Global Infection Prevention and Control Network
In-person and virtual meeting, 31 August 2022
Geneva, Switzerland
Meeting report
Global Infection Prevention and Control Network

Meeting report
31 August 2022
Geneva, Switzerland

INTRODUCTION

The World Health Organization (WHO) Infection Prevention and Control (IPC) Technical and Clinical Hub coordinates the Global IPC Network (GIPCN), which brings together national and international IPC organizations and WHO collaborating centers to enhance local, national, and international collaboration in the field of IPC. This includes supporting the efforts of WHO and Member States to strengthen IPC programmes, including surveillance, outbreak preparedness and response.

We are encountering an unprecedented challenge in the area of IPC. Notably, on 28 May 2022, the Seventy-fifth World Health Assembly (WHA) approved the first resolution on IPC. This action endorses the critical role of IPC within the global and national health agenda in the context of many key priorities. The first WHO global report on IPC was published in parallel with the WHA and launched at the Assembly, with the aim to help establish where progress has been made, highlight key gaps that need to be addressed, and to give direction to the global IPC strategy in order to guide the path that IPC should take in the coming years.

GIPCN meetings did not take place in 2020-2021 as members were contributing to the WHO work on IPC in the context of the COVID-19 response. In 2022, several meetings were convened virtually. The March 2022 meeting focused on discussion of the WHA resolution on IPC, which called for the development of a new IPC global strategy, and the June and July editions provided updates on progress made on the development of the global strategy. This report summarizes the objectives, discussion, and outcomes of the GIPCN meeting held on 21 August 2022 and proposed next steps.
OBJECTIVES AND EXPECTED OUTCOMES OF THE MEETING

The meeting objectives were to discuss:

- the GIPCN plan of work for 2022-2023, including coordination and communication mechanisms;
- the Terms of Reference and activities of two GIPCN Working Groups to strengthen IPC country capacities in education and training and in public health emergencies.

The meeting expected outcomes were to:

- finalize the Terms of Reference and activities of the two GIPCN Working Groups to strengthen IPC country capacities in education and training and in public health emergencies;
- propose the next steps for the two Working Groups and a focused GIPCN plan of work for 2022-2023.

1. WELCOME

*Dr Benedetta Allegranzi, Technical lead, IPC Technical and Clinical Hub and Task Force, WHO Headquarters*

Dr Allegranzi invited participants at the global strategy meeting to join online to listen to the Education and Training Working Group as their discussion was directly aligned with the global strategy. She described how the GIPCN comprises many members participating in the global strategy meeting with a key role in IPC at an international level, including IPC training internationally and nationally, which they have supported for many years (Annex A). The organizations that have membership in the GIPCN were shared with the group.

The Education and Training Working Group was established approximately five years ago with specific goals that were to be discussed in this Working Group session. The following discussion would revolve around how to support and achieve the strategic direction of IPC with a specific focus on IPC training worldwide and in specific regions, as well as developing training or education pathways (for example, postgraduate) building upon existing core competencies for IPC professionals.

The Working Group would discuss the establishment of formal collaborative agreements with some GIPCN members to identify gaps in WHO training resources, work collaboratively to complement these gaps, and promote each other’s training resources and deliver joint training with a regional focus.

Dr Allegranzi described how over 20 online IPC courses (basic to advanced) had been delivered as a result of the COVID-19 pandemic. It was also suggested to discuss how courses could be updated and promoted, as it has been a challenge to achieve this. Lastly, a feasible goal would be to develop a WHO-approved international IPC certificate together with members of the GIPCN. She invited and encouraged those who may not be part of the Working Group to provide their feedback on the topics discussed.
Mandy Deeves and Anthony Twyman introduced the Working Group Chairs and GIPCN members. Other GIPCN members who were not part of the Working Group were invited to observe and contribute to the discussion. A description of the Working Group agenda, objectives, and proposed outcomes were shared, as shown below.

**OBJECTIVES AND EXPECTED OUTCOMES OF THE GIPCN EDUCATION AND TRAINING WORKING GROUP SESSION**

Objectives of the Education and Training Working Group were to:
- review coordination mechanisms and validate the Terms of Reference for the Working Group;
- review and discuss the plan of work for 2022-2023 and activities to strengthen country capacities in education and training.

Expected outcomes were to:
- agree on coordination and meeting frequency;
- propose education priorities;
- agree on potential workplan items, such as collaboration opportunities and curriculum development.

**PURPOSE OF THE WORKING GROUP AND TERMS OF REFERENCE**

Terms of Reference were shared with the Working Group members by email. Suggested changes were incorporated and the final version recirculated to the Working Group before the meeting.

**Use of the GIPCN Working Group for collaboration in SharePoint**

Following a presentation on the GIPCN SharePoint, Working Group members were asked how the GIPCN SharePoint could be used to collaborate virtually and facilitate resource-sharing. There was a general agreement to share resources on the platform, with requests to provide further details about what would be shared. Research on training modalities was also suggested and agreed as being appropriate for this forum. The issue of collaboration on continuing education was posed as a question related to the scope of this Working Group, with further discussion deferred under workplan discussions.

