

## World Health Organization (WHO)

### Draft global action plan and monitoring framework on infection prevention and control, 2024-2030

#### Supplementary annex 2. Global actions and indicators for the WHO Secretariat and international and national stakeholders and partners in the context of the global action plan on infection prevention and control (IPC) and the related monitoring framework

##### Strategic direction #1: Political commitment and policies

Action	Key players	Indicator(s)
Global and regional (supranational) level		
<p><b>Key action #1</b>  <b>Achieve demonstrable high-level commitment to IPC at the global and regional level.</b></p>	<p>Leaders of the WHO Health Emergencies Programme (WHE), Universal Health and Life Course (UHL), and Antimicrobial Resistance (AMR) Divisions, IPC secretariat at WHO headquarters, Patient Safety Flagship, quality of care, AMR, occupational health, water, sanitation and hygiene (WASH); regional IPC focal points; WHO country offices.</p> <p>Government leaders, officials and United Nations delegations, political and health care leaders and policy-makers at ministries of health (and other relevant ministries such as water or environment and finances), and senior managers and administrators responsible for planning</p>	<ol style="list-style-type: none"> <li>1. Global action plan (GAP) and monitoring framework (MF) adopted at the Seventy-seventh World Health Assembly (May 2024).</li> <li>2. IPC units created in WHO regional offices and IPC focal points located in each WHO country office.</li> <li>3. All the following indicators are achieved and IPC is:                         <ol style="list-style-type: none"> <li>a. represented in the International Health Regulations (IHR) amendment (May 2024);</li> <li>b. addressed in the pandemic prevention, preparedness, and response accord;</li> <li>c. mentioned in the United Nations General Assembly (UNGA) resolution on WASH;</li> <li>d. included in the AMR agenda item at UNGA (September 2024);</li> <li>e. placed on the agenda for future UNGA meetings (for example, on universal health coverage (UHC), primary health care (PHC), etc.) (2030).</li> </ol> </li> </ol>

	and budgets; global IPC network members and other key stakeholders and partners.	
<b>Key action #2</b> <b>Develop the financial investment case for prioritizing IPC.</b>	WHO IPC secretariat, international partners and relevant academic institutions.	<ol style="list-style-type: none"> <li>1. Publication of the 2024 updated global report on IPC, including the financial investment for IPC based on new cost-effectiveness data from WHO/Organisation for Economic Co-operation and Development (OECD) modelling (2024).</li> <li>2. New WHO cost and cost-effectiveness data/calculator tool for IPC for use by countries, developed, tested and published (2025).</li> </ol>

## Strategic direction #2: Active IPC programmes

Action	Key players	Indicator(s)
<b>Global and regional level</b>		
<b>Key action #1</b> <b>Work across the three levels of WHO to support countries to establish or strengthen active national IPC programmes.</b>	<p>WHO IPC teams at headquarters; IPC focal points in WHO regional offices and country offices.</p> <p>Political, government and health care leaders; IPC focal points, leaders at public health and other national institutes.</p>	<ol style="list-style-type: none"> <li>1. Proportion of countries with national IPC programmes at level 4 or 5 (highest levels) according to the WHO State Party self-assessment annual reporting tool (SPAR 9.1) and level D or E in the Tripartite AMR country self-assessment survey (TrACSS 3.5).</li> <li>2. Country scoring improved within section 3.5 of TrACSS and/or within section 9.1 of SPAR.</li> </ol>
<b>Key action #2</b> <b>Demonstrate evidence of a global improvement of national IPC programmes (i.e., meet WHO minimum requirements)</b>	<p>WHO IPC teams at headquarters; IPC focal points in WHO regional offices and country offices.</p> <p>International and national stakeholders and partners.</p>	<ol style="list-style-type: none"> <li>1. Proportion of countries meeting all WHO IPC minimum requirements for IPC programmes at national level (through the WHO IPC global portal).</li> <li>2. Proportion of countries that have a national target on reducing health care-associated infections (HAIs) (monitored by the WHO Patient Safety Flagship).</li> <li>3. Proportion of countries that have achieved their national targets on reducing HAIs (based on self-assessment).</li> </ol>

	Political, government and health care leaders; IPC focal points, leaders at public health and other national institutes	
<b>Key action #3</b> <b>Support and demonstrate improvement globally in WASH and cleaning and waste services in order to enable IPC practices.</b>	Political, government and health care leaders; IPC focal points, leaders at public health and other national institutes.  WHO/United Nations Children’s Fund (UNICEF), WASH and IPC leaders and teams; WASH and IPC focal points in WHO regional and country offices.	1. Basic WASH and waste services available in all health care facilities (per each indicator as monitored in the WHO/UNICEF Joint Monitoring Programme; see footnote in Strategic direction 2 for definitions).

