



2021 WHO Global Survey on Minimum Requirements for Infection Prevention and Control (IPC) Programmes at the National Level

What is this survey: a WHO global survey of the status of IPC programme implementation at national level with respect to the WHO IPC minimum requirements using an assessment tool derived from the WHO Infection Prevention and Control Assessment Tool (IPCAT-2), accessible on-line via a new WHO IPC Portal.

What are the objectives of this survey:

- 1) To offer countries the opportunity to assess the current situation regarding the implementation of the minimum requirements for IPC programmes at the national level and track progress compared with previous assessments¹, if any.
- 2) To provide a global snapshot of the implementation of the minimum requirements for IPC programmes at the national level and compare with other assessments.

Timeline: this survey will be open for three months from 28 July to 15 October 2021

How the survey works:

The IPCAT-MR is a structured, closed-formatted, validated questionnaire with an associated scoring system. It is primarily intended to be self-administered but it can also be used for joint assessments, through careful discussions with involved stakeholders including WHO HQ, regional or country offices. This tool is structured according to the recommendations in the WHO Minimum requirements for IPC programmes.¹ It is divided into six sections reflecting the six WHO IPC core components (<https://www.who.int/infection-prevention/publications/ipc-components-guidelines/en/>) and minimum requirements at the national level (<https://www.who.int/teams/integrated-health-services/infection-prevention-control/core-components>)², covering a total of 25 indicators. Users should get familiar with these documents before completing the tool. A WHO Global IPC Portal (<https://ipcportal.who.int/>) will be available for data submission.

Before being directed to the IPCAT-MR survey, participants will be asked to complete a set of basic socio-demographic data (e.g. age, sex, title, position, years of experience in the position/ years of experience in IPC, training in IPC, country and affiliation). The IPCAT-MR tool is available in English, Arabic, French, Spanish, Russian and Chinese. The survey will take no more than 45 minutes to be completed.

Who should complete the tool:

The focal person (i.e. individual with adequate IPC expertise) responsible for organizing and implementing an IPC programme at the national level should be appointed to lead the completion of the tool in discussion with the national IPC team/committee. A collective and honest discussion to decide the answers to select is the best way to take full advantage from this exercise in the spirit of improvement. If there is no team/ focal point responsible for IPC or there is not yet an IPC programme established, the tool should be completed and used by other professionals designated to quality improvement, patient safety or AMR. However, before completing the survey, it is critical that the national IPC team be informed of the survey objectives, as an opportunity to conduct an assessment and develop an improvement plan, while avoiding a culture of blame with regards to IPC and patient safety gaps that may be identified.

¹ Assessment of key indicators used in the WHO 2018 global survey on national IPC programmes and/or in the IPCAT-2 tool.

Survey enrollment:

National focal points for IPC in Ministries of Health or other governmental organizations of all 194 WHO member states will be invited to participate. Each country will complete and submit the survey only once. Participation will be voluntary. A list of IPC National Focal Points contact information has been compiled through previously established contacts of the IPC teams at WHO headquarters (HQ) and Regional Offices. IPC National Focal Points will be contacted by WHO HQ or regional and country offices, as appropriate. An email invitation including the scope and objectives of the study and a link to the [WHO Global IPC portal](#) will be sent to all purposely identified IPC National Focal Points.

Benefits for participating:

There are no direct personal benefits of participation in this survey. However, participants will contribute to helping their country understand the national situation regarding IPC using a validated and standardized tool. Monitoring the status of IPC programmes is part of the commitments that member states made through WHA resolutions on health emergencies, antimicrobial resistance, WASH and patient safety. Completing the tool online in the WHO IPC Portal will immediately generate a downloadable report of a situation analysis of your national IPC programme according to WHO standards, with guidance in areas where there is room for improvement. We hope that after completing the survey, this report will be useful to users in improving their IPC programme. The information submitted through the Portal will also be used by WHO to assess the global situation regarding the implementation of the minimum requirements for IPC programmes at the national level and to inform WHO country support for IPC. The final survey report will be shared directly with participants and will also lead to a scientific publication in which the participation of your country can be acknowledged if you choose.

