

World Health Organization (WHO)

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

Supplementary annex 3. Key players, pre-existing indicators and monitoring systems in support of the implementation of the draft global action plan and monitoring framework on infection prevention and control (IPC)

Strategic direction #1

Key actions	Key players	Indicator(s)	Existing indicator system	Existing indicator(s)
National level				
Key action #1 Develop a national action plan and monitoring framework for IPC, outlining costs and sources of financing.	Government and health care leaders; IPC national focal point and team; national IPC committee; leaders at public health and other national institutes.	1. IPC national action plan and monitoring framework developed, costed, validated, and approved by the ministry of health or other relevant national authorities within the context of national health plans.	WHO IPC global portal ¹ .	IPCAT2 ² – 1.1.7: there is an identified, protected and dedicated budget allocated according to planned activity.
				IPCAT2 ² – 1.2.2: development of a national plan for preventing health care-associated infections (HAIs) relating to endemic pathogens and those with epidemic potential, for example, including national goals, objectives and strategies.
				IPCAT2 ² – 1.2.3: development of national monitoring frameworks to measure implementation with policies, guidelines and standards.

¹ Global IPC portal.. Geneva: World Health Organization; 2023 (<https://ipccportal.who.int>, accessed 24 October 2023).

² Core components for infection prevention and control programmes national assessment tool (IPCAT2). Geneva: World Health Organization; 2017 ([https://cdn.who.int/media/docs/default-source/integrated-health-services-\(ihs\)/core-components/ipcat2.xls?sfvrsn=d087b1de_4](https://cdn.who.int/media/docs/default-source/integrated-health-services-(ihs)/core-components/ipcat2.xls?sfvrsn=d087b1de_4), accessed 24 October 2023).

			eSPAR ³ .	SPAR ⁴ 9.1: IPC programmes.
Key action #2 Establish the legal framework for IPC to mandate the implementation of IPC programmes nationally and at facility level.	Government and health care leaders; IPC and other focal points/leaders; accreditation and health regulatory bodies and leaders.	1. Legislation/regulations in place to address IPC (including IPC professionals) as part of the public health regulatory framework.	<i>No current existing indicators or systems.</i>	
Key action #3 Develop the national financial investment case aligned with the global business case for IPC.	IPC and other focal points/leaders; finance leaders; national public health institute and academic institutions.	1. National financial investment case developed based on global models (2026).	<i>No current existing indicators or systems.</i>	
Key action #4 Establish a dedicated IPC budget to fund the national IPC programme and action plan.	National IPC focal points working with government officials, political and health care leaders and policy-makers at ministries of health	1. Dedicated (in line with the IPC national action plan) budget allocated to the IPC national programme, identified and available.	WHO IPC global portal ¹	IPCAT ² – 1.7: there is an identified, protected and dedicated budget allocated according to planned activity. IPCAT-MR ⁵ – 1.4: there is an identified, protected and dedicated budget allocated

³ Electronic International Health Regulations (IHR) State Party self-assessment annual reporting tool. Geneva: World Health Organization; 2022 (<https://extranet.who.int/e-spar>, accessed 24 October 2023).

⁴ International Health Regulations (2005): state party self-assessment annual reporting tool, 2nd ed. Geneva: World Health Organization; 2021 (<https://apps.who.int/iris/handle/10665/350218>, accessed 24 October 2023).

⁵ Assessment tool of the minimum requirements for infection prevention and control programmes at the national level. Geneva: World Health Organization; 2021 (<https://www.who.int/publications/m/item/assessment-tool-of-the-minimum-requirements-for-infection-prevention-and-control-programmes-at-the-national-level>, accessed 24 October 2023).

	<p>(and other relevant ministries and entities providing health care delivery), ministries of finance, labour, environment, and education; accreditation and health regulatory bodies; and senior managers and administrators responsible for planning and budgets.</p>	<p>2. Proportion of health care facilities with adequate dedicated budget funding for IPC</p>	<p>eSPAR³</p>	<p>to the IPC programme, according to planned activity.</p> <p>SPAR⁴ 9.1: IPC programmes.</p> <p>IPCAF⁶ – 1.9: Does the senior facility leadership show clear commitment and support for the IPC programme by an allocated budget specifically for the IPC programme (that is, covering IPC activities, including salaries)?</p>
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⁶ Infection prevention and control assessment framework at the facility level. Geneva: World Health Organization; 2018 (<https://apps.who.int/iris/handle/10665/330072>, accessed 24 October 2023).

<p>Key action #5 Demonstrate evidence of investment by national authorities in water, sanitation and hygiene (WASH), health care waste and cleaning infrastructure services and staffing to ensure that all health care facilities have safely managed WASH services to enable IPC practices.</p>	<p>Political and government and health care leaders; WASH and IPC and other focal points/leaders; key stakeholders and donors.</p>	<p>1. Dedicated and sufficient funding allocated at the national level for WASH services and activities.</p>	<p>GLAAS⁷.</p>	<p>Sufficient funding to reach the national target.</p>
<p>Key action #6 Establish a national IPC committee actively functioning with a dedicated role (regulatory authority) to support implementation of the IPC action plan at the national and facility level,</p>	<p>Political and government and health care leaders; IPC and other focal points/leaders working with focal points responsible for patient safety and quality of care, antimicrobial resistance (AMR), occupational health, WASH, IHR, and One Health</p>	<p>1. National IPC committee established and functioning (2026)</p> <p>2. Proportion of countries with a national IPC committee established and functioning.</p>	<p>WHO IPC global portal¹.</p>	<p>IPCAT² – 1.1.8: an official multidisciplinary group/committee or equivalent structure is established to support the IPC team at the national level (for example, national IPC committee).</p>

⁷ United Nations-Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS) – 2021/2022 cycle. Geneva: World Health Organization; 2022 (<https://www.who.int/teams/environment-climate-change-and-health/water-sanitation-and-health/monitoring-and-evidence/wash-systems-monitoring/un-water-global-analysis-and-assessment-of-sanitation-and-drinking-water/2021-2022-cycle>, accessed 24 October 2023).

