Global Infection Prevention and Control Network
Virtual meeting, 21 March 2023
Geneva, Switzerland
Meeting Report
Introduction

In the context of its global coordination role, the WHO Infection Prevention and Control (IPC) Hub coordinates the Global IPC Network (GIPCN), which brings together IPC organizations and WHO collaborating centers that operate at the international level in the field of IPC. The main aim of this coordination is to enhance national and international collaborations. GIPCN also supports country efforts in strengthening IPC systems and programmes, outbreak preparedness and response, and capacity building for surveillance.

The last GIPCN meeting was held August 31, 2022, in tandem with the larger WHO Global Strategy for IPC (GSIPC) development meeting, during which Network members made important contributions to the content of the draft GSIPC.

Objectives and expected outcomes of the meeting.

The focus of this meeting was to convene the GIPCN and facilitate discussion and sharing the relevant updates and progress towards the priorities of WHO and GIPCN members for the current biennium, including World Health Hygiene Day and the upcoming GSIPC meeting in May 2023. Strengthening communication via the GIPCN SharePoint was also discussed.

The meeting had the following specific objectives:

- To share updates on the Global Strategy on IPC and World Health Hygiene Day
- To share a general update on the work of GIPCN membership, focused on relevant achievements and future priorities
• To discuss GIPCN communication and working via the GIPCN SharePoint

**Expected outcomes:**
- Meeting notes shared with GIPCN members summarizing the presentations, discussions and feedback
- Updated GIPCN list of participants

1. **Welcome, housekeeping, meeting objectives and agenda overview**
   *Dr Benedetta Allegranzi, Technical lead, IPC Technical and Clinical Hub and Task Force, WHO Headquarters*
   *Ms Nita Bellare, Consultant, Project Management IPC Technical and Clinical Hub and Task Force, WHO Headquarters*

   Thanked members for joining and acknowledged their input in the August 2022 meeting which significantly contributed to the development of the Global IPC Strategy draft that was presented during multiple consultations and the Executive Board in January 2023 with resounding success. As there was not sufficient time to allow for detailed introductions of all the GIPCN members, Dr Allegranzi encouraged members to review the List of Participants that was shared before the meeting, so they could familiarize themselves with the members speaking during the sessions. Nita Bellare provided brief instructions regarding the use of the Zoom meeting tools to facilitate. She provided an overview of the objectives and agenda (Annex 1).

2. **Introduction of new GIPCN members**
   *Mr Paul Rogers, Programme Manager, IPC Technical and Clinical Hub and Task Force, WHO Headquarters*
   *Ms Mandy Deeves, Technical Officer, IPC Technical and Clinical Hub and Task Force, WHO Headquarters*

   Paul Rogers briefly reviewed the current GIPCN Terms of Reference (ToR) and discussed the criteria members must meet to be considered a new member (Annex C) primarily:
   - International public health experience
   - Provide emergency support in area of IPC, infectious diseases and outbreaks
   - WHO Collaborating Centers which include support for IPC and emergencies in their official Terms of Reference

   Proposals for inclusion of new GIPCN members are made to the WHO Secretariat. There is an internal process by which proposals of new members’ applications of interest are reviewed and discuss potential new applicants with the GIPCN members. The Secretariat asked for feedback from the members if they had comments or objections to these two organizations that will be presented. Paul Rogers explained that WHO works under *FENSA* which is a framework for engagement of non-state actors and applied in consideration of new organizations being considered for GIPCN membership.

   Two new potential members to be considered by GIPCN members were presented. Paul Rogers presented a brief overview of the non-governmental organization *Doctors with Africa* and Mandy Deeves presented a Canadian organization, the Certification Board of Infection Control and Epidemiology (*CBIC*).

   *Doctors with Africa* was established in 1950 and has a mission and vision closely aligned with the WHO on universal health care for all. They primarily work on the African continent, although they work on some
projects in other regions. The organization has been collaborating with the IPC Hub team since 2019, and participated in the 2019 global survey using IPCAF, coordinating a network of hospitals in Africa to participate and sharing the data. The organization will continue to collaborate with the IPC Hub team supporting the implementation of training packages on maternal and neonatal care which was shared last year.

