needed to play this role. In accordance with the colonial mind-set, in which public health legislation has commonly originated, many public health laws shift accountability onto individual citizens and in practice target marginalized communities, especially migrants, as sources of infections. Since these communities are the main victims of poor hygiene, such victim blaming only adds insult to injury and compounds the problem. However if this strategy is interpreted as only pertaining to the facility, it would excuse the report skipping the larger concerns.

PHM calls on the EB to ask the Secretariat to rework this Action Plan to encompass IPC in the community as well as in the facility.

## Vertical thinking

The first strategic direction ('political commitment and policies') calls for a national action plan for IPC integrated in national health plans. However the strategic direction also calls for a dedicated IPC budget and for the development of a national financial investment case for IPC.

The case for a dedicated budget allocation for IPC at the national and facility levels is not made.

In most countries there are existing institutional mechanisms which are set up to encompass IPC prevention and control alongside other related purposes. The need to create de novo institutional structures for IPC should be context dependent. Much of the regulatory framework for IPC should be incorporated in public health laws and facility level clinical governance systems (which go beyond infection prevention as narrowly interpreted but are essential for IPC). IPC requirements must be a sub-set of national public health standards and should not be presented as stand alone provisions.

Infection, prevention and control at the facility level is closely related to AMR prevention and control and many of the strategies and activities required are equally required for addressing both.

The need to have a separate “investment case for IPC” as different and distinct from the wider issues of public health standards sends a signal that donors should invest in IPC as distinct rather than investing in raising public health standards.

The indicators specified in relation to IPC are needed for IPC but would also be useful as elements within a wider surveillance and monitoring system.

Strategic Direction 3 is all about integration and is welcome. The programs with which integration is sought 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).” This is well said but the problem that most LMICs will face is that except for the last, on HIV and TB infection, they currently have no established program on scale for any of the others.

### Human resources

Strategic direction 4 relates to capacity building and it correctly highlights the scale of interventions required for capacity. The main limitation remains its vertical orientation. For example it calls for a full time IPC professional in every hospital whereas many hospitals do not have a full time person qualified in hospital administration or a full time microbiologist. It would be better to insist on the latter two, along with a stipulation that all hospital administration programmes include adequate instruction around IPC and that microbiologists working in hospital settings be required to be trained and certified in IPC either as integrated into their post-graduation programme or separately.

### Data for action

In Strategic Direction 5, the plan makes a welcome call for data for action. However, the plan should acknowledge that this would need to have in place disease surveillance systems, IPC monitoring systems, and adequate hospital information systems all of which are critical for effective, affordable and sustainable data for action for IPC.

## Acknowledging the wider range of generic resources and capacities needed for IPC

The second strategic direction (Active IPC programs) repeats the call for programmes and plans for different levels but fails to acknowledge the wider range of capacities that these will call on. It includes a target which measures “the proportion of facilities with implemented interventions based on multimodal strategies to reduce specific Health-care Acquired Infections (HAI) according to local priorities.” This is much easier said than done. Without a good level of microbiological laboratory and specialist capacity and hospital/healthcare facility-based information systems, this is just wishful thinking.

The Global Action Plan needs to acknowledge these requirements as pre-conditions. These conditions cannot be met if the overall understanding of UHC is through purchasing minimalist cost-effectiveness defined essential packages of services.

Strategic Direction 3 calls for an indicator, “proportion of bloodstream infections due to methicillin-resistant Staphylococcus aureus, Acinetobacter spp., Klebsiella spp. and Pseudomonas spp. resistant to carbapenems.” However, this calls for a laboratory, specialist capacity in microbiology and a hospital information system that can acquire, process and provide information on resistance patterns, in every facility, public and private.