**WORKPLAN**

**Inventory of IPC training courses**

An overview of the inventory of training options for the development of the IPC professional was provided. An update is proposed as an activity for the Working Group, with the aim to continue to promote what already exists on the GIPCN website and any new options, and to identify gaps that can be used to guide the further work of this Group.
**Collaboration for the delivery of IPC training**

Collaboration between GIPCN members and WHO for IPC workshops/course delivery was discussed. Questions from the Working Group for further clarification included:

- logistics (in-person versus hybrid, scale-up, pre-congress workshops);
- content of the workshops (basic courses versus advanced training);
- the possibility of providing joint certificates from the host organization(s) and WHO.

The concept of a WHO certification in IPC was proposed by Dr Allegranzi for input from the Group. While acknowledging internal challenges to explore in pursuing this project, themes emerging from the discussion included the following:

- if offering a basic course, it must be robust in content and promoted for large-scale use to ensure a wide availability of baseline training for the IPC professional;
- number of years’ experience is an important component of certification as real-world experience is critical to apply as an adjunct to the course, as well as the certification itself;
- WHO certification would help to endorse competency and certification more universally;
- Barriers to achieve certification were discussed, including cost, language, and recognition of certification; an endorsement was made for a global certification collaboration.

**IPC curriculum development**

Curriculum development emerged as an important agenda item during meetings with Regional Focal Points, as well as during the IPC strategy discussion. It was proposed that the Working Group needs to further understand current work related to curriculum development globally.

WHO staff provided an update regarding the current status of the development of IPC curricula at Headquarters and in regional offices (pre-graduate, in-service and postgraduate identified in workplans).

The following questions emerged, as well as actions to be taken:

- a common language (for example, definitions) is needed amongst the group when discussing curriculum so that we are in complete agreement about what exists, what is being developed, and gaps that need to be filled;
- should we create a unified IPC training package to be adapted and used globally?
- is there an opportunity for the “recognition” of existing training programmes by WHO (to be explored internally at WHO)?
- consideration that surveillance, healthcare-associated infection trends, and the use of reference laboratories (WHO Academy course) may be useful as part of a wider IPC course.

Several organizations provided updates during the curriculum discussion:

- Association of Professionals in Infection Control (APIC): long-term care certification is being officially launched, a new research division was created, as well as an internship framework (for new infection control professional hire, 10 weeks’ basic framework to help orient a new professional to the field);
- International Federation of Infection Control (IFIC): artificial intelligence technology using real-time translation has been developed to help bridge language gaps (concern of IFIC/APIC/Infection Prevention and Control Canada);
• Médecins Sans Frontières/Doctors Without Borders (MSF): offering pilot training for IPC supervisors/managers, 20 weeks training;
• European Committee on Infection Control (EUCIC): offering a two-year training postgraduate programme based on WHO core competencies (basic versus advanced).

EDUCATION AND TRAINING WORKING GROUP: CLOSING REMARKS AND NEXT STEPS
The discussion regarding expected outcomes covered coordination and meeting frequency, education priorities, and agreement on potential workplan items (for example, collaboration opportunities, curriculum development). Although these objectives were not agreed upon by the close of the meeting, clear actions were identified to move forward with the aim to guide next steps, including:

• updating WHO Excel spreadsheet for a training inventory;
• updating names in the GIPCN SharePoint run by WHO;
• finalization of workplans for discussion;
• determine frequency of meetings based on workplans.

The Working Group agreed to communicate updates and follow-up via the GIPCN SharePoint.

3. IPC IN THE CONTEXT OF THE PUBLIC HEALTH EMERGENCIES WORKING GROUP
Dr April Baller (Chair), IPC Technical Team lead, WHO Health Emergencies
Dr Maria Clara Padovese (Co-Chair), WHO Health Emergencies consultant
Coordination team: Kathy Dunn, Stacey Mearns, Joseph Maina, Victoria Willet (WHO), Amy Kolwaite (United States [US] Centers for Disease Control and Prevention [CDC]); rapporteur: Dr Paul Malpiedi (US CDC).

INTRODUCTION AND MEETING OBJECTIVES
Dr Baller introduced the Working Group Chairs, coordination team and rapporteur. Thereafter, GIPCN Working Group members briefly introduced themselves. Other GIPCN members were invited to observe and contribute to the discussion. A description of the Working Group agenda, objectives and proposed outcomes were shared with the group, as shown below.

Objectives of IPC in the Public Health Emergencies Working Group were to:
• review coordination mechanisms and validate the Terms of Reference for the Working Group;
• review and discuss the plan of work for 2022-2023 and activities to strengthen country capacities in public health emergencies.

Expected Outcomes were to:
• endorse Terms of Reference of IPC in the Public Health Emergencies Working Group;
• define the strategies and priority activities of the IPC Public Health Emergencies Working Group.
OVERVIEW OF IPC ACTIVITIES AND PLAN OF WHO’S HEALTH EMERGENCIES PROGRAMME (WHE)

Dr April Baller

An overview describing the IPC activities and plan of the WHE was given to help frame activities moving forward for the Working Group. The presentation covered the WHE scope of work for 2022-2023, with a particular focus on updates of WHE activities from January to August 2022. Lastly, she provided insight to the direction of WHE moving forward within the wider context of the global architecture of health emergencies.

