



2026 WHO global update on the status of implementation of the minimum requirements for infection prevention and control (IPC) at the national level

Instructions

What is it about: A WHO global update on the status of the implementation of the minimum requirements for IPC at the national level using the below mentioned validated and proven assessment tool, IPCAT-MR.

What are the main objectives?

- 1) To offer countries the opportunity to assess their current implementation status of the WHO minimum requirements for IPC programmes at the national level through the WHO Datafoms platform and gather their results and guidance to make improvement plans; and
- 2) To gather a baseline situational analysis (or build upon the previous round) of the implementation of the minimum requirements for IPC programmes at the national level to enable tracking of some indicators included in the WHO monitoring framework of the global action plan 2024-2030 on IPC, and compare it with other available assessments, when appropriate.

Timeline: open from 03 June 2026 to 31 July 2026

How it works: The global implementation status update is on the national level, and uses the following structured, closed-formatted questionnaire:

- [Assessment tool of the minimum requirements for IPC programmes at the national level \(IPCAT-MR\)](#), covering a total of 25 indicators
- Additional three questions with regard to the WHO Global Action Plan and Monitoring Framework

This tool is primarily intended to be self-administered, but can also be used for joint assessments through careful discussions with stakeholders, including the WHO HQ, regional or country offices.

The tool is structured according to the recommendations of the WHO minimum requirements for IPC programmes. It is divided into six sections reflecting the WHO IPC core components (<https://www.who.int/publications/i/item/9789241549929>) and minimum requirements at the respective level (<https://www.who.int/publications/i/item/9789241516945>). Users should become familiar with these documents before completing the tools.

The assessment, including the IPCAT-MR in general, is available in all UN languages. The WHO platform Datafoms will be used for electronical data submission via web browser.

After entering the assessment data, participants will be asked to complete a set of basic socio-demographic questions (see Annex 1).

Enrolment: National IPC focal points in ministries of health or other governmental organizations will be contacted through WHO HQ, regional and/or country offices by email invitation, and will be provided with a summary of the project, instructions and a **unique, country-specific link** to the WHO Dataforms platform. See Annex 2 for further instructions to guide through the relevant steps to submission on the WHO Dataforms platform.

Once you have selected an answer to an indicator, your selection is saved. Once you close the web page and you have not submitted the data, all entries will be saved and you can re-use the unique link to re-access the forms and continue the submission.

Please only to submit ONCE per country – for the national level. Please, do not forward this link to other government representatives (i.e. provincial, etc, if federally organized structures). The participation is voluntary.

Who should complete the tool:

The national IPC focal point responsible for organizing and implementing the IPC programme and/or activities at the national level, or their designated alternate, should be in charge to lead the completion of the national assessment, that is the IPCAT-MR including the additional questions (3) with regard to the WHO Global Action Plan and Monitoring Framework, in collaboration with the national IPC team and other stakeholders, as appropriate.

A collective and honest discussion to decide the answers to select is the best way to take full advantage of this exercise in the spirit of improvement. If there is no team/ focal point responsible for IPC, the tool should be completed and used by other professionals designated for quality improvement, patient safety or antimicrobial resistance. Before completing the assessment, it is critical that the national IPC team be informed of the objectives, as an opportunity to conduct an assessment and develop an improvement plan, while avoiding a culture of blame with regard to IPC and patient safety gaps that may be identified.

Only one submission per country by the national IPC focal point, or equivalent, can be counted.

Countries that have already participated in previous survey rounds:

Many countries have participated in a previous round of the global survey on IPC minimum requirements (2021-22 and/or 2023-24). ***If that applies to you, your country's previous responses from the most recent assessment are pre-filled in this new survey form.*** Respondents only need to update the responses where there has been a change in the status. For example, if a country has progressed on an indicator from 'No' to 'Yes', the response should be updated accordingly. If there has been no progress on an indicator, the original response can remain unchanged, and respondents can simply move on to the next question. Some questions might not have been answered in a previous survey round (e.g. in section 7 "Additional questions with regard to the WHO Global Action Plan and Monitoring Framework"; see Annex 3) which are then left blank and require the respondent to select an answer.

For countries that participated in a previous survey round, their ***previous responses are also summarized in a table before the survey forms start.*** This table can be printed and reviewed offline before accessing the electronic forms.

We suggest completing or reviewing the tools in a paper version or on a tablet first and then, entering the data electronically via the WHO Dataforms platform.