<p>Key action #7 Introduce IPC indicators in line with the WHO IPC core components and minimum requirements in the national quality assurance systems for health care facilities (such as licensing and accreditation systems or similar), if existing.</p>	<p>National IPC focal points working with government and health care leaders and accreditation and health regulatory bodies.</p>	<p>1. IPC requirements included as indicators in national licensing and accreditation (or similar) systems for health care facilities, if existing (2028).</p>	<p>WHO IPC global portal¹.</p>	<p>IPCAT² – 6.1.2: IPC indicators integrated within national monitoring systems, for example, health management information systems.</p>
<p>Key action #8 Establish adequate staffing levels including IPC professionals according to local needs and using standardized tools.</p>	<p>Political, government and health care leaders and policy-makers at ministries of health (and other relevant ministries and entities providing health care delivery), ministries of finance, labour, environment, and education; accreditation and health regulatory bodies; and senior managers and</p>	<p>1. Adequate staffing levels met as per IPC core components (CC) requirements (CC1 for IPC professionals and CC7 for health and care workers) (2030).</p>	<p>WHO IPC global portal¹</p>	<p>IPCAT² – 1.1.2 (and IPCAT-MR³ – 1.2): an appointed infection preventionist(s) in charge of the programme can be identified.</p> <p>IPCAT² – 1.1.5 (and IPCAT-MR³ – 1.5): the appointed infection preventionist(s) has dedicated time for the tasks (at least one full-time person).</p> <p>IPCAF⁸ – 1.3: at least one full-time (1:250 beds) IPC professional or equivalent available.</p> <p>IPCAF – 7.1: are appropriate staffing levels assessed in your facility according to patient workload using national standards or a standard staffing needs assessment tool, such as the WHO Workload</p>

⁸ Infection prevention and control assessment framework at the facility level. Geneva: World Health Organization; 2018 (<https://iris.who.int/bitstream/handle/10665/330072/WHO-HIS-SDS-2018.9-eng.pdf>, accessed 24 October 2023).

	administrators responsible for planning and budgets; IPC and other focal points/leaders; unions.			indicators of staffing need (WISN) method? IPCAF – 7.3: is a system in place in your facility to act on the results of the WISN assessments when staffing levels are deemed to be too low?
		2. Proportion of facilities that meet pre-defined national standards for staffing levels.	The global health observatory ⁹ .	Indicators for Sustainable Development Goal (SDG) 3.c: 1. nursing personnel (proportion); 2. nursing and midwifery personnel (proportion); 3. nursing and midwifery personnel (per 10 000 population).
Facility level				
Key action #1 Demonstrate facility senior managers' commitment and support to IPC through sufficient dedicated budget allocation to the IPC programme and team, including implementation of the annual action plan.	Facility senior managers including the director-general, medical and nursing directors; IPC focal points/leaders.	1. Adequate dedicated budget for IPC available, that is, to fund the IPC programme and team and the annual action plan, including equipment for IPC practices.	eSPAR ³ WHO IPC global portal ¹	SPAR ⁴ C9.1: IPC programmes. IPCAF – 1.9: does the senior facility leadership show clear commitment and support for the IPC programme by an allocated budget specifically for the IPC programme (that is, covering IPC activities, including salaries)?

⁹ SDG Target 3.c. Health workforce: substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing states. Geneva: World Health Organization; 2023 (<https://www.who.int/data/gho/data/themes/topics/indicator-groups/indicator-group-details/GHO/sdg-target-3.c-health-workforce>, accessed 24 October 2023).

Strategic direction #2

Key actions	Key players	Indicator(s)	Existing indicator system	Existing indicator(s)
National level				
Key action #1 Establish a national IPC programme and demonstrate evidence of improvement of IPC programmes, including WASH (that is, meet WHO minimum requirements at national and facility level).	Political, government and health care leaders; IPC focal points, leaders at public health and other national institutes, including key stakeholders and donors.	1. All WHO IPC minimum requirements at national level are met.	WHO IPC global portal ¹ .	IPCAT-MR ⁵ – all indicators (national level).
		2. Proportion of health facilities meeting all WHO IPC minimum requirements at facility level.		IPCAF-MR - all indicators (tools for primary ¹⁰ , secondary and tertiary care facilities).
	IPC focal points in WHO regional offices and country offices.	3. Proportion of health care facilities with (1) basic water, (2) sanitation, (3) hygiene, and (4) waste services.	WHO/United Nations Children’s Fund (UNICEF) Joint Monitoring Programme data on service levels (WASH and health care waste).	Basic water is defined as water available from an improved source on premises, but basic sanitation is a more comprehensive definition. Thus, for the purposes of this global action plan, the sanitation target will be met if facilities have toilets, which are improved and useable, with one dedicated for staff and one for patients; if basic hand hygiene is a functional hand hygiene facility (with soap and water and/or alcohol-based handrub) available at points of care and within 5 metres of toilets; if basic health care waste is waste that is safely segregated into at least three bins and

