

World Health Organization (WHO)

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

Supplementary annex 1. Global action plan and monitoring framework on infection prevention and control (IPC): background, structure, development process, actions and responsibilities of key players, and drivers of progress

Background

Over the past decade, major outbreaks such as H1N1, Ebola virus disease, Middle East respiratory syndrome and, more recently, the COVID-19 pandemic, have demonstrated how epidemic-prone pathogens can spread rapidly through health care settings with transmission to the community and vice versa.

Furthermore, other less visible health emergencies, such as the burden of endemic health care-associated infections (HAIs) and antimicrobial resistance (AMR), harm millions of patients every year across all health care systems and can also affect health and care workers and other individuals accessing health facilities¹.

IPC consists of evidence-based practices and interventions with a demonstrated impact and cost-effectiveness to decrease the transmission of infectious agents across all levels of the health care system. It is fundamental to patients and health and care workers' safety and for the provision of high-quality care delivery. IPC is also critical to maintain the population's trust in the health system.

The COVID-19 pandemic, as well as recent reports^{1,2,3}, revealed that many countries do not have a sufficiently strong IPC programme and that global action plans and inefficiencies in the implementation of IPC exist, especially in low- and middle-income countries. Major global action plans worldwide in water, sanitation, hygiene (WASH) and waste management services in health care facilities also hinder the implementation of good IPC practices⁴. Nevertheless, the momentum created by the COVID-19 pandemic has shown clear country investments and some progress in scaling-up improvements in IPC, which is being strongly supported by WHO and other key players¹.

¹ Global report on infection prevention and control. Geneva: World Health Organization; 2022 (<https://apps.who.int/iris/handle/10665/354489>, accessed 26 July 2023).

² Addressing the burden of infections and antimicrobial resistance associated with health care. Focus on G7 countries. 18 October 2022. WHO, Organisation for Economic Co-operation and Development. 2022 (<https://www.oecd.org/health/Addressing-burden-of-infections-and-AMR-associated-with-health-care.pdf>, accessed 25 October 2023).

³ Embracing a One Health framework to fight antimicrobial resistance. Paris: Organisation for Economic Cooperation and Development Publishing, 2023 (<https://www.oecd.org/health/embracing-a-one-health-framework-to-fight-antimicrobial-resistance-ce44c755-en.htm>, accessed 25 October 2023).

⁴ Progress on WASH in health care facilities 2000-2021: special focus on WASH and infection prevention and control. Geneva: World Health Organization, United Children's Fund; 2023 (<https://iris.who.int/handle/10665/366657>, accessed 30 October 2023).

Sustaining and further expanding this progress in the longer term is critical and requires urgent investments to ensure adequate financial and human resources, particularly in resource-limited settings.

The Seventy-fifth World Health Assembly in May 2022 adopted a resolution on IPC (WHA75.13)⁵, which included 13 calls to Member States aimed at improving IPC at the national, subnational and/or facility levels. In consultation with Member States and regional economic integration organizations, a **global strategy**⁶ on IPC was developed by the WHO Secretariat and adopted at the Seventy-sixth World Health Assembly in May 2023. This strategy addresses IPC in all health care settings, both in the public and private health sectors, including acute, primary and long-term care facilities. The resolution WHA75.13 also requested the Director-General to develop an action plan for IPC to be achieved by 2030, including a framework for tracking progress with clear measurable targets⁷, for consideration by the Seventy-seventh World Health Assembly in 2024 through the Executive Board at its 154th session in January 2024. Member States also highlighted the importance of strengthening and implementing infection prevention practices in the community settings, starting from schools and other educational facilities; however, these settings were not the focus of the resolution and the documents requested from the Director-General.

Structure and development process

Based on the consultations conducted to date, the draft global action plan and monitoring framework on IPC have been structured around the following eight strategic directions indicated in the global strategy:

1. political commitment and policies;
2. active IPC programmes;
3. IPC integration and coordination;
4. knowledge of IPC by health and care workers and career pathways for IPC professionals;
5. data for action;
6. advocacy and communications;
7. research and development;
8. collaboration and stakeholder support.

The draft global action plan and monitoring framework IPC are designed to support and enable the implementation of the WHO global strategy on IPC, which has the following vision and three strategic objectives:

Vision: “By 2030, everyone accessing or providing health care is safe from associated infections.”

Strategic objectives

1. Prevent infections in health care settings for staff, patients and visitors.
2. Act to ensure IPC programmes are in place and implemented.
3. Coordinate IPC activities with other areas and sectors and vice-versa.

⁵ Resolution WHA75.13. In: Seventy-fifth World Health Assembly, Geneva, 22-28 May 2022. Resolutions, decisions, annexes. Geneva: World Health Organization; 2022 (<https://iris.who.int/handle/10665/365610>, accessed 30 October 2023).

⁶ Global strategy on infection prevention and control. World Health Organization. Regional Office for the Eastern Mediterranean; 2023 (<https://iris.who.int/handle/10665/366599>, accessed 30 October 2023).