Data use and confidentiality:

All data submitted via the WHO Global IPC portal will be confidential. Each country will be able to create their own protected account for data submission. Some basic demographic information about the person submitting the data in the online system will be requested for security reasons and to facilitate data cleaning and quality checks (e.g. age, sex, title, position, years of experience in the position/ years of experience in IPC, training in IPC, country and affiliation). Country responses will be anonymised by removing any personal information and will be analysed alongside other responses from other countries to produce aggregate results. Data will be stored at WHO; thus, it will not be used to assess an individual country's performance and will not be used to inform any regulatory or punitive measures. Access to the data will be restricted to a trained research team of which all members have signed a confidentiality agreement. The data will be confidentially shared with the national authority. The protocol of this global survey was reviewed by the WHO Headquarters Ethics Review Committee and approved with exemption from ethics review, it can be found [here](#).

For further instructions please see Annex 1.

**Your participation will be extremely helpful in global IPC improvement efforts.
Thank you for your willingness to consider participation - We sincerely appreciate it!
If you have any questions or concerns, please contact ipcportal@who.int**



Annex 1. Participant survey background statement

Introduction

The WHO national level assessment tool for the minimum requirements for infection prevention and control (IPC) programmes is a tool to support implementation of the WHO Minimum requirements for IPC programmes² which are derived from the core components for IPC programmes recommended by WHO³. Users should be familiar with the contents of that document, before using this tool.

Purpose of this tool

This tool will assist countries in determining the minimum requirements for each core component that is in place and to identify those that need to be achieved. This tool is mostly based on selected indicators included in the WHO National IPC assessment tool 2 (IPCAT2).⁴

The Interim practical manual supporting implementation of the IPC core components at the national level⁴ outlines five steps for implementing IPC programmes at the national level, to maximize the likelihood of success and overcome some of the process complexity. Step 2 involves conducting a baseline assessment to establish an understanding of the current situation, including strengths and weaknesses, with a view to guiding action planning for improvement. Step 4 (evaluating impact) is concerned with assessing the effectiveness of the action plan. This tool is a valuable instrument to support Steps 2 and 4 of this process.

The manual³, as well as the core components guidelines² and minimum requirements¹ documents, provide definitions and explanations that will help interpretation of the indicators included in this tool.

It is very important to understand that this tool is not intended to be used as an audit tool. Its purpose is to help assess, plan, organize and implement a national IPC programme. The tool provides a general overview of the status of IPC activities according to the recommendations included in the WHO IPC core components guidelines and the WHO Minimum requirements document, rather than focusing on specific IPC practices/risk factors related to individual patients. Most importantly, this tool should be used in a spirit of improvement, in order to identify areas that need to be tackled still and develop targeted plans to have at least the minimum requirements for IPC in place at the national level.

² Minimum requirements for infection prevention and control. Geneva: World Health Organization; 2019 (<https://www.who.int/teams/integrated-health-services/infection-prevention-control/core-components>).

³ 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://www.who.int/infection-prevention/publications/core-components/en/>).

⁴ WHO National infection prevention and control assessment tool 2 (IPCAT2). Geneva: World Health Organization; 2019 (<https://www.who.int/teams/integrated-health-services/infection-prevention-control/core-components>).

⁴ 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://www.who.int/publications/i/item/WHO-HIS-SDS-2017-8>).

Added benefits of the tool

The WHO Global IPC Portal is a resource and tool to help healthcare and other professionals working in the field of IPC, from facility through to national and international level. The tool will link with other existing WHO platforms collecting data about Infection Prevention and Control.

Who should complete and use this tool?

The assessment tool focuses on the national IPC programme and specific minimum requirements according to the WHO core components, to ensure that there is national support and coordination for implementation and adoption of IPC minimum standards. This tool should be completed by the team or focal point responsible for organizing and implementing IPC activities at the national level.

How is it structured?

This tool is structured according to the recommendations in the WHO Minimum requirements for IPC programmes¹ and approximately **one hour** to complete, providing you have all the necessary information needed to answer each question. It is divided into six sections reflecting the six WHO IPC core components and minimum requirements at the national level², covering a total of 25 indicators. These indicators are based on evidence and expert consensus and have been framed as statements. As these are minimum requirements, the total score will be the sum of all 'yes' responses for each core component, weighted for the number of indicators in each component.