### Strategic direction #3: IPC integration and coordination

Action	Key players	Indicator(s)
<b>Global and regional level</b>		
<b>Key action #1</b> <b>Establish mechanisms for crosscutting work/collaborations across all programmes relevant for/complementary to IPC<sup>1</sup> (as listed in the global strategy on IPC)</b>	WHO - focal points/leaders and teams in the IPC programmes and other complementary programmes at WHO headquarters, as well as regional and country offices.	Global and regional taskforces established including all relevant programmes related to IPC with terms of reference and in line with WHO’s 14 <sup>th</sup> General Programme of Work (2026).

<sup>1</sup> Programmes/areas of work complementary to IPC programmes: AMR; occupational health; patient safety; public health emergencies; quality of care; WASH and health care waste; specific infectious diseases programmes (for example., human immunodeficiency virus, tuberculosis); others.

<p><b>within WHO headquarters and regional offices.</b></p>		
<p><b>Key action #2</b>  <b>Ensure that IPC principles, indicators and tools are reflected/cross-referenced in each WHO programme that is complementary to IPC.</b></p>	<p>WHO - focal points/leaders and teams in the IPC programmes and other complementary programmes at WHO headquarters, as well as regional and country offices.</p>	<ol style="list-style-type: none"> <li>1. Desk review and situational analysis for IPC integration within other programmes completed (2026).</li> <li>2. Key existing IPC policies, principles, indicators and tools identified, appropriately included and cross-referenced within each WHO programme complementary to IPC (2028).</li> </ol>
<p><b>Key action #3</b>  <b>Ensure that principles, indicators and tools of other WHO programmes complementary to IPC are reflected/cross-referenced in the IPC programme within WHO headquarters and regional offices.</b></p>	<p>WHO - focal points/leaders and teams in the IPC programmes and other complementary programmes at WHO headquarters, as well as regional and country offices.</p>	<ol style="list-style-type: none"> <li>1. Desk review and situational analysis of integration of other programmes within the IPC programme completed. (2026).</li> <li>2. Key existing policies, principles, indicators and tools from each WHO programme identified, appropriately included and cross-referenced within the IPC programme (2028).</li> </ol>

**Strategic direction #4: IPC knowledge among health and care workers and career pathways for IPC professionals**

Action	Key players	Indicator(s)
<p><b>Global and regional level</b></p>		
<p><b>Key action #1</b>  <b>Develop international IPC standardized curricula</b></p>	<p>IPC and other focal points/leaders in WHO headquarters and regional offices; WHO Academy; education working group within the global IPC network</p>	<ol style="list-style-type: none"> <li>1. WHO international IPC curricula for:                             <ol style="list-style-type: none"> <li>a. pre-graduate education;</li> <li>b. postgraduate education;</li> <li>c. in-service training published (2026).</li> </ol> </li> </ol>
<p><b>Key action #2</b></p>	<p>IPC and other focal points/leaders in WHO headquarters and regional offices; WHO Academy; education</p>	<ol style="list-style-type: none"> <li>1. International IPC certification established and in use (2030).</li> </ol>

Establish an international IPC certification and/or support and promote existing certificates	working group within the global IPC network	
---	---	--