¹⁰ Assessment tool on infection prevention and control minimum requirements for primary health care facilities. Geneva: World Health Organization; 2023 (<https://iris.who.int/handle/10665/367505>, accessed 24 October 2023).

				sharps and infectious waste are treated and disposed of separately.
Key action #2 Ensure the establishment of active IPC programmes (that is, with objectives and an action plan supported by dedicated human resources and financing) at least in tertiary/secondary care facilities, and with an IPC link person in each primary care facility, within broader health services development.	Political, government and health care leaders; IPC and other focal points, leaders at public health and other national institutes; key stakeholders and donors; facility senior managers including the director-general, medical and nursing directors.	1. Proportion of tertiary/secondary care health facilities with an active IPC programme.	eSPAR ³ WHO IPC global portal ¹ .	SPAR ⁴ C9.1: IPC programmes. IPCAF – 1.1-1.4 and 1.8-1.9 :
		2. Proportion of primary care facilities with an IPC link person.	WHO IPC global portal ¹ .	IPCAF-MR – CC1 indicator 1.1 (primary care facilities ¹⁰).
Key action #3 Support the implementation of multimodal improvement strategies (MMIS) to reduce HAIs in health care facilities at all levels, according	Political, government and health care leaders; IPC and other focal points, leaders at public health and other national institutes, professional and scientific organizations, key stakeholders and	1. Proportion of facilities with implemented multimodal implementation strategies to reduce specific HAIs according to local priorities.	WHO IPC global portal ¹ .	IPCAT ² – 5.1.1 (and IPCAT-MR ³ – 5.1): trained national IPC team, competent in implementation science and multimodal behaviour change strategies.
				IPCAT ² – 5.1.2: promotion of multimodal strategies through the inclusion of the approach in the development of IPC guidelines, education and training.
				IPCAT-MR ⁵ – 5.2: the national IPC focal point coordinates/supports local

<p>to local priorities</p>	<p>donors; facility senior managers including the director-general, medical and nursing directors.</p>			<p>implementation of IPC improvement interventions. IPCAT-MR⁵ – 5.3: multimodal strategies are included as the best approach for the implementation of IPC guidelines and IPC education and training programmes.</p>
<p>Key action #4 Develop national IPC guidelines, including policies for an enabling environment for IPC, infrastructure, supplies, and infection prevention among health and care workers at facility level.</p>	<p>Political, government and health care leaders; IPC and other focal points/leaders; educational institutions and professional and scientific organizations, societies, unions; key stakeholders and donors.</p>	<p>1. Evidence-based IPC guidelines and policies available at the national level.</p>	<p>WHO IPC global portal¹.</p>	<p>All indicators in CC2 in IPCAT2² (and IPCAT-MR⁵).</p>
<p>Facility level</p>				
<p>Key action #1 Establish an active IPC programme in tertiary/secondary care facilities (that is, with objectives and annual action plan, supported by dedicated human resources and budget) and ensure</p>	<p>Local political, government and health care leaders; facility senior managers including the director-general, medical and nursing directors; local IPC leaders and teams;</p>	<p>1. Active IPC programme established (that is, with objectives and annual action plan supported by dedicated human resources and adequate funding) (2026).</p>	<p>eSPAR³. WHO IPC global portal¹.</p>	<p>SPAR C9.1: IPC programmes. IPCAF-MR: all indicators in CC1 (tools for secondary/tertiary care facilities). IPCAF – 1.1-1.4 + 1.8-1.9:</p>

that there is an IPC link person in each primary care facility, within broader health services development.	key stakeholders and donors.			
Key action #2 Make, fund and implement IPC improvement plans in order to achieve the WHO minimum requirements for IPC according to the facility level, including an appropriate facility infrastructure.	Local political, government and health care leaders; facility senior managers including the director-general, medical and nursing directors; local IPC leaders and teams; key stakeholders and donors.	1. WHO IPC minimum requirements in the health care facility are met according to the facility level.	WHO IPC global portal ¹ .	IPCAF-MR: all indicators (tools for primary ¹⁰ , secondary and tertiary care facilities).
		2. Percentage of WHO IPC minimum requirements met in the health care facility, according to the facility level.		

Strategic direction #3

Key actions	Key players	Indicator(s)	Existing indicator system	Existing indicator(s)
National level				
Key action #1 Ensure inclusion of IPC principles, standards and indicators within strategies and	IPC team and focal points in other programmes at the ministry of health and WHO country office.	1. Desk review and situational analysis of IPC integration within other programmes completed (2028).	WHO IPC Global portal ¹	IPCAT2 ² : all indicators in section 1.3, that is, clear linkages (including routine communications) between IPC and other programmes and professional organizations.