Dr Baller described the WHE organigram with Dr Mike Ryan as the head of the Programme. Dr Ryan has three divisions under his responsibility, with the WHE IPC team located within the Department of Country Readiness Preparedness. She provided a description of the vision, mission and strategic objectives of the WHE, with the main focus being the strengthening of the capacity of countries and their health systems to improve emergency preparedness, readiness and their response to evidence-based IPC. This includes water, sanitation and health (WASH) measures in health facilities, as well as the community, while mitigating healthcare-associated infections.

The foundation of the work of the WHE IPC team is centrally connected to WASH by working together as one unit crossing between preparedness, readiness, and response. Dr Baller described the main strategic areas of work and gave examples of specific technical products for 2022-2023 focusing on capacity building, country support, norms and standards, networking and research and innovation. Emphasis was given to the importance of the integration of IPC, including the essential IPC core requirements, particularly at the regional level, as described earlier during the main meeting by the Regional Focal Point from the African Regional Office, Landry Cihambany.

WHE IPC and WASH activities for January-August 2022

Dr Baller provided an overview of WHE IPC specific areas of work for 2022-2023 under the areas of preparedness, readiness and response, in coordination with WASH. She highlighted the IPC Framework and Toolkit, which specified the key activities recommended at the national and healthcare facility levels in individual documents covering an evaluation of IPC capacity, preparedness and response plans, outbreak training, a surveillance and reporting programme, communications, surge capacity, mapping networks, developing outbreak taskforces, and monitoring, including assessing the Simulation exercises (SimEx)/Action After Review (AAR) systems. Specific attention was given to the different thematic areas of work covered by the WHE IPC team during the COVID-19 pandemic, as well as during Ebola outbreaks.

Future of public health emergencies Including IPC

Dr Baller provided an overview of the global architecture of Health Emergency Preparedness and Response (HEPR), outlined in key WHO documents. She focused on strengthening the global architecture for HEPR and resilience through collaborative surveillance, access to countermeasures by fast tracking research and development, and the importance of emergency coordination. In addition, she described the work with WASH to protect communities and with IPC to address the area of clinical care by strengthening national IPC preparedness and readiness.
IPC IN THE PUBLIC HEALTH EMERGENCIES WORKING GROUP: TERMS OF REFERENCE ENDORSEMENT

Dr April Baller and ALL

Each objective in the Terms of Reference was discussed and suggestions were provided. It was suggested that providing timely advice should be considered as support via sharing of materials or virtual engagement and the appropriate circumstances under which to convene the Working Group. This issue will be discussed further in future meetings.

The following specific issues were discussed in detail below:

There is a need to clarify the language in the Terms of Reference that defines core groups and ad hoc members, specifically if they are expected to participate as individuals or as a representative of organizations. Specific fields of expertise were highlighted as relevant to be part of this Working Group, for example, microbiology, laboratory medicine, and environmental decontamination.

In the current framing of this Working Group, more formal, long-term guideline development was not prioritized, but rather there was a focus on rapid guidance. However, it was agreed that GIPCN members should not be considered precluded from participating in formal Guideline Development Groups.

It was clarified that this Working Group is not intended as a replacement for other mechanisms for the deployment of experts in the situation of outbreak (for example, the Global Alert and Response Network [GOARN] or IPC global roster). Participants highlighted the importance of considering the aspects of governance so as to avoid duplication and to consider building stronger linkages with relevant groups, including WASH, in the Public Health Emergencies Working Group.

DISCUSSION ON THE STRATEGIES AND PRIORITIES OF THE WORKING GROUP

Dr April Baller and ALL

Participants highlighted that the Working Group can build in a process to identify questions that need to be answered early on during an event and to identify opportunities for cross-institution research. Thus, it was emphasized that it is important to ensure GIPCN representation in the existing structures and/or processes that lead to meetings discussing research and development priorities.

“Epidemiological data” and participant suggestions to replace the term “sharing available information” to avoid duplication with epidemiological teams was discussed. Suggestions included establishing regular communications regarding emerging/re-emerging or healthcare-associated pathogens via email groups or another mechanism, such as informal consultations to rapidly bring together individuals with an expertise in IPC or other fields to discuss and brainstorm around IPC for an emerging threat, with the idea to develop “town halls” to share experiences.

Participants agreed that providing guidance and related products should be balanced with a formal Guideline Development Group to effectively support the development, peer review and dissemination of rapid technical advice, depending on the situation. It was added that the Working Group can also develop strategies to support dissemination to members, such as preparing systematic dissemination chains prior to emergencies within readiness plans.

Regarding the need to alert and engage partners in supporting response efforts, there was an agreement that this Working Group can help to identify and provide a single message to be disseminated across existing response networks and among other relevant organizations and networks. One strategy suggested was to connect with key entities in both the public and private sectors that have
strong linkages with communication organizations and to develop collaborations with other organizations, such as non-governmental organizations.

