WHO Southeast Asia Regional consultation on reviewing the draft outline of Global Strategy on infection prevention and control (IPC) 2023–2031

29-30 Sep 2022

Aparna Singh SHAH, M.D. Scientist-Regional Advisor (Blood, Blood Products, & Products of Human Origin/IPC,PS, QoC) | Department of Health Systems Development and UHC
World Health Organization | Regional Office for South-East Asia | New Delhi, India

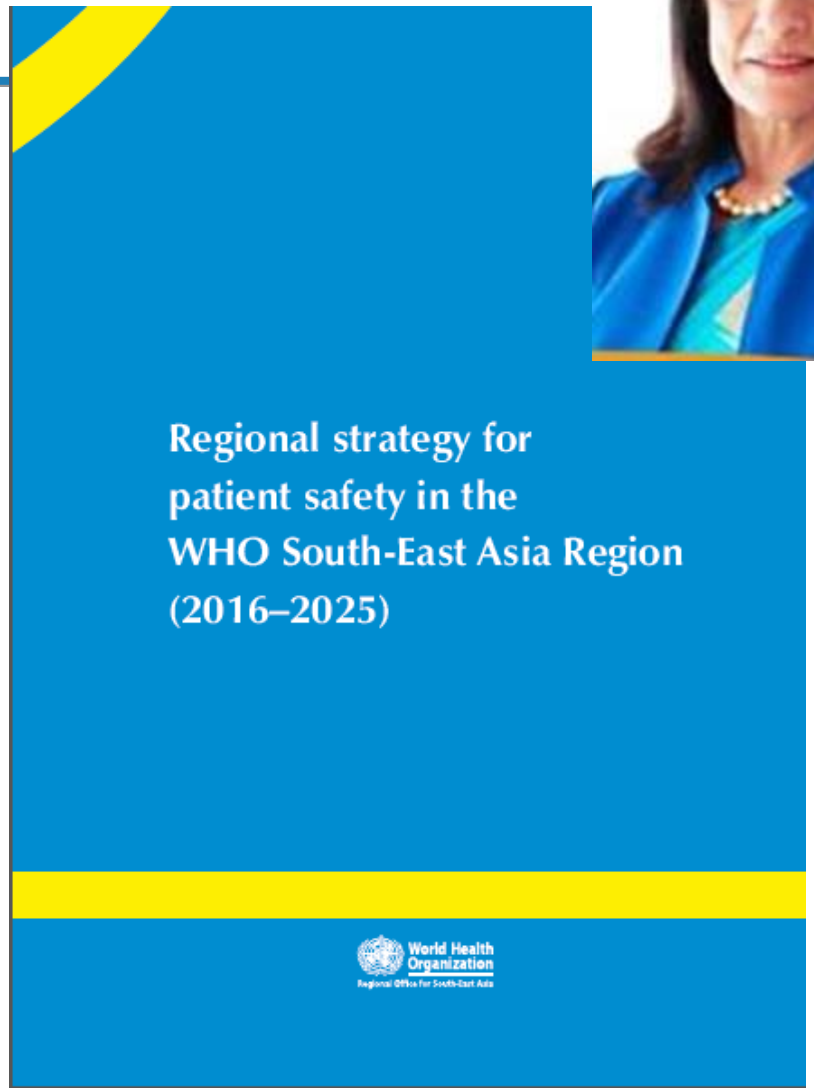
World Health Organization
Regional Office for South-East Asia

Background

- Infection prevention and control(IPC) is the backbone of good quality safe health services. We cannot hope to achieve the Sustainable Development Goals or enhance the health system without enhancing IPC.
- Poor IPC can amplify epidemics and represents a major threat to the HCWs, patients and to communities. Infections do not stay (only) in the HC environment they reverberate back to communities.
- The COVID-19 pandemic has shown that no country can claim to have a sufficiently strong IPC program, and that many gaps and inefficiencies in implementation of infection prevention and control exist, especially in low- and middle-income countries.
- IPC data was collected from all the six regions. We observed several best practices, success stories and gaps. WHO global report was published in 2022. https://cdn.who.int/media/docs/default-source/integrated-health-services-(ihs)/ipc/ipc-global-report/who_ipc_global-report_web.pdf?sfvrsn=d15fb868_5
- The pandemic has brought a unique window of opportunity to strengthen IPC, by ensuring that there are adequate financial and human resources as well as improvements globally in logistics, infrastructure and practices, in high-income countries as well as resource-limited settings.

Recognition of IPC at SEA Regional level

- IPC is a **multifaceted multidisciplinary area of work** and several resolutions of RC and other regional meetings discussed IPC in their context.
- **UHC is RD's flagship priority area of work and IPC contributes to QoC, Patient safety, and UHC**
- WHO SEARO is supporting MSs in strengthening their IPC for last several years
- In 2006, the Regional Committee of South-East Asia Region endorsed a resolution on patient safety.
- ***Regional strategy for patient safety in the WHO South-East Asia Region(2016-25) unanimously*** endorsed by 11 MSs, adopted and published in 2015.
- **The strategy has six objectives, and the 4th objective is to prevent and control Health Care Associated Infections (HAIs).**



Recognition of IPC at high level global meetings

- At WHO governing bodies meetings in 2021, several Member States noted the importance of infection prevention and control and its sustainability for outbreak preparedness and response and for health systems strengthening, quality of care, patient safety and combating antimicrobial resistance.
- Infection prevention and control was discussed by the Executive Board at its 150th session in January 2022.
- The Seventy-fifth World Health Assembly in May 2022 adopted a resolution on infection prevention and control.
- **The Health Assembly also requested the Director-General, to develop, in consultation with Member States and other partners, a draft global strategy on infection prevention and control in both health and long-term care settings, for consideration by the Seventy-sixth World Health Assembly in 2023, through the Executive Board at its 152nd session.**

FORMULATING A DRAFT GLOBAL STRATEGY ON INFECTION PREVENTION AND CONTROL IN BOTH HEALTH AND LONG-TERM CARE SETTINGS

The WHO is coordinating the development of the draft global strategy, supported by cross-cutting working group, which provides multidisciplinary strategic thinking and support for the development of the strategy.