The Certification Board of Infection Control and Epidemiology is a voluntary, autonomous multidisciplinary board that provides direction for and administers the certification process for professionals in IPC and applied epidemiology. They are independent and separate from any IPC related organization or association but do collaborate with three partner organization who are GIPCN members- APIC, Infection Prevention and Control Canada and IFIC. In these collaborations they work together to promote the importance of certification in infection control. As an international board, they certify over 88,700 individuals covering over 40 countries and consider issues such as resource and culture differences. The organization has a similar mission as WHO and an expressed interest in networking with members of this group. Mandy Deeves encouraged members to review their website provided if they were not familiar with the organization.

**Discussion**

Dale Fisher (GOARN) asked if the Secretariat had applied new WHO rules when reviewing these candidates including consideration of FENSA regulations. He addressed how as a technical group, it would decide what value the proposed new members could bring to GIPCN, and if members would be alerted on how to participate in any new procedures. Benedetta Allegranzi revisited the GIPCN ToR emphasizing that these are stringent criteria and if new proposed members cannot meet the criteria they will not be included as members. She described that the Global IPC Network was originally established by another WHO team within their past department. This was before FENSA was established and the rules were less stringent. The IPC Hub had taken over the GIPCN Network from this team and different criteria applied for membership.

As discussed in the previous meeting last year in August 2022, it was proposed by the Secretariat and then agreed to by the GIPCN members that organizations with an international focus and individual country representatives should not continue as static members as it was seen as unequal representation. However, as members agreed, it was important to have member state representation, it was agreed that one country per region would be proposed by the WHO regional offices and invited to join. This member state representation would then rotate every two years.

It was therefore agreed that during the next official meeting convened in May, six countries from each WHO region would be represented. WHO Regional Focal Points were currently selecting these countries and informing the Secretariat.

The session concluded by the Secretariat asking GIPCN members to respond within one week to express if members were in favor or not in favor of including these organizations, through a poll that would be shared on the GIPCN SharePoint. Members would be alerted when this was available to them for their response. members that had confidential comments were welcomed to share with Secretariat by email directly. If members agreed to include these organizations into GIPCN, the Secretariat would then proceed with due diligence and steps following FENSA.

**3. Update from GIPCN members**

*Moderator Paul Rogers*

Four organizations presented on the progress of their activities and/or newest project. Infection Prevention Society (UK), SHEA (USA), The Global Fund (International) and LifeBox (USA) presented during this session.
Mr Emilio Hornsey, IPC Nurse and Jude Robinson, programme manager for the Infection Prevention Society, UK (IPS UK). Both presenters gave an overview of their organization’s mission and detailed description of their Conceptual Framework for an optimal IPC service. The UK based organization has as 2,000-member network and focuses on informing, promoting and sustaining evidence-based infection prevention policy and practice. They highlighted their in-house journal, *Journal of Infection Prevention*, annual conference, education and professional development, research and development and engagement with international groups. The organization offers free membership to LIMCs and encouraged participants to contact them if interested.

Jude Robinson described the conceptual framework that was developed from the output of a national workforce study IPC UK conducted (2017-2021). The focus is around implementation of highlighted enablers and that the framework will be embedded to help shape IPC services at a local level and in the future, at a national and international level. An evaluation of the framework is planned for May 2023.

Ms Kristy Weinshel, the Executive Director of the Society for Healthcare Epidemiology of America (SHEA), and Dr Deborah Yokoe, the organization’s current President, provided a brief overview on SHEA’s mission and more detailed update on their broad range of projects of interest to the Network. Dr Yokoe highlighted the organization’s many resources, highlighting their Open Access journals in collaboration with APIC such as the *Infection Control Hospital Epidemiology*, and various updated guidance documents around sterilization, high-level disinfection, and IPC in nursing homes. In addition, a number of white papers and publications are in progress and will be published soon. Kristy Weinshel highlighted the Antimicrobial Stewardship & Healthcare Epidemiology journal, with both journals having podcasts available to all members. The continued collaboration with CDC on Covid-19 on the online Town Meetings and SHEA prevention course trainings in HAI knowledge and control were also described.