<p>documents of other complementary national programmes¹¹.</p>		<p>2. Key existing IPC principles, standards and indicators identified and appropriately included and cross-referenced within other national complementary programmes (2030).</p>		<p>IPCAT2² – 6.1.2: IPC indicators integrated within national monitoring systems, for example, health management information system.</p>
<p>Key action #2 Ensure that the IPC programme is aligned with and contributes to other complementary national programme strategies and documents.</p>	<p>IPC team and focal points in other programmes at the ministry of health and WHO country office.</p>	<p>1. Desk review and situational analysis of integration of other complementary programmes within the IPC programme. completed (2028).</p> <p>2. Key existing policies, principles, standards and indicators from other complementary programmes identified and appropriately included and cross-</p>	<p>WHO IPC global portal¹.</p>	<p>IPCAT2²: all indicators in section 1.3, that is, clear linkages (including routine communications) between IPC and other programmes and professional organizations.</p>

¹¹ Programmes/areas of work complementary to IPC programmes, such as 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) and others.

		referenced within IPC documents and programmes (2030).		
Key action #3 Ensure that IPC clinical practices and appropriate antimicrobial prescribing (that is, antimicrobial stewardship) become embedded in policies related to patient care pathways/ programmes at the national, sub-national and facility levels for tertiary, secondary and primary health care.	Health care leaders; IPC and other focal points/leaders; senior managers at the sub-national and facility level.	1. Clinical packages (for example, policies, standard operating protocols) available, which integrate IPC and appropriate antimicrobial prescribing within clinical care (for example, surgery, maternal and neonatal care, etc.) (2028).		<i>No current existing indicators or systems.</i>
Key action #4 Ensure inclusion of IPC principles, strategies and standards in AMR	Political, government and health care leaders; AMR and IPC focal points/leaders (ministry of health;	1. AMR policies, national action plans and implementation projects including IPC available (2026).	TrACSS ¹² .	Component 3.5: IPC in human health.

¹² Global database for Tracking Antimicrobial Resistance Country Self- Assessment Survey (TrACSS) (<https://amrcountryprogress.org/#/map-view>, accessed 30 October 2023).

<p>policies, national action plans and implementation projects.</p>	<p>national IPC committee; leaders at public health and other national institutes); key stakeholders and donors.</p>	<p>2. Modified SDG 3.d.2 indicator in inpatients: proportion of bloodstream infections due to methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), <i>Acinetobacter</i> spp, <i>Klebsiella</i> spp, and <i>Pseudomonas</i> spp resistant to carbapenems.</p>	<p>Elements of the modified SDG 3.d.2 indicator can be collected through GLASS¹³.</p>	
<p>Key action #5 Ensure IPC is included as a component of the national preparedness, readiness, and response plan within the context of public health emergencies.</p>	<p>Political and government and health care leaders; IPC and public health emergencies focal points/leaders (ministry of health; national IPC committee; leaders at public health and other national institutes); key stakeholders and donors.</p>	<p>1. IPC section including budget, personnel, and supplies included in the national preparedness, readiness, and response plan.</p>	<p>WHO IPC global portal¹.</p>	<p>IPCAT2² – 1.3.2: Priority public health programmes including integration of IPC with IHR and preparedness relating to public health emergencies.</p>
<p>Key action #6</p>	<p>Political and government and</p>	<p>1. Costed road maps (that is, national</p>	<p>WASH country progress tracker⁷.</p>	<p>National coordination and roadmaps.</p>

¹³ Global Antimicrobial Resistance and Use Surveillance System (GLASS). Geneva: World Health Organization; 2015 (<https://www.who.int/initiatives/glass>, accessed 24 October 2023).

Develop and cost national plans for WASH in health care facilities.	health care leaders; WASH and IPC focal points/leaders (ministry of health; national IPC committee; leaders at public health and other national institutes); key stakeholders and donors.	plans) available for WASH in health care facilities, which include IPC elements.		
		2. Standards available for WASH, cleaning and health care waste in health care facilities.	Country tracker. eSPAR ³ .	Standards for WASH and health care waste. SPAR ⁴ C9.3: built environment.
Key action #7 Ensure IPC is included as a component of national occupational health and safety programmes for health workers, including plans for prevention, reporting and follow-up of occupational infections.	Political and government and health care leaders; occupational health and safety and IPC focal points/leaders (ministry of health; national IPC committee; leaders at public health and other national institutes); ; and professional and scientific organizations, societies, unions.	1. National plans available for the prevention, reporting and follow-up of occupational infections, including a policy for health and care workers vaccination.	The global health observatory ¹⁴ .	Existence of national policy instruments for occupational health and safety for health and care workers.
		2. Proportion of countries having a national policy for occupational health and safety for health and workers (indicator for global reporting).		

¹⁴ Existence of national policy instruments for occupational health and safety for health workers. Geneva: World Health Organization; 2023 (<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/existence-of-national-policy-instruments-for-occupational-health-and-safety-for-health-workers>, accessed 24 October 2023).