**Reporting from the Working Group on outbreak readiness and response and related workplans**

*Dr Paul Malpiedi (US CDC)*

Dr Malpiedi gave an overview of the topics discussed and the salient issues covered during the Working Group session. The following expected outcomes were completed by the end of the meeting:

- it was agreed that the Terms of Reference for the IPC in the Public Health Emergencies Working Group would be endorsed, contingent on final edits and circulation for inputs from participants;
- the main strategies of the Working Group were defined, including priority activities, and the report on the Working Group preliminary plans.

**Next steps**

- Edit the language of the Terms of Reference and circulate among participants for final inputs;
- define the agenda and schedule the next meeting in order to develop the work plan in the next 4-6 weeks;
- participants to send suggestions for additional members to be included as part of the Working Group.

**4. GLOBAL ROSTER OF IPC PROFESSIONALS**

*Dr João Toledo, Technical Officer, WHO IPC Technical and Clinical Hub, WHO Headquarters*

Dr Toledo presented an overview and provided updates on the development of the *Global roster of IPC professionals*. There was significant discussion and enthusiasm regarding this project. He covered the background and purpose of the IPC roster, describing the need to rapidly recruit from an experienced and available cadre of IPC specialists for various positions throughout the region, as they emerged, but also the historical difficulty of meeting this need.

Participants were updated on the current status of the roster’s progress. Dr Toledo summarized the discussions with several WHO department teams who had embarked on similar projects, detailed the platforms utilized, and what would be useful to incorporate into this IPC professional roster. Importantly, discussions with WHO Human Resources (HR) Department and how to make the recruitment process more efficient in consideration of needs was discussed at length. The IPC Technical and Clinical Hub plans to meet with HR staff again to discuss the roster development further and potentially link with the WHO Stellis recruitment system. A draft concept note has been developed and will be shared with GIPCN members for their feedback.

Questions and input from the group were encouraged and will be considered in the further development of the roster. Clarifications were asked regarding if the IPC roster would be strictly used for deployment in emergencies or also other purposes. It was emphasized that consultancy descriptions should be clearly stated to understand the positions being offered.

Dr Dale Fisher (GOARN) said that GOARN would benefit from the roster as experts are currently generally identified through personal associations with staff. He suggested that if the IPC Technical and Clinical Hub does not receive separate specific requests (for example, monitoring and evaluation framework or training expertise), he would recommend that the Hub use GOARN’s system as it would be more efficient than creating a new one. Dr Fisher asked if consideration had been given to recruiting
via educational and research institutions and specialized agencies or only through individuals, as working with institutions and specialized agencies might be more efficient to hire for back-to-back positions, and he also asked how recruitment would actually work.

Jennifer Collins (WHO Headquarters) asked if there would be a maximum length of deployment for roster members or if the aim of the Roster is to recruit experts into long-term positions. She also enquired if consideration should be given to the possibility that long-term positions could quickly empty roster candidates. Claire Kilpatrick (WHO IPC Technical and Clinical Hub) described how WHO WASH and the United Nations Children’s Fund (UNICEF) recently completed a similar informal exercise and would share information with the GIPCN members.

Ana Paula Coutinho Rehse (Regional Focal Point, European Regional Office) suggested to identify the domains in the informational applicant letter that requires applicants to highlight their relevant experience for these competencies. Many members agreed that a significant challenge is to ensure the roster remains updated and gave examples of experience with this issue.

Dr Zhao Li (Regional Focal Point, Western Pacific Regional Office) asked if consideration had been given to a coordination mechanism to cluster the competencies identified for specific positions in order to ensure that we are placing the best candidate in the most appropriate position. To this point, Dr Colin Brown (WHO Collaborating Centre, United Kingdom) suggested including epidemiology in healthcare environments as a separate skill that would be desirable for individuals included in the Roster.

Participants agreed that the roster of experts should be a triage for HR. Dr Maha Talaat (Regional Focal Point, Eastern Mediterranean Region) described the region’s experience with using a roster to facilitate recruitment of IPC positions. Although it did make the overall process faster, it was not as efficient as envisaged. A main issue to be considered, raised by several participants, was the challenge of keeping the roster up to date, identifying who would be responsible, and if this was realistic considering the region’s own HR constraints.

Dr Toledo thanked the participants for their abundant feedback. The next step would be the sharing of the concept note on the GIPCN SharePoint for member feedback, its revision, follow-up with the WHO HR Department, as well as linking with GOARN staff responsible for their recruitment and deployment process. Updates will be shared with members on the GIPCN SharePoint thereafter.

5. ADDITIONAL ELEMENTS OF IPC WORK PLANS

Dr Benedetta Allegranzi and ALL

Dr Allegranzi described how GIPCN membership is based on the Network’s Terms of Reference and reminded members that the organization is the member, and that the selected individual is representing their organization. Specifically, the Network is open to organizations that have international activities in the field of IPC capacity building.