Benefits of participating:

There are no direct personal benefits of participation. However, participants will help their country understand the national situation regarding IPC by using a validated and standardized tool. Monitoring the status of IPC programmes is part of the commitments that member states made through the WHA 75.13 on IPC resolutions on health emergencies, antimicrobial resistance, WASH and patient safety. Completing the tool online will immediately generate a downloadable report of the situational assessment of the national IPC programme according to WHO standards. We hope that this report will be useful to users to improve their IPC programme. A final report will be shared with you and will also result in a scientific publication in which your country's participation can be acknowledged, if you choose.

Data use and confidentiality:

Data will be stored by the WHO. All demographic data will be kept strictly confidential, and used to facilitate data cleaning and quality checks (see Annex 1). As part of informing WHO's support to countries WHO will produce country profiles to be shared on the WHO website as well as with the countries themselves: few selected IPC indicators will be added to the already known format of WHO's Patient Safety country profiles, strictly devoid of any personal identifiers. For further analyses country responses will be anonymised by removing personal information and will be analysed alongside other responses from other countries to produce aggregate results. Access to the data will be restricted to a trained research team of which all members have signed a confidentiality agreement. For the general WHO Policy on the use and sharing of data collected by WHO in Member States see Annex 4.

Annex 1 provides an overview of the basic demographic information to be entered before submitting the data.
Annex 2 provides further instructions to guide through the relevant steps to submission on the WHO Global IPC Portal.
Annex 3 provides the additional questions with regard to the WHO Global Action Plan and Monitoring Framework.
Annex 4 provides the WHO Statement of policy on data sharing.

Thank you.

Your participation will be extremely helpful for global IPC improvement efforts.

We sincerely appreciate it!

If you have any questions or concerns, please contact ipcportal@who.int

Annex 1. Basic demographic information to be entered before submitting the data

On the WHO Dataforms platform you will also be asked to provide the following basic demographic information after having entered the assessment data and before proceeding to submitting the assessment tool data:

- Type of governmental body:
 - Ministry of Health
 - National Institute of Public Health
 - Other (please specify)

- Type of department:
 - IPC
 - Quality
 - AMR
 - Other (please specify)

- Your name

- Your city

- Your country

- Your organisation

- Your email

- Are you a national IPC focal point?
 - Yes
 - No
 - N/A

- Your IPC role:
 - I am part of my country's IPC team in the Ministry of Health
 - I am lead of my country's IPC team in the Ministry of Health
 - I am part of my country's IPC team in the National Institute of Public Health
 - I am lead of my country's IPC team in the National Institute of Public Health
 - Other (please specify)

- Your professional title/job title:
 - ID/IPC physician
 - Clinical microbiologist
 - Other physician (please specify)
 - Nurse
 - Pharmacist
 - Other laboratory personnel
 - Epidemiologist
 - Other (please specify)

- How many years have you been working in IPC?

- 0–5
 - 6–10
 - 11 or more
- What level of IPC specific training do you have?
 - None
 - On the job
 - Diploma
 - Undergraduate
 - Postgraduate
 - Do you have experience in completing other tools like the Tripartite AMR Country Self-Assessment Survey (TrACSS; <https://amrcountryprogress.org>) or the Electronic IHR States Parties Self-Assessment Annual Reporting Tool (e-SPAR; <https://extranet.who.int/e-spar>)?
 - Yes, in completing the TrACSS
 - Yes, in completing the e-SPAR
 - Yes, in completing other (please specify)
 - No
 - Have you previously used any of the WHO IPC minimum requirement assessment tools?
 - Yes, the assessment tool of the minimum requirements for IPC programmes at the national level (IPCAT-MR)
 - No, not yet
 - Have you participated in previous global surveys conducted by WHO on IPC?
 - Yes, in the WHO global survey on national IPC programmes in 2017/18
 - Yes, in the WHO global survey on national IPC programmes in 2021/22
 - Yes, in the WHO global survey on national IPC programmes in 2023/24
 - Yes, in the WHO global survey on IPC programmes and hand hygiene in health care facilities in 2019
 - Yes, other (please specify)
 - No, not yet

Annex 2. Navigating on the WHO Dataforms platform - Steps to submission

National IPC focal points in ministries of health or other governmental organizations will be contacted through WHO HQ, regional and/or country offices by email invitation, and will be provided with a summary of the project, instructions and a **unique, country-specific link** to the WHO Dataforms platform.

The survey platform can be accessed only by using the unique link provided to you. Your country name is shown on top of the first page. Please verify.

Before you start the WHO Policy on the use and sharing of data collected by WHO in Member States need to be acknowledged and checked.

After you have made your selection, click on the 'Next' button to proceed.

After reading through the welcoming and introductory text you can again access and download the PDF file of the assessment tool.

