Report from the Tenth meeting of WHO Service Delivery and Safety (SDS) Department (Clean Care is Safer Care Programme) and Industry Representatives from Private Organisations for Patient Safety (POPS)

With invited representative fro University Hospitals Geneva (HUG – WHO Collaborating Centre on Patient Safety, Infection Control and Improving Practices)

3 December 2014
Room M105
WHO HQ, Geneva, Switzerland

1. Introductions

Dr Ed Kelley (EK), WHO SDS Director welcomed everyone to the meeting. He started the meeting by emphasizing that infection prevention is at the heart of health system strengthening, and that this is more important than ever given the on-going Ebola outbreak situation. He stated that ensuring hand hygiene action is embedded in the priorities for health system strengthening work is vital, and an opportunity.

Prof Didier Pittet (DP) added his welcome and outlined how alcohol-based handrub for example is core to patient and health worker safety, describing some of his Ebola outbreak experiences. He then reminded everyone that 2015 is ten years since the launch of WHO Clean Care is Safer Care program and that we should all take the opportunity to (re)highlight the importance of hand hygiene around the globe.

Claire Kilpatrick (CK), POPS Program Manager, outlined the agenda and objectives of the day (see Annex 1). She then informed attendees that there would be an AMR global health series session in the lunch hour and all were welcome to attend.

For further information on the background to POPS please read http://www.who.int/gpsc/pops/en/

2. Summary of the Tenth Meeting proceedings

Ebola information

CK outlined information on the WHO Ebola portal. EK provided an Ebola outbreak status update, emphasizing that it is still a humanitarian health crisis, and described the role of SDS including his lead role on all Infection Prevention and Control (IPC) activities and the next targets to be met.
Julie Storr (JS), from WHO African Partnerships for Patient Safety (APPS). asked attendees how they felt the Ebola situation had affected their companies. Most agreed that they had experienced more impact during the H1N1 outbreak, when whole populations were seeking more rapid ways to clean their hands.

EK concluded, following some discussion, that SDS will play a key role in health system strengthening meetings going forward and that hand hygiene will again be addressed, including the potential for supporting enhanced local production of alcohol-based handrub. The topic of alcohol-based handrub on the WHO list of essential medicines was then discussed as a potential piece of work going forward. EK also noted that a letter to WHO Director General could help with this.

Action – EK approved that this should be an action for CK to take forward.

CK highlighted the work agreed at the June 2014 POPS meeting – for all participants to complete the MS Excel Spreadsheet that CK had created to confirm known existing barriers in all WHO regions. This would allow a focus for work going forward in countries where most barriers are thought to exist, including West Africa.

A discussion ensued regarding the on-going barriers to efficient shipping of materials to low-income countries and the need for local production in rural areas. Success stories from other areas could still be investigated given the enhanced working relations, for example, between WHO and the World Food Programme (WFP) during the Ebola outbreak. CK then outlined the alcohol-based handrub donations process and again thanked all those who had contributed. EK explained that this process is not a ‘normal’ activity for WHO (except in crisis situations) and that the logistical issues experienced were unforeseen. He noted that presence from WHO logistics may be useful at a future POPS meeting. Discussions also covered ideas for potential future donations, including a ‘surge inventory list’ from countries, which companies could address directly.

Action – to revisit a POPS action of exploring microproduction of alcohol-based handrub in low-income countries (i.e. West Africa).

5 May 2015

EK described to the group his expectations for 5 May 2015 and again outlined the ‘non-state’ actor role that POPS falls under with regards to WHO engagement. He stated that POPS would be more important than ever with regards to 5 May activities given the global situation and needs.

Discussions then covered the following points:
- The 5 May 2015 theme – presented by CK and accepted by all;
- Potential hospital activities including the WHO tools available to support this – it was noted that use of the WHO existing tools could still be enhanced around the world and this could be a focus;
- The hand sanitizing relay conducted in a HK SAR hospital for 5 May 2014 and the Guinness World Record that had been achieved – DP
presented this and it was agreed that information on this activity would be placed on WHO web pages to inform others;
- What POPS could do as a collective – example ideas included packages of activities that would make it easy for hospitals on or around 5 May;
- An electronic version of the WHO Hand Hygiene Self-Assessment Framework (HHSAF) – agreed options would be explored post meeting;
- The potential for ensuring that 5 May 2015 activities go ‘viral’ – a proposal was given by CK regarding the posting of photos, with a simple hand hygiene slogan, on social media. This was agreed and ideas for presentation of overall results at ICPIC 2015 ensued;
- The power of the ‘5 Moments’ - as often the campaign is know by this name around the world;
- The potential for working in sub-groups off line until 5 May – governance required from WHO was clarified and the concept agreed;
- That companies should come up with their own comms plans and key targets and share with WHO;
- The potential for engaging a creative agency to support work and how this would be managed;
- The potential for working with Google in various ways – POPS participants agreed to explore;
- The use of the word ‘celebration’ for 10 years of WHO Clean Care is Safer Care given the ongoing avoidable harm that persists;
- Training on the use of the HHSAF – this may be useful for all companies.

Action – CK to progress a one-page note on the relay, photo board and tools package idea and suggest an approach for sub-group working to progress these activities including budget and engagement of other creative and social media expertise.

(note: slides were presented and shared immediately post meeting with regards to 5 May suggestions, discussions and agreement amongst the group).

Roundtable contributions

A presentation was given by one of the POPS participants on the emerging regulatory threat to ethanol.
Action – three companies agreed to work with DP on a position paper on this matter.