She described the background to the development of the GIPCN Network. Initially, when the GIPCN was created, some specific countries and Ministries of Health were invited to participate. However, considering the current focus of the Network, we cannot justify inviting specific country representations and not others and reconsideration should be given to this aspect. Dr Allegranzi proposed to not only include specific countries and Ministries of Health as there are other fora for them to be consulted and provide input.
To this point, Dr Muna Aba Sin (Robert Koch Institute, Germany) mentioned that although some public health institutions are under the supervision of the Ministry of Health, they should still be considered as potential members. Additionally, Dr Ben Park (Global Fund) expressed that some ministerial input proves to be just as valuable as outside organizational members as they are often knowledgeable about the challenges and gaps that their countries face. Therefore, Ministries of Health should still be considered for participation in the Network.

To have balanced country/ministry support within the Network, it was proposed to have a regional representative on a rotating basis. It was agreed that there will be further internal discussion on this issue and follow-up with current membership.

**Terms of Reference for GIPCN**

Considering objective #2 in the GIPCN Terms of Reference (Annex C), the contribution to the information/evidence and, more specifically, the WHO antimicrobial resistance (AMR) surveillance programme of work, a representative from the Global Antimicrobial Resistance Surveillance System (GLASS) team will be asked to present the national periodic AMR prevalence survey progress to the Network. Other WHO research agendas could also be potentially considered, such as the hand hygiene research agenda. As the general IPC research agenda will be a focus in 2023, there are plans to share with the Network.

Dr Fisher (GOARN) suggested including the global strategy in the GIPCN Terms of Reference, as well as preparedness and response capacity-building activities. It was emphasized that any significant changes to the Terms of Reference must be specifically routed through the WHO Legal Department.

Dr Fernanda Lessa (US CDC) suggested adding surveillance data sharing for “data for action” to the Terms of Reference as surveillance is frequently discussed, but data sharing as an aggregate format for action is needed. It was agreed this was an important issue and should be considered to add to the GIPCN Terms of Reference.

**GIPCN SharePoint**

Dr Benedetta Allegranzi described that the use of the GIPCN SharePoint should be bi-directional in that GIPCN members should also contribute to its success and share their resources and information to strengthen the Network as a whole. It was requested that information could also be promoted through the newsletters of the GIPCN member organizations, and that the WHO IPC Technical and Clinical Hub newsletter could also promote Network events and updates. GIPCN members were strongly encouraged to join the *Global IPC Community of Practice* platform as they were IPC experts in the field and the IPC global community would greatly benefit through their engagement on the platform. Considering this relationship, members were asked to consider how the GIPCN could benefit from working with the WHO Secretariat. In response, Dr Ben Park (Global Fund) asked if WHO had plans to work with WHO communications to promote GIPCN members. Dr Allegranzi explained how WHO Communications were very strict regarding the information they could promote, and it would be very challenging to route specific GIPCN member communications through these formal channels. However, other modes of sharing and advocating GIPCN members’ information could be discussed.

6. **WAYS OF WORKING AND GIPCN WEB PLATFORM**

*John Watson, IT Assistant, Toucan Media Ltd*
Nita Bellare and John Watson presented an overview on the GIPCN SharePoint, which included purpose, use, member registration, and a live demonstration of platform. A brief description and overview of the Global IPC Community of Practice platform was also described (https://ipcglobalcommunity.org/).

**GIPCN SharePoint**

Members were informed that an access to the GIPCN SharePoint link would be sent to them after the meeting (http://worldhealthorg.shareoint.com/sites/ws-gipcn). It was explained that members could save the link in order to access the site directly in the future. Members who are already registered would only need to reset their password if it has been forgotten. New members would be admitted through the online process of creating new accounts. WHO Secretariat is moving forward with sharing GIPCN information and documents on SharePoint and encouraged members to log on to the site in order to receive the external strategy consultation and GIPCN meeting documents. Non-members would be allowed to access specific meeting folders, but not allowed to edit any documents shared.

**Global IPC Community of Practice**

Global IPC Community of Practice membership includes healthcare staff working in the area of IPC primarily in the African and Eastern Mediterranean Regions (and would soon be expanding to the European Region in November 2022). As GIPCN members are regarded as experts in the field of IPC and part of the global IPC community, the overall community would greatly benefit through their engagement on the Community of Practice platform. Members were kindly requested to register at https://ipcglobalcommunity.org/ to engage and show their support.

GIPCN members were thanked for their attention to the final presentation of the meeting. The next steps for this project include the sharing of the GIPCN SharePoint link to access the meeting documents via email with members and additional meeting participants, as well as a reminder for members to register on the Global IPC Community of Practice. It was emphasized that communications regarding GIPCN will be shared with members entirely through the GIPCN SharePoint from this point onwards.

**SUMMARY OF NEXT STEPS AND MEETING CLOSING REMARKS**

Dr Benedetta Allegranzi expressed appreciation for member participation and their contribution to work on IPC globally. Members were asked to prepare for discussions on the global IPC strategy, which would take place shortly, and requested their valuable input.

**Next steps**

1) Request that members share updates without being prompted. Paul Rogers, WHO IPC Technical and Clinical Hub, WHO Headquarters, will reach out to members for the future IPC newsletter contributions. The IPC newsletter is generally shared monthly with updates from WHO Headquarters and regionally. The newsletter provides an opportunity for organizations to promote activities, events and share progress with the IPC community.