### In summary

Neither IPC nor AMR can be addressed in isolation from the need for:

1. Well functioning healthcare information systems that are able to document and analyse infection and AMR patterns and trends;
2. Well functioning disease surveillance programmes that include recognition of patterns of infection and antibiotic resistance adequate to guide providers;
3. Quality assurance systems which include all requirements, for IPC and AMR, including WASH standards and the adoption and use of standard treatment protocols;
4. Adequate microbiological capacity for identification of infection, its source and resistance patterns; part of ensuring access to ensuring good quality, primary, secondary and tertiary care as distinct from purchasing minimalist packages of care from private providers;
5. Adequate support staff required for ensuring WASH standards (water, sanitation, hygiene and waste disposal) and for the many IPC associated functions with proper terms of employment that would ensure performance;
6. Adequate procurement of the consumables required, including PPEs for ensuring good hygiene and other aspects of PPP;
7. Adequate regulation of private clinical establishments so as to ensure that all of the above standards are assured in the private sector also; governments can achieve the above by administrative action but for the private sector, legal provisions are essential; these must also be built into all purchasing of care from the private sector;
8. The creation of institutional capacity for national public health standards and quality assurance and improvement, including provisions which ensure all of the above actions as required for IPC but also include patient safety, AMR, effective clinical care, evidence-based public health planning, provider satisfaction, and patient satisfaction.

This package would definitely require more funds, but the funds would result in better outcomes. Member states should see the achievement of IPC as a subset of achieving good quality universal comprehensive healthcare rather than as distinct from it.

## Notes of discussion

Session 7, 2hr17' (1hr3')

USA: Thanks SEct for Global Action Plan on IPC. Appreciate action items and indicators. Support adoption. Some are within reach; others will be challenging. Encourage

Yemen

We appreciate the great efforts made by the World Health Organization in the field of infection prevention and control

Infection is a life-threatening threat, not only among society, but also threatens the lives of thousands of health care providers in different locations

Their work.

Based on the global plan for infection prevention and control for the period 2024-2030, we strive to ensure that all

Levels of health care provision are safe and sound by applying the strategies and directions contained in the action plan in the field

Infection control and prevention at all levels. Providing quality and safe services will not be possible without a program

Powerful and effective in infection control and prevention. Infection prevention and control is not a complementary topic

Recreation plays an important role in the performance of the health sector, but rather it is one of the basic elements in providing health care to the individual and society.

Our Ministry of Public Health is keen to achieve this, in line with global trends in infection control and prevention

In an effort to implement the trends and strategies contained in the Global Action Plan for Infection Prevention and Control, the

With the following procedures:

1 - Creating a general administration within the structure of the Ministry of Public Health concerned with various procedures related to infection control and prevention.

Of which.

2 - Conducting a national quality guide at the level of health care centers (various health institutions) with the aim of preventing

Infection transmission and control at all levels of health care delivery.

3 - Evaluation of primary health care facilities, in particular general emergency departments, in terms of the quality of health care

Introduction and in terms of applying infection prevention and control measures

But we face significant challenges in implementing the strategies outlined in the Global Infection Prevention and Control Plan

These greetings are as follows:

1 - Weak government budget for the health sector due to the war conditions that Yemen is going through and the collapse of the national economy

And the local currency.

2 - The severe shortage of qualified health personnel, especially in health facilities in remote areas.

3 - Weak commitment among some of those involved in the health sector to the importance of implementing procedures and policies related to the prevention of

Infection and its permanent control.

4 - Weak educational outcomes from health institutes and colleges in the component of infection prevention and control among students during

Training, after graduation, and lack of in-service training.

5 - The great dispersion in the distribution of health facilities providing the service, which makes the process of supervision, follow-up and evaluation of the application difficult

Infection prevention and control measures.

6 – Resistance in applying standards to private health institutions.

All of this requires:

1 - Providing technical support in building technical and administrative capacities at the central level and at the health facility level

2 - Assist in establishing an independent program within the structure of the Ministry of Public Health and Population concerned with infection prevention and control

3 - Supporting various health facilities with the necessary budgets and needs to implement procedures and activities related to disease prevention.