⁷ Target: a specific numerical target citing a baseline value (absolute target), or a relative change that is independent of the initial value of the starting point (relative target).

Furthermore, the draft global action plan and monitoring framework directly refer to WHO recommendations and standards established through the **guidelines on core components⁸ and minimum requirements⁹ for IPC programmes** since several years (Addendum 1 to the draft global action plan and monitoring framework on IPC, 2024-2030), and other key documents (for example, AMR, epidemics and pandemics, WASH and occupational health). They are also aligned and refer to the IPC sections of the *Global patient safety action plan¹⁰* and the *Global action plan on AMR^{11,12}*. Therefore, the draft global action plan and monitoring framework on IPC, 2024-2030, must be read in conjunction with these documents (in particular Addendum 1), which provide more details on what is proposed to be achieved.

The draft global action plan on IPC consists of **actions** at the **global/regional, national/subnational and facility** levels that are necessary to follow each strategic direction of the global strategy and to finally achieve its objectives. It is important consider that in some countries, the subnational level (for example, State, region or province/district) has a prominent role in decision-making and implementation and thus actions indicated for the national level may be more pertinent for the subnational level.

The implementation of the global action plan will require strong action by the WHO Secretariat, international and national stakeholders and other key players in support to Member States. Supplementary annex 2 lists the **actions and related indicators at the global/regional level** for which the WHO Secretariat, led by the IPC unit and also involving other areas of work across the three levels of the Organization, is the key player in collaboration with external stakeholders. It also includes some indicators to monitor actions expected by the WHO Secretariat and international partners. The WHO Secretariat commits to provide strong technical support to Member States to develop and implement their national plans and monitor their progress and impact, including support for gathering data to feed into the global monitoring framework.

Key players for achieving each action at the different levels have been identified among the target audience of the global strategy on IPC (see Supplementary annexes 2 and 3).

Actions identified as **“key”** should be high priority for the key players at the global/regional, national/subnational and facility levels; additional actions are also critical, but they might be less urgent or relevant depending on the local context.

For each action, draft indicators are proposed for country consideration, according to the local situation and needs. In addition, a set of **core** targets, as well as **additional** targets, have been identified both at the global and national levels, to measure progress made towards 2030 (see main draft global action plan document). Regarding indicators and targets at the facility level, countries are encouraged

⁸ Guidelines on core components of infection prevention and control programmes at the national and acute health care facility level. Geneva: World Health Organization; 2016 (<https://apps.who.int/iris/handle/10665/251730>, accessed 25 October 2023).

⁹ Minimum requirements for infection prevention and control programmes. Geneva: World Health Organization; 2019 (<https://apps.who.int/iris/handle/10665/330080>, accessed 25 October 2023).

¹⁰ Global patient safety action plan. Geneva: World Health Organization; 2021 (<https://iris.who.int/handle/10665/343477>, accessed 25 October 2023).

¹¹ Global action plan on antimicrobial resistance. Geneva: World Health Organization; 2016 (<https://iris.who.int/bitstream/handle/10665/193736/9789241509763>, accessed 25 October 2023).

¹² Monitoring and evaluation of the global action plan on antimicrobial resistance: framework and recommended indicators. Geneva: World Health Organization; 2019 (<https://iris.who.int/handle/10665/325006>, accessed 25 October 2023).

to include both public and private health care facilities and to develop their sampling method according to the local context.

The **global/regional** level incorporates process and outcome measures for country-level monitoring, as well as indicators of international action by the WHO Secretariat at all three levels and international partners. The global monitoring framework includes monitoring country progress in the implementation of IPC national plans and programmes and the overall impact of national activity.

At the **national/subnational** level, countries will need to both monitor their progress in implementing the actions proposed in the draft global action plan and evaluate progress being made, including the extent to which this is making an impact at national level. Indicators and targets proposed in this draft monitoring framework should be adopted and adapted according to the country's own situation and context.

At the **facility** level, actions, indicators and targets are also suggested, in line with the actions, outputs and outcomes expected at the national level.

Core targets and the related indicators are considered as critical and are recommended to be included into national action plans and monitoring frameworks on IPC; additional actions and targets are also suggested as relevant, according to the local situation and needs.

Actions, indicators and targets were identified by working across all three levels of WHO and through an extensive consultative process with Member States, the global IPC network and other partners, including two global and five regional consultations, individual country consultations, written feedback by Member States, and several technical meetings. Members of these groups also participated in a Delphi survey and confirmed agreement with the proposed draft indicators and targets and provided a prioritization list that allowed to distinguish the targets in "core" and "additional" (see above). Sixty-four percent of the Delphi survey participants were from Member States.

To design an effective monitoring and evaluation framework for the global action plan, principles and methods inspired by the Theory of Change have been adopted in such a way that actions identified are expected to lead to specific changes by drawing on a causal analysis based on available evidence¹³. Based on this, the causal pathways connecting the global action plan's inputs, activities and outputs with the desired outcomes and impact goals are visualized in the "results chain" (see Supplementary annex 4).