Minimum requirements for IPC programmes assessment tool: National level

Core component 1: IPC programmes	
Indicator	Yes/Y or No/N
1. An active ⁵ infection prevention and control (IPC) programme exists at the national level.	
2. An appointed IPC focal point in charge of the programme can be identified.	
3. The appointed IPC focal point(s) have undergone training in IPC in the prevention of health care-associated infections (HAI).	
4. There is an identified, protected and dedicated budget allocated to the IPC programme, according to planned activity.	
5. The appointed IPC focal point(s) have dedicated time for the tasks (at least one full-time equivalent).	

Core component 2: IPC guidelines	
Indicator	Yes/Y or No/N
1. The national IPC programme has a mandate to produce guidelines for preventing and controlling HAI.	
2. The development of guidelines involves the use of evidence-based scientific knowledge and international/national standards.	
3. The guidelines are for national coverage, including all acute health care facilities (both public and private).	
4. The guidelines are reviewed at least once every five years and updated to reflect the current evidence base.	
5. The IPC programme actively addresses guideline adaptation and standardization of effective preventive practices (standard operating procedures) and their implementation to reflect local conditions .	

Core component 3: IPC education and training	
Indicator	Yes/Y or No/N

⁵ "Active" is defined as a functioning programme with annual work plans and budget.

1. The national IPC programme provides guidance and recommendations for in-service IPC training at the facility level (for example, frequency, expertise required, requirements for new employee orientation, monitoring and evaluation approaches).	
2. The national IPC programme provides content and support for IPC training of health workers at the facility level.	
3. A national IPC curriculum for in-service training of health care workers has been developed in alignment with the national IPC guidelines, approved and endorsed by an appropriate national body. ⁶	
4. A national system and schedule of monitoring and evaluation is in place to check on the effectiveness ⁷ of training and education, at least annually.	

Core component 4: HAI surveillance

Indicator	Yes/Y or No/N
1. A multidisciplinary technical group for HAI surveillance is established at the national level by the national IPC focal point.	
2. A national strategic plan for HAI surveillance (with a focus on priority infections based on the local context) is developed by the multidisciplinary technical group.	
3. The national IPC focal point/team is trained in HAI surveillance concepts and methods.	

Core component 5: Multimodal strategies for implementation of IPC interventions

Indicators	Yes/Y or No/N
1. There is a trained national IPC focal point with knowledge of implementation science and multimodal improvement strategies and their application to IPC.**	
2. The national IPC focal point coordinates/supports local implementation of IPC improvement interventions.	
3. Multimodal strategies are included as the best approach for implementation in IPC guidelines, and IPC education and training programmes.	

** Using multimodal strategies means that multiple measures, all essential and complementary, must be put in place as part of IPC interventions to achieve behavioural change and outcome improvements. Measures/elements commonly included in multimodal strategies are: 1. System change; 2. Training and education; 3. Monitoring and feedback; 4. Communications/reminders; 5. Safety climate/culture change.

Core component 6: Monitoring/audit of IPC practices and feedback

Indicator	Yes/Y, No/N
1. A multidisciplinary technical group for IPC monitoring is established at the national level.	
2. A strategic plan for IPC monitoring is in place, including an integrated system for collection, analysis and feedback of data.	
3. A minimal set of core indicators for health care facilities in the country is defined.	
4. A mechanism to train national and local auditors is in place.	
5. Hand hygiene compliance monitoring and feedback is identified as a key national indicator, at the very least for reference hospitals.	

⁶ “Appropriate national body” would depend on the local situation. For example, this could be a department dedicated to training and education within the Ministry of Health, or a department dedicated to training for health within the Ministry of Education, or a national professional society mandated by the Ministry of Health to develop such a curriculum.

⁷ For example, through pre- and post-tests of training participants or monitoring compliance with key best practices taught during training.

Adding up total score		
Core component	Total 'yes' responses	Maximum score (%)
1. IPC programmes		= (Total "Yes") * 20
2. IPC guidelines		= (Total "Yes") * 20
3. IPC education and training		= (Total "Yes") * 25
4. HAI surveillance		= (Total "Yes") * 33 (+1)
5. Multimodal strategies		= (Total "Yes") * 33 (+1)
6. Monitoring/audit of IPC practices and feedback		= (Total "Yes") * 20
Final total score		= (Total "Yes") * 4