2) Request that members take an active role in strengthening the Network and use the GIPCN SharePoint for communication and sharing with network members.

3) Members should communicate with Nita Bellare, WHO IPC Technical and Clinical Hub, WHO Headquarters, about any questions on topics presented during this meeting.

4) Meeting documents will be shared by Nita Bellare on the GIPCN SharePoint. An email will be sent to members for a reminder shortly after the meeting.
WHO international expert meeting on the global strategy for infection prevention and control

29-31 August 2022

WHO HQ, Geneva, Switzerland
Auditorium Z4, B building or zoom connection*

Meeting objectives

- Undertake strategic discussions on and gather critical input for the development of the Global Strategy on infection prevention and control (IPC)
- Discuss the Global IPC Network (GIPCN) plan of work for 2022-23 including coordination and communications mechanisms, and the TORs and activities of two GIPCN Working Groups to strengthen IPC country capacities in Education and Training as well as in Public Health Emergencies
# Agenda

## Day 1 – 29 August 2022

**Proposed chair: Amal Saif Al-Maani / co-chair: Lindsay Grayson**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:30-13:15</td>
<td>Arrival of participants, registration, and brunch</td>
<td>All</td>
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<tr>
<td>13:15–13:30</td>
<td>Welcome remarks</td>
<td>Hanan Balkhy (Assistant Director-General for Antimicrobial Resistance (AMR))</td>
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<tr>
<td>13:30–13:50</td>
<td>Introduction of participants and of the chairs</td>
<td>Benedetta Allegranzi (technical lead, IPC Hub and Task Force, WHO HQ)</td>
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<tr>
<td>13:50–14:00</td>
<td>Meeting objectives and instructions</td>
<td>Nita Bellare (project manager, IPC Hub, WHO HQ)</td>
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<td>14:00–14:30</td>
<td>WHO global report on IPC</td>
<td>Benedetta Allegranzi</td>
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<td>14:30–14:50</td>
<td>Development process of the global strategy on IPC</td>
<td>Paul Rogers (programme manager, IPC Hub and Task Force, WHO HQ)</td>
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<td>14:50–15:15</td>
<td>Strategic view on global strategies, action plans, roadmaps and monitoring frameworks</td>
<td>Shyama Kuruvilla (senior strategic adviser, Deputy Director General Office, WHO HQ)</td>
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<tr>
<td>15:15–15:45</td>
<td>The context of the global strategy on IPC</td>
<td>Paul Rogers (programme manager, IPC Hub and Task Force, WHO HQ)</td>
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<td>15:45–16:05</td>
<td>Legal framework for IPC in African countries</td>
<td>Yewande Alimi (focal point for AMR and IPC, Africa Centers for Disease Control and Prevention)</td>
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<td>16:05–16:20</td>
<td>Break</td>
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**Session 2 – Drafting the global strategy on IPC**

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<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Presenter</th>
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<tbody>
<tr>
<td>16:20–16:45</td>
<td>Situation analysis and business case for IPC</td>
<td>Benedetta Allegranzi</td>
</tr>
<tr>
<td>16:45–17:45</td>
<td>Vision</td>
<td>All &amp; Facilitator: Claire Kilpatrick (consultant, IPC Hub, WHO HQ) / Paul Rogers writer on screen</td>
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<tr>
<td>17:45</td>
<td>Meeting Closure</td>
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## Day 2 - 30 August 2022

**Proposed chair: Omar El Hattab / co-chair: Zhao Li**

**Session 2 continued – Drafting the global strategy on IPC**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Presenter</th>
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<tbody>
<tr>
<td>8:30 – 9:00</td>
<td>Final discussion on the vision of the global strategy on IPC</td>
<td>Benedetta Allegranzi and ALL</td>
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<tr>
<td>9:00 – 10:50</td>
<td>Objectives and target audience of the global strategy on IPC</td>
<td>All &amp; Facilitator: Maha Taalat (senior adviser for IPC and AMR, WHO Eastern Mediterranean regional Office) / Paul Rogers writer on screen</td>
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## Day 3 - 31 August 2022

**Proposed chair: Dale Fisher / co-chair: Ana Paula Coutinho Rehse**

### Session 2 continued – Drafting the global strategy on IPC

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<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Presenter/Participants</th>
</tr>
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<tbody>
<tr>
<td>9:00 – 10:15</td>
<td>Global strategy target outcomes</td>
<td>Benedetta Allegranzi and ALL</td>
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<tr>
<td>10:15 – 10:30</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>10:30 – 11:00</td>
<td>Sharing the key elements of the IPC global strategy with WHO HQ leaders and IPC Task Force</td>
<td>Benedetta Allegranzi</td>
</tr>
<tr>
<td>11:00 – 11:50</td>
<td>Views and feedback from WHO HQ leaders and IPC Taskforce co-chairs</td>
<td>Rudi Eggers, Soce Fall (Assistant Director-General for Emergency Response, WHO Health Emergencies Programme), Hanan Balkhy (Assistant Director-General for AMR)</td>
</tr>
<tr>
<td>11:50 – 12:00</td>
<td>Next steps for the global strategy on IPC</td>
<td>Benedetta Allegranzi</td>
</tr>
<tr>
<td>12:00 – 12:15</td>
<td>Closing of the meeting on the global strategy on IPC</td>
<td>TBD</td>
</tr>
<tr>
<td>12:15 – 13:00</td>
<td>Lunch</td>
<td></td>
</tr>
</tbody>
</table>