### Strategic direction #5: Data for action

Action	Key players	Indicator(s)
<b>Global and regional level</b>		
<b>Key action #1</b> <b>Establish/strengthen global data collection and tracking systems for IPC monitoring (with a hand hygiene compliance monitoring system as a subset).</b>	IPC and other leaders at WHO headquarters and regional offices.  International and national stakeholders and partners.	<ol style="list-style-type: none"> <li>1. Global IPC monitoring and reporting system (IPC global portal) strengthened and fully implemented (to track progress of IPC minimum requirement and core components' implementation at national and facility levels) (2026).</li> <li>2. Standardized global hand hygiene compliance monitoring system established (2026).</li> <li>3. Proportion of countries regularly reporting via the IPC global portal.</li> </ol>
<b>Key action #2</b> <b>Working across the three levels of WHO, support countries to establish or strengthen national IPC monitoring systems.</b>	WHO – IPC and leaders of other divisions and departments (for example, WASH); WHO regional and country offices.  International and national stakeholders and partners.  Leaders at public health and other national institutes, and in health information management systems; national IPC focal points and teams.	<ol style="list-style-type: none"> <li>1. Guidance and data collection tools for IPC monitoring, taking into account country specificities, developed/reviewed in all countries (2028).</li> </ol>

<p><b>Key action #3</b>  <b>Support HAI surveillance capacity building in countries through the establishment of a technical working group and the development/review of guidance, standardized protocols and data collection tools (including early warning systems) for HAI surveillance within the existing national disease surveillance systems.</b></p>	<p>WHO – IPC and leaders of other divisions and departments (for example, AMR, WHE), ; WHO regional and country offices.</p> <p>International and national stakeholders and partners.</p> <p>Leaders in national surveillance systems and health information management systems, and at public health and other national institutes; national IPC focal points and teams; IPC committees and technical expert working groups.</p>	<p>1. Guidance, standardized protocols and data collection tools for priority HAIs taking into account country specificities, developed/reviewed in all countries (2028).</p>
<p><b>Key action #4</b>  <b>Working across the three levels of WHO, support countries to establish or strengthen national HAI surveillance systems within/in line with existing national disease surveillance systems, including for pathogens that are antimicrobial-resistant and/or prone to epidemics and pandemics and for monitoring antimicrobial consumption.</b></p>	<p>WHO – IPC and leaders of other divisions (for example, AMR, WHE), including surveillance of other infectious diseases; WHO regional and country offices.</p> <p>International and national stakeholders and partners.</p> <p>Leaders in national surveillance systems and health information management systems, and at public health and other national institutes; national IPC focal points and teams; IPC committees and technical expert working groups.</p>	<p>1. Proportion of countries reporting to the WHO Global antimicrobial and use surveillance system (GLASS) with discrimination of community versus hospital origin of pathogens.</p>

## Strategic direction #6: Advocacy and communications

Action	Key players	Indicator(s)
<b>Global and regional level</b>		
<p><b>Key action #1</b>  <b>Develop global and regional IPC communications and advocacy strategies (as stand-alone or apart of wider strategies, for example, on AMR, patient safety or WASH), including engaging global and regional champions, addressing the importance of integrated and coordinated advocacy and communications across WHO programmes complementary to IPC, and supporting countries to develop their national advocacy and communication strategy and plans for IPC.</b></p>	<p>WHO – IPC and leaders of other divisions and departments and teams, with the support of WHO communication departments.</p> <p>International and national stakeholders and partners.</p>	<ol style="list-style-type: none"> <li>1. Global and regional IPC advocacy and communications strategies (according to Key action #1) developed (2026).</li> <li>2. Proportion of global and regional IPC advocacy champions.</li> </ol>
<p><b>Key action #2</b>  <b>Ensure that IPC and AMR in health care are included in efforts addressing misinformation and infodemics about medical and public health topics.</b></p>	<p>WHO – IPC and leaders of other divisions and teams, with the support of WHO communication departments.</p> <p>International and national stakeholders and partners.</p>	<ol style="list-style-type: none"> <li>1. IPC included in a global programme that is designed to manage and actively respond to misinformation and infodemics (2026).</li> </ol>
<p><b>Key action# 3</b>  <b>Develop an IPC communications template to be implemented early in and throughout future outbreaks.</b></p>	<p>WHO – IPC and leaders of other divisions and teams, with the support of WHO communication departments.</p>	<ol style="list-style-type: none"> <li>1. IPC communications template for outbreaks developed (2026).</li> </ol>