		3. Proportion of countries with a vaccination programme for health and care workers (indicator for global reporting).		
Key action #8 Integrate IPC supplies in the national lists of essential medicines and priority medical devices and identify those essential for emergencies	Political and government and health care leaders; IPC and other focal points/leaders (ministry of health; national IPC committee; leaders at public health and other national institutes).	1. Agreed list of essential IPC supplies available (that is, alcohol-based handrub products, personal protective equipment, disinfectants, etc.) (2026).	The global health observatory ¹⁵ . WHO IPC global portal ¹ .	SDG 3.b.3: proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis. IPCAT2 ² – 1.2.7: assurance of national procurement of adequate supplies for IPC practices, including access to essential infrastructures, materials and equipment necessary for safe IPC practice.
		2. Assessment completed of which IPC supplies are included in the national lists of essential medicines and priority medical devices (2028).		
		3. Agreed list of essential IPC supplies included in lists of essential medicines and		

¹⁵ Indicator 3.b.3: Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis. Geneva: World Health Organization; 2023 (<https://www.who.int/data/gho/indicator-metadata-registry/imr-details/5559>, accessed 24 October 2023).

		priority medical devices (2030).		
Facility level				
Key action #1 Establish an IPC committee ensuring strong representation of and collaborative activities with other complementary programmes (for tertiary/secondary care facilities).	Focal points/leaders for IPC and other complementary programmes; senior managers at the sub-national and facility level, including the director-general, medical and nursing directors and local IPC leads.	1. IPC committee established with representation of and collaborative activities with other complementary programmes (2026).	WHO IPC global portal ¹ .	IPCAF – 1.6: do you have an IPC committee ⁵ actively supporting the IPC team? IPCAF – 1.7: are any of the following professional groups represented/included in the IPC committee?
Key action #2 Ensure both IPC clinical practices and appropriate antimicrobial prescribing are embedded in all patient care pathways/wards.	Local IPC and clinical care focal points/leaders; senior managers at the sub-national and facility level, including the director-general, medical and nursing directors	1. Standard operating protocols available integrating IPC and appropriate antimicrobial prescribing within clinical care (for example, surgery, maternal and neonatal care, etc.) (2028).	<i>No current existing indicators or systems.</i>	
		2. Demonstrate increased compliance with IPC		

		practices in specific wards and among specialized professionals (for example, injection safety, hand hygiene, waste management and others in surgical wards, operating room and critical care units) (2030).	
		3. Demonstrate increased compliance with appropriate antimicrobial prescribing (for example, at least one annual audit).	

Strategic direction #4

Key actions	Key players	Indicator(s)	Existing indicator system	Existing indicator(s)
National level				
Key action #1 Develop a national curriculum for IPC professionals aligned	IPC and other focal points/leaders; educational institutions and	1. Curriculum for IPC professionals developed <u>or</u> an	IPCAT2 ² – 3.2.1- 3.2.3: titles?	

<p>with the WHO IPC core competencies or endorse an international curriculum.</p>	<p>professional and scientific organizations, societies, unions.</p>	<p>international curriculum endorsed and in use (2028).</p>	
		<p>2. Proportion of countries with a curriculum for IPC professionals developed and in use (indicator for global target).</p>	
<p>Key action #2 Establish a national postgraduate¹⁶ IPC certificate¹⁷ programme (including training courses on emergency preparedness on specific situations) for IPC professionals that are aligned with existing international standards, or require existing certificates.</p>	<p>Political and government and health care leaders; IPC and other focal points/leaders; educational institutions and professional and scientific organizations, societies, unions.</p>	<p>1. Postgraduate IPC certification programme established <u>or</u> requirement for an existing certificate (2030).</p>	<p><i>No current existing indicators or systems.</i></p>
		<p>2. Proportion of countries with an IPC certificate</p>	

¹⁶ Postgraduate: a type of qualification that is completed after a relevant undergraduate degree or diploma. Postgraduate degrees encompass a range of qualifications, including master’s degrees, postgraduate diplomas and certificates, and PhDs.

¹⁷ A certificate is awarded following the completion of a course or series of courses that provides education and training around an intended learning outcome.

		programme or equivalent or requiring existing certificates (indicator for global target).		
Key action #3 Develop (or adopt an international one) and establish a national IPC curriculum for pre-graduate¹⁸ training and education for all relevant health care disciplines (for example, medical, nursing and midwifery schools), endorsed by the appropriate national or International body, and integrate it within health educational curricula, with embedded evaluation mechanisms.	Political and government and health care leaders; IPC and other focal points/leaders; educational institutions and professional and scientific organizations, societies, unions	1. IPC pre-graduate curriculum for all relevant health care disciplines developed and endorsed by the appropriate national or international body ensuring that quality and standards are met (national/International) (2028).	WHO IPC global portal ¹ .	IPCAT2 ² – 3.2.1: national IPC curricula, developed (or under development) in collaboration with local academic institutions are available for pre-graduate courses. IPCAT-MR CC3.1-3.4; 5.1; 6.4: titles?
		2. IPC pre-graduate curriculum integrated within health educational curricula, with embedded evaluation mechanisms (2030).	<i>No current existing indicators or systems.</i>	
Key action #4 Develop a national in-service¹⁹ IPC	Political and government and health care leaders;	1. National in-service IPC curriculum	WHO IPC global portal ¹ .	IPCAT2 ² – 3.2.4; 3.2.5: titles?

¹⁸ Pre-graduate: a person taking an academic course (for example, diploma or degree programme), but who has not yet graduated.