### Session 3 – GIPCN work plans

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Presenter/Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>13:00 – 14:40</td>
<td>GIPCN WG Meeting – IPC in Public Health Emergencies (separate agenda to follow)</td>
<td>WG members and WHO secretariat</td>
</tr>
<tr>
<td>14:40 – 15:00</td>
<td>Reporting from WG on IPC in Public Health Emergencies and related workplans</td>
<td>April Baller (IPC focal point, WHO Health Emergencies Programme), WG rapporteur and WG members</td>
</tr>
<tr>
<td>15:00 – 15:30</td>
<td>Global roster of IPC professionals</td>
<td>João Toledo (technical officer, IPC Hub, WHO HQ)</td>
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</tbody>
</table>
Methods for the meeting roll-out

The meeting will be hybrid: most participants will attend in person at the WHO HQ premises in Geneva. However, there will also be many online participants and the opportunity to contribute will also be given to them.

The meeting will mainly be dedicated to the development of the Global Strategy on IPC. In the afternoon of Day 3 and during the time allocated to two working groups (one on Training and Education and the other on outbreak readiness and response), the agenda will be dedicated to discuss the GIPCN way of operating and plan of work for 2022-23.

There will be a different chair selected among the external participants, every day. The chair will have the role of introducing the speakers, moderating the discussion, ensuring time keeping, and facilitating consensus achievement as appropriate. In this role, he/she will be supported by a co-chair selected among WHO staff.

Unless differently specified in the agenda, discussions will mostly be held in plenary sessions. The plenary discussion on a specific topic will be introduced by a speaker who will briefly present the current draft of each section of the Global Strategy on IPC and will then ask some questions to facilitate the discussion. Discussion and consensus will also be facilitated by using polls.

Participants will be divided in three working groups to discuss the Strategic Directions to be recommended in the Global Strategy, according to the target audiences identified so far, which are:

1. Government officials/political leaders, policy makers, senior managers, administrators who are managing health budgets + Educational institutions and professional organizations, societies, unions (Audiences 1 and 4 in the slides)
   Facilitated by Landry Cihambanya & chaired by Fernanda Lessa
2. IPC focal points; patient safety, quality of care, occupational health, WASH, IHR, AMR focal points; + all health workers (Audiences 2 and 3 in the slides)
   Facilitated by Pilar Ramon-Pardo & chaired by Maria Clara Padoveze
3. Non-governmental groups, donors, stakeholders (UN, GIPCN members, partners, NGOs, etc.) at the international and national level + Community, civil society, patient/family networks (Audiences 5 and 6 in the slides)
   Facilitated by April Baller & chaired by Ben Park

The objectives of these WGs are to discuss what role the target audiences assigned to the WG will have in achieving the proposed general global strategy Strategic Directions (which will be presented in plenary before breaking out in WGs) and to propose any change in language or new Strategic Direction tailored to the respective WG’s target audiences.

Each WG will have a facilitator, a chair and a rapporteur; the latter should be identified by the group at the beginning of the session and will have the task to take notes during the discussion, prepare the slides for feedback and report to the plenary.

The role of the facilitator will be to review again the proposed general global strategy Actions and to stimulate the participants’ input according to the WG objectives. The facilitator will also
support the chair and will take notes during the discussion and will help the rapporteur prepare the slides for feedback to the plenary.

The chair’s role will be to moderate the discussion, to facilitate consensus building, to ensure that both objectives are accomplished, and to help the rapporteur prepare the slides for feedback to the plenary.

Finally, on Day 3 (31 August), there will be a critical session where the WHO high-level leadership from three divisions (Universal Health Coverage and Life Course, Health Emergencies Programme, and Antimicrobial Resistance) will attend the meeting; the leaders from these divisions will be briefed on the key elements of the Global Strategy agreed upon during the meeting and will provide their views and feedback; participants will also be able to ask them questions and make comments.

Online participants will be able to attend all meeting sessions, including the working groups, where they will be allocated to different online break-out rooms.

In the meeting room, flipcharts will be available for further comments in-person participants may want to make on the Global Strategy on IPC sections or other matters; online participants will be able to make additional comments in the Zoom chat.
WHO expert meeting
on the global infection prevention and control (IPC) strategy

29 -31 August 2022
WHO - Geneva

Confirmed List of Participants

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ANNEX C- GIPCN Terms of Reference

Global Infection Prevention Control Network
– facilitated by the Infection Prevention and Control Hub team, WHO HQ

Terms of Reference

Role and purpose of the Network

The Global Infection Prevention Control (GIPC) Network’s aim is to enhance local, national (Member States) and international coordination and collaboration in the field of infection prevention and control (IPC) and to support WHO’s and Member States’ efforts on IPC, from preparedness to IPC systems and programmes’ strengthening, outbreak prevention and control, as well as capacity building for surveillance. Ultimately, the GIPC Network’s goal is the reduction of health care associated infection (HAI) (including in the context of outbreaks) and addressing the global burden of antimicrobial resistance (AMR) in support of all Member States and WHO priorities. In doing so, the GIPC Network in particular focuses on the needs of low- and middle-income health care settings/countries, contributing to the formulation and spread of evidence-based recommendations, adaptable to different settings and considering best use of often scarce resources.