Importantly, while the proposed plan of work and targets are undoubtedly ambitious, most actions and indicators are not new and directly refer to existing WHO recommendations and standards. Furthermore, many of the proposed indicators and targets are/or can be collected through different existing global databases and monitoring systems (see Supplementary annex 3).

WHO also provides clear guidance on implementation strategies by indicating a stepwise approach, which allows countries and health facilities to identify and prioritize actions based on local progress

¹³ Companion guidance - United Nations Development Assistance Framework (UNDAF) -Theory-of-Change. United Nations Development Group, 2017 (<https://unsdg.un.org/resources/theory-change-undaf-companion-guidance>, accessed 25 October 2023).

and available resources^{14,15}. The same approach is also recommended when considering the actions suggested in this draft global action plan. Notably, **an implementation manual** to support the uptake of the global action plan and its use for national action plan development will be available in 2024.

Actions and responsibilities of key players

Member States are encouraged to have sustainable national action plans on IPC in place by 2026, integrated with national health plans. These would be tailored to national priorities and local governance arrangements, but they would be aligned with the strategic objectives and actions of the WHO global action plan as far as possible, and in accordance with the WHO IPC core components and the associated WHO IPC minimum requirements.

Member States are also encouraged to develop appropriate monitoring and reporting frameworks associated with their national action plans on IPC, in line as much as possible with the indicators and targets proposed in the WHO monitoring framework of this global action plan, and tailored to IPC actions and improvements needed in their own context.

Member States are invited to report biennially to WHO on the core global and national indicators and targets contained within the draft WHO monitoring framework and, as relevant to local conditions, report on any additional contextual national indicators contained within the framework.

IPC national monitoring and reporting frameworks should facilitate global monitoring by WHO as far as possible to enable it to fulfil its obligation related to resolution WHA75.13, that is, to biennially report progress on IPC implementation and its impact where possible to the World Health Assembly. Equally important, such reporting by the WHO Secretariat will facilitate WHO's ability to keep IPC high on the global public health agenda, advocate for resources, and provide more targeted support for country IPC capacity building.

The WHO Secretariat will strongly support and facilitate Member States in the aforementioned work by supporting countries to develop IPC national action plans and associated monitoring frameworks, and providing countries with free, on-line access to the full suite of WHO IPC assessment tools through the WHO IPC global portal that allows for secure data upload and storage. The WHO Secretariat will publish an implementation manual by 31 December 2024 to further support Member States in the development and implementation of national IPC action plans and associated monitoring frameworks.

Drivers of progress

Financing

The implementation of this global action plan and monitoring framework, particularly roll-out at country level, requires significant financial investments as part of broader efforts to increase overall investments in other priority areas, such as combating AMR, epidemics and pandemic preparedness and response, and improving WASH in health care facilities. Financial needs to cover the proposed

¹⁴ Interim practical manual: supporting national implementation of the WHO guidelines on core components of infection prevention and control programmes. Geneva: World Health Organization; 2017 (<https://iris.who.int/handle/10665/330073>, accessed 25 October 2023).

¹⁵ Improving infection prevention and control at the health facility: an interim practical manual. Geneva: World Health Organization; 2018 (<https://iris.who.int/handle/10665/279788>, accessed 25 October 2023).

activities proposed should be addressed through national budgets for health, as well as international funding mechanisms (for example, the Pandemic Fund)¹⁶. Furthermore, partners and donors should prioritize supporting the implementation of national action plans in line with this global action plan, as well as the monitoring activities and system to track their progress and impact.

Political commitment, leadership and collaborations

Effective implementation requires strong political commitment and decision-making on the prioritization of IPC as part of other urgent issues mentioned above. Leadership and expertise is required from IPC national and facility focal points not only to advocate for the prioritization of IPC as a pillar to achieve safe, high-quality, people-centred care delivery, but also to adequately pursue and successfully implement and monitor the actions proposed in this global action plan at national level.

As indicated in strategic direction three of the WHO global strategy on IPC, a close collaboration with other programmes complementary to IPC¹⁷ are of the utmost importance for the implementation of this global action plan and the achievement of its targets. On the one hand, IPC activities must be integrated and aligned with those of other programmes but, on the other hand, activities of other programmes are critical to achieve the core objective of IPC, that is to reduce infection and AMR affecting those accessing or providing health care. This is why this global action plan strongly advocates for actions to enable cross-fertilization and collaborative working towards a common goal, with the purpose to avoid duplications and work in silos.

¹⁶ World Bank Group. The Pandemic Fund. 2023

(<https://fiftrustee.worldbank.org/en/about/unit/dfi/fiftrustee/fund-detail/pppr>, accessed 30 October 2023).

¹⁷ Programmes/areas of work complementary to IPC programmes: AMR; occupational health; patient safety; public health emergencies and biosafety and biosecurity; quality of care; WASH and health care waste; specific infectious diseases programmes (for example, human immunodeficiency virus, tuberculosis); others.