Infection and its control

4 - Strengthening the Ministry’s team to establish a monitoring and evaluation program for infection control within the epidemiological surveillance program for diseases

And combat it.

Notes on the action plan:

The following main procedures will be added to the current main procedures:

Establishing an independent infection prevention program within the structure of the Ministry of Health at the central or peripheral level and institutions

Various health care facilities (to be the main procedure No. 1)

Indicator: The existence of an effective infection prevention and control program within the structure of the health system and its various institutions.

Percentage of countries whose organizational structure includes an infection control and prevention program at the central or central level health institutions

**Malaysia**

Support

**Brazil**

We like the draft action plan. Working towards UHC. Patient safety. Support. Equity in Global Health

**China**

Has made progress. Doing good stuff. IPC units. Infection surveillance. Judicious use of antibiotics. Actual situation of countries must be considered. Depts other than health

**Canada**

Thanks Sect.Health disparities may inhibit. Therefore need equitable measures. Healthcare infrastructure. Innovative healthcare strategies. Info sharing. research. Interconnectedness is vital in addressing inf dis which cross borders.

**Peru**

Thanks SEct. Approved relevant law this year. Monitoring prevention and control. drafting of standards. training. capacity building. Cap bldg v impt. Funding and sustainability of such programs. we agree with this action plan

**Togo**

47 ms of African region. IPC v impt. commend Sect. welcome participation of stakeholders.

IPC is essential. also WASH, training. advances have been made in WASH in health care facilities.

adhere to strat objs

Draft plan of action supported by our region.

must be sustainable and long lasting. invest more in IPC

**Australia**

Supports AP and Monitoring Framework. we are imply action plan.  Welcome surveillance of AMR. elevate efforts to control AMR. support monitoring imple but need consultation with MS re targets legal status. some countries might not map closely to the framework. more time. would result in widespread adoption

**Czech**

Good move.

**Ecuador**

The delegation of Ecuador appreciates the presentation of the draft Global Action Plan for the Prevention and Control of Infections, as well as the director general's report. This project proposes key measures at global, regional and national levels in line with the Global Infection Control Program Strategy.

Ecuador is adapting the technical standards of the infection prevention and control program associated with health care of the national system, in order to optimize surveillance, prevention, control processes, and strategies for the reduction of in-hospital infections and resistance to antimicrobials.

It is important to note that these actions are aligned with the International Health Regulations, in particular with its component 9.

In summary, Ecuador supports the draft Global Action Plan for the Prevention and Control of Infections and is committed to actively contributing to its implementation.

**India**

The draft global action plan and monitoring framework on Infection prevention and control (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.

Draft global action plan and monitoring framework on IPC, 2024–2030 consists of actions, indicators and targets to be implemented at various levels - national, subregional / state and health facility of the health system. Many of the indicated actions at the facility level are addressed through National Quality Assurance Standards (NQAS) and Kayakalp initiatives ensuring implementation and compliance of Infection Prevention and Control (IPC) practices across public health hospitals and health centers across the country. Annual IPC budgets are part of the quality and patient safety improvement activities at secondary and primary care facilities as a part of both NQAS and Kayakalp initiatives. Facility specific IPC programs with multidisciplinary IPC team monitoring the same is part of the NQAS requirements for all types of health facilities. NQAS outcomes define specific Hospital Acquired Infections (HAI), and these are monitored at the facility level on the parameters of the infection control practices, hand hygiene, antisepsis, personal protection processing of equipment's environment control and biomedical waste management.

While both NQAS and Kayakalp initiatives predate the WHO global action plan, the priorities set forward in the global action plan for infection prevention and control have been considered in the recent iterations of National Quality Assurance Standards (NQAS) and Kayakalp tools. These would be applicable to all public health facilities at the secondary and primary care levels.