For more information on the burden and importance of preventing and managing HAI and AMR visit:
http://apps.who.int/iris/bitstream/10665/80135/1/9789241501507_eng.pdf?ua=1&ua=1
http://www.who.int/drugresistance/surveillance/en/

Additionally, when a communicable disease outbreak occurs in a community, health care settings are called upon to identify and care for infected individuals. In either routine or outbreak situations, if IPC practices are inadequate or not in place, the health care setting may become a source of infectious disease amplification and spread. Member states, country and regional WHO offices have requested that WHO HQ plays a strong coordinating role in global IPC including response efforts.

Objectives of the Global IPC Network

The GIPC Network will assist by:
- Aligning expertise and thinking to effectively support development, dissemination and implementation of IPC recommendations, technical
documents, campaign promotional messages and supporting resources, and training materials and tools (including related to outbreaks),

- Contributing to the information/evidence for the WHO AMR surveillance programme of work and supporting implementation of surveillance;
- Enhancing global outbreak response through provision of technical advice and rapid development and dissemination of relevant recommendations/documents during emergency situations and by providing evidence-based IPC recommendations to contain outbreaks as well as contributing to WHO Emerging Diseases Clinical Assessment and Response Network’s (EDCARN) and/or Global Outbreak Alert and Response Network’s (GOARN) calls to action in the event of a global health emergency
- Contributing to define the global health and research agenda for IPC including in the context of quality universal health coverage, as well as the most effective ways of working together to promote and implement them.

**Status of GIPC Network**

The GIPC Network is administered by the WHO’s HQ Integrated Health Services Department, under the auspices of the Infection Prevention and Control Hub. In this function, the IPC Hub collaborates with the WHO AMR the WHO World Health Emergencies, the WASH team and other departments and teams, and relevant focal points in regional offices. The GIPC Network is not an independent legal entity but a collaborative mechanism between the interested parties including WHO and participants. The operations of the GIPC Network shall in all respects be administered in accordance with the WHO Constitution, WHO’s Financial and Staff Regulations and Rules, Manual provisions, and applicable policies, procedures and practices.

**Membership of the GIPC Network**

The GIPC Network may be comprised of:
1. Institutions, organizations, agencies and professional societies with demonstrated influence and experience in international IPC capacity building, particularly in low resource settings or in settings where IPC capacity is minimal
2. Agencies and organizations that provide emergency IPC in health care services in countries or regions experiencing (or have the potential to experience) communicable disease outbreaks amplified by the provision of care in health care settings.

Individuals representing institutions should agree to these terms of reference and ensure their institution is clear on the commitment required.

Proposals of inclusion of a new member will be made through the WHO secretariat and discussed with the Network participants.
At times, other parties will be co-opted to the group, if necessary, expertise is required for particular project work.
Methods of working/accountability

The GIPC Network will be coordinated by the WHO HQ IPC Hub as a virtual group, facilitated by the use of an on-line web-based 'platform' where 'closed' information can be shared. WHO staff will contribute to this platform with the aim to meet the objectives of the Network, by proposing more detailed work plans for the Network and sharing information. However, WHO will not moderate the platform (all participants are expected to represent themselves in a professional and evidence-based/informed manner). It is also the responsibility of those who are part of the Network to visit the platform regularly to check for information and calls to contribute to WHO work.

Names and contact details of the WHO secretariat including those different staff at WHO HQ working on IPC, AMR and infectious hazard management will be shared so that it is clear how effective two-way communications can be achieved, when necessary, with different WHO Departments.

Teleconference/WebEx discussions that are deemed necessary will be facilitated by WHO. Notes from any group discussions and recommendations/actions arising from these will be recorded and shared by WHO on the GIPC Network web-based platform.

Budget

WHO acts as secretariat for the Network. Subject to the availability of funds, WHO will provide expenses for travel to WHO led face-to-face meetings when these are necessary, in line with UN approved per diem for external experts.

Lifespan and evaluation of the Network

The Network will exist until no longer deemed necessary by WHO and participants. WHO has the right to close the Network at any time or to revise the participant list, including if any persons are found to be in breach of the terms of reference outlined.

The work of the Network will be documented through annual reports describing engagement between WHO and participants as well as any collaborative outputs delivered and will feed into reviews of WHO related work.

Disclaimer

The opinions represented by the Network participants are not necessarily the opinions or recommendations of WHO. Every effort should be made by those who are part of the Network to present WHO recommendations, above other recommendations/technical information. No participant part of the Network can claim they are working for or on behalf of WHO (unless under certain circumstances, any members are contracted to work for WHO).