¹⁹ In-service: training that is given to employees during the course of employment, carried out by an institution or agency. It includes orientation programmes.

curriculum for all frontline clinical, cleaning and management staff (or adopt an international one) and create a national (or sub-national) training programme to support in-service IPC training.	IPC and other focal points/leaders; educational institutions and professional and scientific organizations, societies, unions.	developed (2026).		IPCAT-MR ⁵ – CC3.1-3.4; 6.4: titles?
		2. National (or sub-national) IPC training programme to support in-service training created (2028), rolled-out and regularly updated (2030).		
		3. Proportion of countries with a national IPC in-service curriculum (indicator for global target).		
Key action #5 Mandate that all health and care workers, in particular frontline clinical, cleaning, and management staff, receive education and training in IPC standard operating protocols upon employment and	Political and government and health care leaders; IPC and other focal points/leaders; key stakeholders and partners ; senior managers including medical and nursing directors.	1. Legal mechanism or well-defined strategies established to mandate IPC in-service training (2028).	<i>No current existing indicators or systems.</i>	
		2. Proportion of facilities providing and/or requiring		

regularly (for example, annually).		mandatory training for all frontline clinical, and cleaning staff upon employment and annually, as well as for managers upon employment.		IPCAF-MR (tools for primary ¹⁰ , secondary and tertiary care facilities) – indicators 3.1-2.
		3. Proportion of facilities achieving all WHO minimum requirements for IPC training and education according to the facility level (IPCAF-MR).	WHO IPC global portal ¹ .	IPCAF-MR (tools for primary ¹⁰ , secondary and tertiary care facilities) – all CC3 indicators.
		4. Proportion of countries with a national (or sub-national) IPC training programme (indicator for global target).	<i>No current existing indicators or systems.</i>	
Key action #6 Create a career pathway for IPC professionals.	Political and government and health care leaders; policy and decision makers in the ministries of health and education, educational	1. Framework available that outlines the steps that create a career pathway for IPC professionals (2028).	<i>No current existing indicators or systems.</i>	

	institutions and organizations; IPC focal points and leaders; professional and scientific organizations and societies.	2. Specific positions for IPC professionals/focal points created in the national health care system.		
		3. Proportion of hospitals with at least one full-time IPC professional per 250 beds.	WHO IPC global portal ¹ .	IPCAF – 1.3: does the IPC team have at least one full-time IPC professional or equivalent (nurse or doctor working 100% in IPC) available per ≤250 beds? IPCAF-MR – 1.1 (tool for secondary care facilities); 1.2 (tool for tertiary care facilities).
Facility level				
Key action #1 Make implementation plans and provide resources (human and financial) to achieve all WHO minimum requirements for IPC training and education and to progressively achieve all requirements of CC 3 .	Local political and government and health care leaders; IPC and other focal points/leaders; educational institutions and professional and scientific organizations, societies, unions; senior managers including the director-general, medical and nursing directors.	1. All WHO minimum requirements for IPC training and education met, according to the facility level, (2030).	WHO IPC global portal ¹ .	IPCAF-MR: all indicators in CC3 (tools for primary ¹⁰ , secondary and tertiary care facilities).

Strategic direction #5

Key actions	Key players	Indicator(s)	Existing indicator system	Existing indicator(s)
National level				
Key action #1 Establish/strengthen the national IPC monitoring system and ensure that health care facilities participate in the national IPC monitoring networks.	Political, government and health care leaders; IPC and other focal points/leaders (ministry of health; national IPC committee; leaders at public health and other national institutes); educational institutions and professional and scientific organizations, societies	1. National strategic plan for IPC monitoring in place, including an integrated IPC monitoring system for the collection, analysis and feedback of data.	WHO IPC global portal ¹ .	IPCAT2 ² – 6.1.1 + 6.1.2 + 6.1.6 + 6.3.6: titles?
			eSPAR ³ .	IPCAT-MR ⁵ – 6.2 + 6.5: titles
				SPAR ⁴ C.9.2: HAI surveillance.
		2. Proportion of tertiary/secondary care facilities having an IPC monitoring system for collection, analysis and feedback of data	WHO IPC global portal ¹ .	IPCAF-MR (tools for secondary/tertiary care facilities) – 6.2-6.4.
		3. Proportion of countries with a national IPC monitoring system		

		(indicator for global reporting).		
<p>Key action #2 Establish/strengthen a national HAI and related AMR surveillance system, including for early warning to detect epidemics and pandemic-prone pathogens, and for monitoring antimicrobial consumption, and ensure that tertiary/secondary health care facilities (at least referral centres) participate in the national or international HAI and AMR surveillance networks (for example, GLASS, European AMR Surveillance Network, HAINet).</p>	<p>Political and government and health care leaders; IPC and other focal points/leaders (ministry of health; national IPC committee; leaders at public health and other national institutes); educational institutions and scientific societies</p>	<p>1. National strategic plan for HAI and related AMR surveillance (with a focus on priority infections based on the local context) developed by a multidisciplinary technical group (2026).</p>	<p>WHO IPC global portal¹. eSPAR³.</p>	<p>IPCAT2² – all indicators in CC4. IPCAT-MR⁵ – all indicators in CC4. IPCAF-MR (tools for secondary/tertiary care facilities) – all indicators in CC4. SPAR C9.2: HAI surveillance</p>
		<p>2. National/sub-national HAI and related AMR surveillance system (including for early warning to detect epidemic- and pandemic-prone pathogens causing HAIs),</p>		