In future country need to work on capacity building, improving surveillance and monitoring by developing a comprehensive surveillance system to monitor healthcare-associated infections (HAIs) and antimicrobial resistance (AMR) and increasing public awarenes

Jamaica

Jamaica commends the WHO Secretariat for providing such a comprehensive guidance for Infection Prevention and Control. This has provided Member States with the rationale, principles, and strategic lines of action to which the Region of the Americas has aligned.

Jamaica continues to work towards achieving the minimum requirements for infection prevention and control programmes at the national and health care facility level. There has been a thrust to employ dedicated infection prevention and control professionals at all levels and develop additional policies to demonstrate good IPC practices.

We believe that infection prevention and control activities must be integrated and aligned with other key programmes, such as antimicrobial resistance, quality of care, patient safety, water, sanitation and hygiene, and health emergencies programmes, as well as HIV, tuberculosis, malaria, and maternal and child health, in order to emphasize the horizontal nature of infection prevention and control and to avoid duplication or vertical implementation. IPC is already considered as a component of the national preparedness, readiness and response plan within the context of public health emergencies in Jamaica.

We have started and will continue to ensure that IPC clinical practices and antimicrobial stewardship are embedded in the development of policies related to patient care pathways/programmes.

As we make strides, we remain mindful of the challenges that can erode the gains. While Jamaica maintains a strong political commitment needed to drive and improve implementation of a functional IPC programme, the challenge remains to sustain action in order to ensure incorporation into relevant plans and budgets. Also technical support is needed for the development of a national curriculum for IPC professionals as no country capacity currently exists.

Jamaica remains committed to implementing the Global Action Plan and as well look forward to the WHO continued support in all areas.

Oman

Concerning infection prevention and control, as the Sultanate of Oman has adopted over the past years and during its presence as a member

The Executive Council of the organization stressed the importance of advancing this strategy as a priority, and also led the submission of a draft

The decision to develop the global strategy for prevention and infection control, as the draft was approved at the Assembly meeting

The 75th General Assembly was jointly sponsored by many countries of the world and the Eastern Mediterranean region, and with the approval of all member states.

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The Sultanate of Oman stresses the importance of acting according to what was stated in the report of the Director-General of the World Health Organization in

Executive Council meeting 154, and the importance of providing the minimum requirements for prevention and infection control programs at the level

National in various health care facilities.

The Sultanate of Oman continues its participation in following up the global action plan through its participation within a technical team composed of

The World Health Organization to follow up on the progress of implementing the strategy in member states. It is hoped that the strategy will be created

A decisive and clear political commitment and implementation at the national, regional and global levels, and this will enable leaders

Health care in applying procedures according to international standards, taking into account their suitability to contexts and specificities.

Patriotism. This would contribute to strengthening health care systems and improving the quality and safety of care services.

health care, improving human resource capacities, generating evidence, innovative research, and sustainable financing for this Biosphere.

This strategy will also contribute to achieving the 2030 Sustainable Development Plan, especially the development goals.

Sustainable (3.1, 3.2, 3.3, .3b, .3d, 6); A coordinated global response to emerging infectious diseases and prevention

Of health care-associated infections, including antibiotic-resistant microbes.

In conclusion, we extend our deepest thanks once again to the World Health Organization for supporting our national efforts and we call on them to redouble them.

To achieve what we planned in the field of implementing the global action plan on infection prevention and control.

Slovakia

Slovakia welcomes the extensive work of the Secretariat on Infection Prevention and Control, consultations with Member States, and work on strategies, global and regional plans, programs, and guidelines development on IPC, in collaboration with academia.

Slovakia is currently working on further updates and implementation of the National Plan for IPC and is continuously developing contextualized evidence-informed recommendations with complex training not only for health professionals, but also for long-term and social care workers and patients under national patient safety initiatives.

We see more intersectoral work is needed on antimicrobial resistance improvement and conducting collaborative research in this field. We welcome the global action plan on IPC and fully support its implementation and continuous data collection, analysis, and development of the models of improvement including training in consultative processes with Member States.