Global consumer survey

Dr Maryanne McGuckin was dialed into the meeting to present alongside CK on the US and global surveys on consumer perceptions of hand hygiene and health care-associated infections (HAI); the global survey being a POPS project conduced in October 2014. A key learning point, given the findings/misconceptions noted, was noted as ‘not having the right tools/messages to reach the public’.
Discussion ensued regarding what the role might be for POPS in raising awareness of hand hygiene in health care to the public – could a POPS supported campaign have the right reach given POPS participants expressed opinion during sub-group working early 2014 that they were not familiar with public campaigning and budget, expertise, etc would still need to explored for this idea? It was also noted that key campaigning expertise would be vital as the public often don’t want to just hear messages about what the problem is in healthcare, as they often feel powerless to change it. Action – recirculate paper previously prepared by CK to outline what a campaign might look like. All to again consider funding and agency sources.

**POPS advocacy and awareness raising through representation at conferences**

A POPS participant representative overviewed the recent presence at the Healthcare Infection Society Conference in Lyon (Nov. 2014). This was noted as the second conference that POPS had had a presence at and was significantly quieter than the previous booth at APIC 2014. Discussion ensued regarding the value of this presence at conferences with attendees that area already engaged with hand hygiene and HAI. JS challenged the audience to think of other events where we could raise our profile and cause with a wider health-care audience. Some points were noted for future consideration, supported by EK – presence at conferences where education is harder to access would be priority, additionally where a presence might have most impact if for example there is topic/campaign fatigue in developed countries (criteria would be needed for judging this situation). An option was given as POPS participants’ own booths having a ‘POPS feature’ – in the past CK has asked that the POPS logo at least always be featured on company booths. Future considerations at conferences could also be POPS sponsored sessions, etc. It was agreed that ‘small amounts’ of POPS budget held by WHO could be put towards agreed advocacy/awareness raising activities.

**POPS one-year report**

CK reminded everyone about the issue of the second POPS annual report and the suggestions already outlined for 2015 spending. A final question was raised for further consideration – what would POPS commit to (human and financial resource) if we had to chose, given the available budget?

**Summary of meeting and POPS focus going forward**

Three key areas were highlighted from the meeting discussions; regulation for resilience in IPC, health worker awareness and safety, consumer awareness. It was clarified that how focused activities will emerge going forward requires further discussion regarding budget and expertise, particularly for 2015/16 planning.
The working/governance structure for POPS would also be revisited in 2015. Ideas were presented with regards to other CSR working models and potentially a Wikipedia page in the future as an aspiration, alongside other ways to communicate POPS activities with the framework of WHO approval. Engagement of company CEOs was also discussed as a potential. Revisiting other similar working models and their approach was again raised.

Date of next meeting

To coincide with ICPIC in June 2015, 22 June was raised as a potential next meeting date while everyone agreed to a Doodle poll to confirm if this suited their schedule.

The meeting was concluded and everyone was thanked for their very energetic input to discussions, particularly in relation to planning for 5 May 2015 activities. DP noted how much had been achieved to date. No AOB was raised.

Annex 1 - Meeting Agenda and Objectives

Chairing Organizations: WHO and HUG

9.15-9.30 Welcome, introduction and overview of agenda - Dr Kelley (EK) & Prof Didier Pittet (DP)

9.30-10.00 Update on Ebola - activities and WHO recommendations – EK & Claire Kilpatrick (CK)

10.00-10.45 The role of POPS in ‘Build Back Better’ (health resilience) activities in least developed countries (including barriers & challenges to ‘product’ availability) – Julie Storr (JS)

10.45-11.00 Break

11.00-12.00 5 May 2015 – introduction, outline plans, agreed activities – DP/CK & All

12.00-14.00 AMR global histories seminar/lunch - All

14.05-15.15 Roundtable – POPS activities, feedback & discussion – All

15.15-15.30 Break

15.30-16.00 Consumer HAI survey preliminary results and potential next steps (POPS 2014 project) – CK, Dr Maryanne McGuckin & All

16.00-16.30 External facing advocacy displays/education booths – review and agreement on future strategy to address equity and demand (potential for IFIC & ICPIC) – CK & All
16.30-17.05  POPS one year report & 2015 activity overview, final agreement on activities including health resilience commitment (pledge letter) – CK & All

17.05-17.30  AOB including questions on any POPS administrative processes, other WHO projects

17.30-17.40  Date of next meeting and meeting close

Objectives of the meeting

To describe the role of infection prevention and control (IPC) and hand hygiene at the heart of health system strengthening around the globe in 2015

To enhance POPS participants understanding of the current Ebola crisis in West Africa and its implications

To identify next steps in addressing outstanding barriers to reliable product availability in low income countries

To facilitate sharing and learning to harvest rich ideas from individual POPS participant activities

To agree POPS participants’ activities to promote the themes for the SAVE LIVES: Clean Your Hands 5 May 2015 campaign (WHO will support this through the provision of timely information)

To discuss the WHO POPS rules for 5 May activities and any concerns

To understand how to create awareness in consumer/groups to achieve a doubling of hand hygiene compliance rates within 10 years across the globe (based on WHO guidelines on hand hygiene in health care, 2009 compliance rates and with one of the measures being ABHR volume consumption based on the POPS global sales survey, 2011)

To consolidate the learning from POPS booth activities and outline the pros and cons of developing a future strategy to target least developed countries/regions

To agree on targets for 2015 CSR activities as a POPS group

To outline and summarise next steps for POPS activities.