		<p>established and supported (including financially) by government and national/sub-national authorities (2028).</p>		
		<p>3. Proportion of tertiary/secondary health care facilities participating in the national/sub-national or international HAI and related AMR surveillance network.</p>		
		<p>4. Proportion of tertiary/secondary health care facilities having an HAI and related AMR surveillance system, including for</p>		

		early warning to detect outbreaks, epidemics and pandemic-prone pathogens.		
Key action #3 Establish/strengthen a system for monitoring hand hygiene in health care as a key national indicator.	Political, government and health care leaders; IPC and other focal points/leaders (ministry of health; national IPC committee; leaders at public health and other national institutes); professional and scientific societies.	1. Hand hygiene compliance monitoring and feedback established as a key national indicator, at the very least for reference hospitals (2026).	WHO IPC global portal ¹ .	IPCAT2 ² – 6.2.1 (IPCAT-MR ⁵ 6.5) + 6.3.3. IPCAF ⁸ – 6.5. IPCAF-MR (tools for secondary/tertiary care facilities) – 6.3. HHSAF ²⁰ (all indicators for evaluating a hand hygiene programme). WHO hand hygiene observation form ²¹ and data analysis tool.
		2. National programme for improving hand hygiene compliance in place (2026).		
		3. National hand hygiene monitoring		

²⁰ Hand Hygiene Self-Assessment Framework (HHSAF). Geneva: World Health Organization; 2010 ([https://cdn.who.int/media/docs/default-source/integrated-health-services-\(ihs\)/hand-hygiene/monitoring/hhsa-framework-october-2010.pdf](https://cdn.who.int/media/docs/default-source/integrated-health-services-(ihs)/hand-hygiene/monitoring/hhsa-framework-october-2010.pdf), accessed 24 October 2023).

²¹ Hand hygiene. Geneva: World Health Organization; 2023 (<https://www.who.int/teams/integrated-health-services/infection-prevention-control/hand-hygiene/monitoring-tools>, accessed 26 October 2023).

		<p>system (compliance or product consumption) established and implemented (2028).</p>	
		<p>4. Proportion of health care facilities at all levels monitoring hand hygiene and providing data through the national system.</p>	
<p>Key action #4 Integrate IPC and HAI indicators and data in national health information and accreditation systems and/or other relevant quality improvement activity</p>	<p>Political, government and health care leaders; accreditation bodies and/or other relevant quality improvement bodies; IPC and other focal points/leaders (ministry of health; national IPC committee; leaders at public health and other national institutes).</p>	<p>1. IPC and HAI data included as key criteria into national health care accreditation systems and/or other relevant quality improvement activity (2028).</p>	<p><i>No current existing indicators or systems.</i></p>
		<p>2. IPC and HAI data included into health management</p>	

		information systems (2028).		
Key action #5 Ensure training and expertise in data collection, analysis interpretation and reporting to maximize data accuracy and quality.	Political, government and health care leaders; IPC and other focal points/leaders (ministry of health; national IPC committee; leaders at public health and other national institutes); educational institutions and scientific societies.	1. Training programme established for IPC/HAI/antimicrobial consumption data collection, analysis interpretation and reporting (2026).	<i>No current existing indicators or systems.</i>	
		2. National training courses regularly organized (2028).		
Key action #6 Support health care facility activities related to IPC/HAI/antimicrobial consumption data analysis, reporting/feedback and interpretation to facilitate the development and update of local improvement plans.	Political, government and health care leaders; IPC, AMR and antimicrobial stewardship focal points/leaders (ministry of health; national IPC committee; leaders at public health and other national institutes); professional and scientific societies.	1. Regular reports of IPC/HAI/antimicrobial consumption data produced and shared with health and care workers and administrators (2026)	WHO IPC global portal ¹ .	IPCAT2 ² – all indicators in CC6, section 6.3 (includes IPCAT-MR ⁵ 6.2).
		2. Local action plans regularly developed/updated in the light of		IPCAF ⁸ – 6.5-6.7: titles?

		reported data (2028).		
Facility level				
Key action #1 Make implementation plans and provide resources (human and financial) to achieve all WHO minimum requirements for HAI surveillance according to the facility level, and to progressively achieve all requirements of CC4.	Local political, government and health care leaders; IPC and infectious diseases surveillance focal points/leaders; senior managers including the director-general, medical and nursing directors.	1. Percentage of WHO minimum requirements for HAI surveillance met (only tertiary and secondary care facilities).	WHO IPC global portal ¹ .	IPCAF-MR (tools for secondary/ tertiary care facilities): all indicators in CC4. IPCAF – indicators 4.1-15.
Key action #2 Make implementation plans and provide resources (human and financial) to achieve all WHO minimum requirements for IPC monitoring and feedback according to the facility level, and to progressively achieve all requirements of CC6.	Political, government and health care leaders; IPC and health information systems focal points/leaders; senior managers including the director- general, medical and nursing directors.	1. Percentage of WHO minimum requirements for IPC monitoring and feedback met.		IPCAF – indicators 6.1-8.