## Strategic direction #7: Research and development

Action	Key players	Indicator(s)
<b>Global and regional level</b>		
<b>Key action #1</b> <b>Develop a global IPC research agenda, as well as a research gap analysis, based on country needs, including a multisectoral and multidisciplinary approach with a focus on AMR, a public health emergency programme, WASH and low-resource settings.</b>	WHO – IPC and other teams (for example, Research for Health, AMR, public health emergency programme, WASH) in collaboration with the global IPC network, WHO Collaborating Centres, research institutions, other stakeholders and donors.	1. Global IPC research agenda developed, including a summary of the current state of IPC research (best practices and methodology) and gap analysis and research questions (2026).
<b>Key action #2</b> <b>Develop guidance on methods/protocols and tools for IPC research.</b>	WHO – IPC and other teams (for example, Research for Health, AMR, public health emergency programme, WASH), in collaboration with the global IPC network, WHO Collaborating Centres, research institutions, other stakeholders and donors.	1. Protocols and tools for IPC research are developed and hosted on a readily available central platform (2028).
<b>Key action #3</b> <b>Engage global and national donors and grant/funding bodies for the inclusion of IPC in research calls and projects.</b>	WHO – IPC and other leaders (for example, Integrated Health Services, UHL, Research for Health, AMR, public health emergency programme, WASH) in collaboration with the global IPC network, research institutions, other stakeholders and donors.	1. Proportion of annual: <ol style="list-style-type: none"> <li>a. calls for IPC research proposals;</li> <li>b. funded research projects on IPC.</li> </ol> 2. Proportion of publications on IPC research per year.
<b>Key action #4</b> <b>Lead/support research in line with the IPC research priorities included</b>	WHO – IPC and other focal points/leaders and teams; global IPC	1. Proportion of published research results in line with the IPC research priorities included in the AMR research agenda.

in the WHO global AMR <sup>2</sup> , IPC, patient safety research agendas.	network, research institutions, other stakeholders and donors.	
--	--	--

### Strategic direction #8: Collaboration and stakeholder support

Action	Key players	Indicator(s)
<b>Global and regional level</b>		
<b>Key action #1</b> <b>Map partners, international organizations and societies relevant for IPC at the global and regional levels, taking a multisectoral and multidisciplinary approach.</b>	WHO – IPC and other leaders and teams in WHO headquarters, as well as regional and country offices, in collaboration with the global IPC network and other stakeholders.	<ol style="list-style-type: none"> <li>1. Global and regional mapping exercises performed and available (2026) and mechanisms in place for regular updates.</li> <li>2. Global collaboration agenda to support IPC developed (2028).</li> <li>3. Profile of IPC global and regional stakeholders regularly updated (for example, annually) (organizations/societies/partners/donors/etc.) (2030).</li> </ol>
<b>Key action #2</b> <b>Maintain and strengthen the global IPC network, including organizing international IPC meetings/conferences to share country experiences.</b>	WHO – IPC leaders and teams in WHO headquarters and in collaboration with regional offices.	<ol style="list-style-type: none"> <li>1. Proportion of consultative processes of the global IPC network per year (minimum 1 per year).</li> <li>2. Proportion of WHO products developed in collaboration with the global IPC network per year.</li> <li>3. Proportion of international IPC meetings/conferences organized by WHO and/or global IPC network members per year.</li> </ol>
<b>Key action #3</b> <b>Establish regional multi-stakeholder partnerships and networks on IPC including terms of reference and a memorandum of understanding aligned with the objectives of the global strategy</b>	WHO – IPC and other leaders and teams in WHO headquarters, region and country offices; the global IPC network and other stakeholders.	<ol style="list-style-type: none"> <li>1. Proportion of regional IPC stakeholder partnerships and networks (baseline and 2030).</li> <li>2. Proportion of active members in the WHO IPC Community of Practice.</li> </ol>

<sup>2</sup> Global research agenda for antimicrobial resistance in human health, Geneva: World Health Organization; 2023 (<https://www.who.int/publications/m/item/global-research-agenda-for-antimicrobial-resistance-in-human-health>, accessed 7 Dec 2023).

<b>and action plan on IPC and country needs.</b>		
--	--	--

DRAFT