Dr Ben Park, a Senior Specialist at The Global Fund provided a detailed presentation of The Global Fund’s new strategy which provides new funding opportunities for IPC & AMR encouraging members who are interested to apply and also sharing within their network to those that are Global Fund countries. He described the country application process and criteria of country collaboration. There are two main funding areas to support country-level implementation work. One funding area is the core allocation which is 15.87 billion USD which will cover the next few years. These primarily cover HIV and malaria but have allocations for health systems strengthening, including lab systems and IPC as part of the TB strategy. The second funding area is for emergencies. There originally was 4.4 billion approved and the remaining unspent funds are being offered now. Research is not outside the scope but must be framed to support public health or surveillance. The most viable funding area for IPC projects is this second area which supports IPC and AMR. Countries will have to be engaged and activated, and champions within those countries that can work with Global Fund structures to request funding. These grants are currently available and funding applications will be open until May for this new C19RM funding package.

Dr Tihtena (Tito) Negussie, Consultant Pediatrics and General Surgeon/Global Clinical Director, Lifebox. Dr Tito provided an overview of the mission of Lifebox and provided updates with specific reference to the organization’s SSI program *Clean Cut*. Lifebox is one of the leading global non-profit organizations focused on improving the safety of surgery and anesthesia in low-resource contexts. Their partnerships are based on the three pillars of anesthesia and surgical safety and surgical team work, addressed through tools and training. The objectives, detailed phases, progress and challenges of this program were described. Program *Clean Cut* has been implemented as a pilot study in five hospitals in Ethiopia and demonstrated significant improvement on compliance. After the findings were published in 2020 the *Clean Cut* program was implemented as a quality improvement programme in 11 institutions in six LMIC countries. Members were invited to revisit the presentation and contact the speaker with additional questions.
4. Discussion
Moderator Paul Rogers
Speakers were thanked for sharing their organizations’ updates and activities. Participants congratulated the organizations on their interesting and practical work and commented that the activities they presented were different, illustrating the uniqueness of each organization’s contribution to IPC. Benedetta Allegranzi mentioned that what was presented by the organizations reflected a clear indication of learning and complementary to the WHO work on the core components. The IPC Hub would be interested in further disseminate this presented work and be able to learn about practical issues through direct discussions. She encouraged the presenting members to reach out the IPC Hub team if interested.

Birgitta Lytsy of IFIC asked about the IPC Hub newsletters and how GIPCN members could contribute and distribute information from their organizations. Paul Rogers mentioned that the Newsletters are posted on the GIPCN SharePoint and website, and that all members are welcome to contribute monthly to be highlighted in each addition. The IPC Hub team reaches out to GIPCN members and the IPC network to ask for contributions before Newsletters are developed.

5. Overview of World Hand Hygiene Day
Benedetta Allegranzi
An overview of the SAVE LIVES: Clean Your Hands campaign for 2023 World Hand Hygiene Day (WHHD), covering the main themes and array of materials developed was presented. It has been 15 years since this campaign was started in collaboration with the WCC led by Professor Didier until recently. The objectives this year are less technical and more broad reaching to strengthen and empower the communities who are important actors in health care. This campaign will foster collaboration and working together with Civil Society Organizations (CSOs) to reach a common goal and decrease the gap in IPC including hand hygiene. The IPC Hub team is calling upon CSOs, many of which have an official relationship with WHO, and especially the GIPCN members who represent various areas with an interest in IPC and hand hygiene at the point of care. We believe these CSOs and GIPCN members are in a unique position to spearhead and accelerate change at all levels as you are in close proximity to the communities they serve. The slogan for WHHD this year is: Accelerate Action Together. Members were encouraged to review the campaign webpage: World Hand Hygiene Day 2023 (who.int) and click on the “download campaign assets” button.

The campaign has been posted on the GIPCN SharePoint, IPC Global Community of Practice and will be mentioned in the upcoming IPC Hub team Newsletter. Members were encouraged to attend the May 5th global webinar which will highlight CSO experiences. Members were kindly asked to share the announcement and all the material assets with their larger networks. All the materials presented are adaptable, and members were asked to use the messages and campaign assets with their organizations to promote WHHD.