For countries that participated in a previous round of the global survey on IPC minimum requirements, their previous responses are pre-filled in this new survey form. Respondents only need to update the responses where there has been a change in the status. For example, if a country has progressed on an indicator from 'No' to 'Yes', the response should be updated accordingly. If there has been no progress on an indicator, the original response can remain unchanged, and respondents can simply move on to the next question. Some questions might not have been answered in a previous survey round (e.g. in section 7 "Additional questions with regard to the WHO Global Action Plan and Monitoring Framework") which are then left blank and require the respondent to select an answer.

For countries that participated in a previous survey round, their previous responses are also summarized in a table before the survey forms start; indicating the Year of last survey data/round on top. This table can be printed and reviewed offline before accessing the electronic forms.

We suggest completing the tool in a paper version or on a tablet first and then, entering the data electronically via WHO Dataforms.

Once a section is completed click on 'Next' to access the next page or 'Previous' to go back to the previous page. A progress bar at the top indicates your percentage of completion.

All fields to be selected are mandatory to attend to before being able to proceed to the next section (marked with a red asterisk). Once you have selected an answer to an indicator, your selection is saved. *Once you close the web page and you have not submitted the data, all entries will be saved and you can re-use the unique survey link to re-access the forms and continue the submission.*

Once you have completed the data entry for all sections of the core components you will also be asked to provide basic demographic information before proceeding to submitting the assessment tool data.

A confirmation email will be sent to the email you indicated in the respective demographics field.

Click the 'Submit' button once you are ready to submit. After you have submitted the assessment data you are provided with an overview and report of your assessment. Scroll down and print and/or save the pdf for further reference.

NOTE: Once you have selected an answer to an indicator, your selection is saved. Once you close the web page and you have not submitted the data, all entries will be saved and you can re-use the unique survey link to re-access the forms and continue the submission.

Please only to submit ONCE per country – for the national level. Please, do not forward the ***unique, country-specific link*** to other government representatives (i.e. provincial, etc, if federally organized structures).

Annex 3. Additional questions with regard to the WHO Global Action Plan and Monitoring Framework

Additional questions on the national level

1. Is there a costed and approved (by Ministry of Health or other relevant national authorities) infection prevention and control national action plan and monitoring framework, in your country?
2. Are legislation/regulations in place in your country to address infection prevention and control as part of the public health regulatory framework?
3. Does your country have a national target on reducing health care associated infections?
 - a. If yes, has the target been achieved?

Annex 4. WHO Policy on the use and sharing of data collected by WHO in Member States

On the WHO Dataforms platform, before you start, please read the WHO Policy on the use and sharing of data collected by WHO in Member States:

WHO Statement of policy on data sharing

Data are the basis for all sound public health actions and the benefits of data-sharing are widely recognized, including scientific and public health benefits. Whenever possible, the World Health Organization (WHO) wishes to promote the sharing of health data, including but not restricted to surveillance and epidemiological data.

As used in this data collection tool, the term "Data provider" means a duly authorized representative of the governmental body with authority to release health data of the country to WHO (i.e. the Ministry of Health or other responsible governmental authority). The recipient of this data collection tool is responsible for ensuring that he/she is the Data provider, or for providing this data collection tool to the Data provider.

In this connection, and without prejudice to information sharing and publication pursuant to legally binding instruments, by providing data to WHO, the Data provider:

- confirms that all data to be supplied to WHO (including but not limited to the types listed in Table 1) hereunder have been collected in accordance with applicable national laws, including data protection laws aimed at protecting the confidentiality of identifiable persons;
- agrees that WHO shall be entitled, subject always to measures to ensure the ethical and secure use of the data, and subject always to an appropriate acknowledgment of the country:
 - i. to publish the data, stripped of any personal identifiers (such data without personal identifiers being hereinafter referred to as "the Data") and make the Data available to any interested party on request (to the extent they have not, or not yet, been published by WHO) on terms that allow non-commercial, not-for-profit use of the Data for public health purposes (provided always that publication of the Data shall remain under the control of WHO);
 - ii. to use, compile, aggregate, evaluate and analyse the Data and publish and disseminate the results thereof in conjunction with WHO's work and in accordance with the Organization's policies and practices.

Except where data-sharing and publication are required under legally binding instruments (International Health Regulations (2005), WHO Nomenclature Regulations 1967, etc.), the Data provider may in respect of certain data opt out of (any part of) the above, by notifying WHO thereof in writing at the following address, provided that any such notification shall clearly identify the data in question and clearly indicate the scope of the opt-out (in reference to the above), and provided that specific reasons shall be given for the opt-out.

Director, Performance, Finance and Service Delivery
World Health Organization
20, Avenue Appia
1211 Geneva
Switzerland

I verify that I have read and understood the data-sharing agreement