Strategic direction #6

Key actions	Key players	Indicator(s)	Existing indicator system	Existing indicator(s)
National level				
Key action #1 Develop and implement a national IPC advocacy and communications strategy and implementation plan (as a stand-alone or a part of wider strategies, for example, on AMR, patient safety or WASH), aligned for consistency with the WHO global strategy and including engaging local champions and the community.	Media and communication professionals and bodies; IPC and other focal points/leaders and teams; civil society, patient and family advocacy groups.	1. National advocacy strategy and implementation plan, including the identification of local experts/champions, developed and implemented (2026).	<i>No current existing indicators or systems.</i>	
Key action #2 Establish an advocacy and risk communication and community engagement training programme for IPC professionals and champions.	Government and health care leaders and decision-makers; IPC and other focal points/leaders; media and communication professionals and bodies; educational	1. National IPC advocacy and communications training programme established (2028).	<i>No current existing indicators or systems.</i>	

	institutions and professional and scientific organizations, societies; civil society, patient and family advocacy groups.			
Key action #3 Organize national communication campaigns on IPC priority topics and participate in the WHO World Hand Hygiene Day (WHHD).	Government and health care leaders and decision makers; IPC and other focal points/leaders; media and communication professionals and bodies; educational institutions and professional and scientific organizations, societies; civil society, patient and family advocacy groups.	1. National campaigns on IPC priority topics organized annually.	<i>No current existing indicators or systems.</i>	
		2. National initiative to participate in the WHHD organized annually.		
	3. Proportion of facilities participating in the WHO WHHD.	<i>WHO SAVE LIVES – Clean your hands</i> campaign registration system ²² .	Proportion of facilities participating in the WHO WHHD.	
Facility level				

²² *SAVE LIVES – Clean your hands* registration update. Geneva: World Health Organization; 2023 (<https://www.who.int/campaigns/world-hand-hygiene-day/registration-update>, accessed 26 October 2023).

<p>Key action #1 Organize events/communications and campaigns on IPC priority topics (for example, hand hygiene, AMR, WASH).</p>	<p>Senior managers, including the director- general, medical and nursing directors; local IPC and other leaders and teams; communication professionals and teams.</p>	<p>1. At least one event/communications per year organized.</p>	<p><i>No current existing indicators or systems.</i></p>
<p>Key action #2 Participate in the WHO WHHD.</p>	<p>Senior managers, including the director- general, medical and nursing directors; local IPC focal points and other leaders and teams; communication professionals and teams.</p>	<p>1. Activities organized for WHHD every year.</p>	<p><i>No current existing indicators or systems.</i></p>

Strategic direction #7

Key actions	Key players	Indicator(s)	Existing indicator system	Existing indicator(s)
National level				
Key action #1 Develop a country-specific national IPC research agenda and priorities (as a stand-alone or as a part of wider strategies, for example, on AMR, patient safety or WASH), adapted from the global research agenda and including a multisectoral and multidisciplinary approach.	Research for health, IPC and other focal points/leaders and teams; professional and scientific organizations and societies; key partners and donors.	1. National IPC research agenda and priorities developed (2028).	<i>No current existing indicators or systems.</i>	
Key action #2 Prioritize, fund and implement research projects on IPC in selected facilities, according to the local priorities.	Research for health, IPC and other focal points/leaders; ministry of health and of research and university; research institutions; professional and scientific organizations	1. Biennial number of scientific publications/ publicly available reports of research results on priority IPC topics.		

	and societies; key partners and donors.		
Facility level			
Key action #1 Seek research funds for projects on IPC, according to the facility priorities.	Local IPC and other focal points/leaders and teams; medical and nursing directors.	1. Grant proposals for IPC research projects submitted.	<i>No current existing indicators or systems.</i>
Key action #2 Implement research projects on IPC and report on the results	Local IPC and other focal points/leaders and teams		

Strategic direction #8

Key actions	Key players	Indicator(s)	Existing indicator system	Existing indicator(s)
National level				
Key action #1 Map national partners, professional societies civil society organizations, patient advocacy and community groups, and international organizations relevant for IPC, using a multisectoral and multidisciplinary approach.	Health care leaders; IPC and other focal points/leaders and teams; professional and scientific organizations, societies, unions; key stakeholders and donors.	1. National mapping exercise performed and available (2026) and mechanisms in place for regular updates.	<i>No current existing indicators or systems.</i>	
	WHO country office leaders.	1. National collaborating agenda on IPC developed (2028).		
		2. Regular updates of profiles of IPC national stakeholders (organizations/societies/partners/donors/ etc.) (2030).		
Key action #2 Encourage and implement multi-stakeholder activities/initiatives, according to country needs and including data	Health care leaders; IPC and other focal points/leaders and teams; professional and scientific organizations, societies, unions; key stakeholders and donors.	1. Proportion of countries with a multisectoral taskforce that includes a strong focus on IPC/WASH in health care facilities.	<i>No current existing indicators or systems.</i>	

<p>sharing on IPC, HAIs, AMR and WASH.</p>	<p>WHO country office leaders.</p>	<p>2. Number of joint IPC activities with national IPC stakeholders in line with the national plan, local needs and context (2030).</p>	
<p>Facility level</p>			
<p>Key action #1 Seek collaborations, networking and partnerships with other health care facilities and national IPC societies (if present) to support IPC implementation.</p>	<p>Local IPC and other leaders and teams; facility senior managers; local educational institutions and professional and scientific organizations and societies, unions; key stakeholders and donors.</p>	<p>1. Proportion of collaborative or multidisciplinary projects, networking events or partnerships established.</p>	<p><i>No current existing indicators or systems.</i></p>