6. Preparations for the GIPCN meeting on 16-18 May 2023
Benedetta Allegranzi
Members were thanked for the continuous support and input into the Global IPC Strategy draft. This draft, which had GIPCN members’ critical input, was proposed during the last August meeting had little revisions, was on target, and circulated to member states and partners for 7-8 consultations over September and October. The outcomes of the recent Executive Board meeting in February was described, highlighting that two members states objected to specific language in the strategy. The Secretariat sought guidance from WHO regarding how to address the language and revisions have been made. During the upcoming May meeting, the IPC Hub team and participants will use the same strategy to develop elements of the global action plan and monitoring framework, which will be challenging. The last part of the meeting will be dedicated to GIPCN updates and Working Group progress meetings. The initial draft of the global action plan and monitoring framework will be developed in the coming months by a core team from the IPC Hub team, IPC team in the WHE, WASH and other colleagues. A
presentation of the revised draft will be presented at WHA in May 2023. The draft will go through the same process of being submitted to various consultations with member state input, submitted in mid-October and lastly submitted to the Executive Board in January 2024.

An overview of proposed agenda for the 16-18 May meeting was briefly reviewed and members were asked to confirm their attendance to Nita Bellare, Aimee Ramos and Benedetta Allegranzi as soon as possible. The official letter for the meeting is planned to be sent the following week so participants can make travel plans. Benedetta Allegranzi also mentioned the upcoming ICPIC conference event (https://www.icpic.com) and encouraged those members with interest to attend and share with their networks.

Ben Park commented on the theme of collaboration, if invitations to external partners would be invited to this meeting. Benedetta Allegranzi responded that several external organizations and CSOs have been engaged and invited to the meeting related to discussion about global strategy.

7. **GIPCN working via SharePoint**

   *Paul Rogers*

Paul Rogers provided an overview of the GIPCN SharePoint to the participants. The GIPCN SharePoint link was shared with the participants at the meeting (http://worldhealthorg.shareoint.com/sites/ws-gipcn) and were asked if they had not accessed the SharePoint before or had forgotten how to access the site, it would be shared with them after the meeting along with the meeting notes. 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 and were already approved in the system to be given access to creating an account. The list of participants would be updated shortly. WHO Secretariat has shared GIPCN information, events, and documents on SharePoint. Members were encouraged to log on to the site to receive the GIPCN meeting and Working Group documents and post their events. The Working Group uploaded administrative and forms recently and will asking a small group of members to test them on line in the near future for ease of use and applicability.

8. **Closing remarks**

   *Benedetta Allegranzi*

Participants were thanked again for their participation and for promoting WHHD though the GIPCN. Although the WHO Health Emergencies team was unable to participate this meeting due to competing commitments, they sent their greetings and will be participating in the upcoming May meeting. The Secretariat looks forward to meeting GIPCN members at the upcoming hybrid meeting in May and hoped all members could join.
### Annex 1- GIPCN Meeting Agenda

## Meeting Agenda

### 21 March 2023, 14.00-16.00 CET

<table>
<thead>
<tr>
<th>Time</th>
<th>Item</th>
<th>Presenter(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.00</td>
<td>Welcome remarks</td>
<td>Rudi Eggers, Director, WHO Integrated Health Services Department</td>
</tr>
<tr>
<td>14.10</td>
<td>Housekeeping, meeting objectives and agenda overview</td>
<td>Nita Bellare, Consultant, WHO IPC Hub Project Management</td>
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<tr>
<td>14:15</td>
<td>Introduction of new GIPCN members</td>
<td>Paul Rogers, Programme Manager, WHO IPC Hub Team and Task Force, Mandy Deeves, Technical Officer, WHO IPC Hub Team and Task Force</td>
</tr>
<tr>
<td>14:50</td>
<td>Discussion</td>
<td>ALL</td>
</tr>
<tr>
<td>15:00</td>
<td>Overview of World Hand Hygiene Day</td>
<td>Mandy Deeves, Technical Officer, WHO IPC Hub and Task Force</td>
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<tr>
<td>15:15</td>
<td><em>Discussion on GIPCN participation in and promotion of WHHD</em></td>
<td>ALL, Moderator: Benedetta Allegranzi</td>
</tr>
<tr>
<td>15:30</td>
<td>Preparations for the GIPCN meeting on 16-18 May 2023</td>
<td>Benedetta Allegranzi and ALL</td>
</tr>
<tr>
<td>15:45</td>
<td>GIPCN working via SharePoint</td>
<td>Paul Rogers and ALL</td>
</tr>
<tr>
<td>15.55-16.00</td>
<td>Closing remarks</td>
<td>Benedetta Allegranzi</td>
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Global infection prevention and control network (GIPCN) meeting

21 March 2023
Zoom meeting

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 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).