A draft outline of global strategy on Infection Prevention and Control was developed through various consultations and reviews.

WHO Regional offices are requested to gather essential input from Member States on the outline of the draft global strategy, (A)at the meetings of the Regional Committees (August–October 2022) **or (B) through ad hoc regional consultations in September** or (C) early October 2022.

- WHO governing bodies Services-HQ, informed that the first **global** consultation will be held on **6 October** from 09:00 – 12:00 CEST and the second global consultation will be held on **14 October** from 15:30 – 18:30 CEST. The two consultations **will have the same agenda and are being held to accommodate different time zones.**

- Input from both regional and headquarters' consultations to be included (as appropriate) into the outline of the draft global strategy, which will be submitted to the Board at its 152nd session in January 2023 for its consideration.

- This zero draft will serve as the basis for final consultations with Member States, experts, stakeholders and the public, leading up to the Seventy-sixth World Health Assembly in May 2023, at which the final draft global strategy will be considered.

The draft outline of Global Strategy on infection prevention and control (IPC) 2023–2031

World Health Organization

Development of a draft global strategy on infection prevention and control in both health and long-term care settings, 2023–2031

INTRODUCTION

1. Over the past decade, major outbreaks, such as those of Ebola virus disease and Middle East respiratory syndrome, and the pandemic of coronavirus disease (COVID-19) have demonstrated how epidemic-prone pathogens can spread rapidly through health care settings.

2. Furthermore, other less visible health emergencies, such as the silent burden of endemic health care-associated infections, harm millions of patients every year across all health care systems and can also affect health and care workers and anyone accessing health facilities. Health care-associated infections are mostly caused by antimicrobial-resistant pathogens, but emerging viruses, such as novel influenza viruses and coronaviruses, or other viruses such as hepatitis viruses and HIV, can spread as a result of poor care practices.

3. Infection prevention and control consists of evidence-based practices and interventions with demonstrated impact and cost–effectiveness to decrease transmission and acquisition of infectious agents in health care facilities, among patients, health and care workers and visitors. It is foundational to patient safety and delivering high-quality care to each person that is served by health services, including at the first point of entry of the patient into the health system, that is, primary care facilities. It is also critical to maintain the population's trust in the health system and to encourage people to use health facilities.

4. The COVID-19 pandemic has shown that no country can claim to have a sufficiently strong infection prevention and control programme, and that many gaps and inefficiencies in implementation of infection prevention and control exist, especially in low- and middle-income countries. However, the pandemic has brought a unique window of opportunity to strengthen infection prevention and control and water, sanitation and hygiene, by ensuring that there are adequate financial and human resources as well as improvements globally in logistics, infrastructure and practices, in high-income countries as well as resource-limited settings.

5. At WHO governing bodies meetings in 2021[1], several Member States noted the importance of infection prevention and control and its sustainability for outbreak preparedness and response and for health systems strengthening, quality of care, patient safety and combating antimicrobial resistance.

6. Infection prevention and control was discussed by the Executive Board at its 150th session in January 2022.[2] During the discussions, many Member States highlighted the importance of infection prevention and control in addressing the silent burden of antimicrobial resistance and health care-associated infections, as well as its central role in preparedness for and response to infectious hazards and health emergencies.[1] They also acknowledged the gaps in infection prevention and control programmes, which have been highlighted by the COVID-19 pandemic. In their interventions, several Member States indicated that the development of a global strategy on infection prevention and control was the way forward.

7. The Seventy-fifth World Health Assembly in May 2022 adopted a resolution on infection prevention and control by consensus.[2] The resolution included 13 calls to Member States aimed at improving infection prevention and control at the national, subnational and/or facility levels. The Health Assembly also requested the Director-General, inter alia, to develop, in consultation with Member States and regional economic integration organizations, a draft global strategy on infection prevention and control in both health and long-term care settings, for consideration by the Seventy-sixth World Health Assembly in 2023, through the Executive Board at its 152nd session, and to translate the global strategy into an action plan for infection prevention and control, including a framework for tracking progress, with clear measurable targets to be achieved by 2030, for consideration by the Seventy-seventh World Health Assembly in 2024, through the Executive Board at its 154th session.

8. In May 2022, G7 Health Ministers committed to strengthening and assessment of the implementation of infection prevention and control programmes across the One Health spectrum, in particular for health care facilities, in line with the infection prevention and control minimum requirements identified by WHO.[3]

9. To inform discussions at the Seventy-fifth World Health Assembly, WHO issued the first global report on infection prevention and control in May 2022,[4] which provides a global situation analysis of how infection prevention and control programmes are being implemented in countries around the world, while also including regional and country focuses. In addition to highlighting the harm to patients and health and care workers caused by health care-associated infections and antimicrobial resistance, the report addresses the impact and cost–effectiveness of infection prevention and control programmes and the strategies and resources available to countries to improve their programmes. The report also suggests priorities and strategic directions for urgent improvement and sustainability of action on infection prevention and control internationally and in country.

10. In response to resolution WHA75.13 (2022) and building on the content of the WHO global report, the Secretariat has started to develop a draft outline of the requested global strategy on infection prevention and control in both health and long-term care settings. The draft global strategy will be an inspirational, strategic document that will be complemented by and aligned with an action plan and monitoring framework to be developed in a sequential manner.

[1] See the summary records of the Executive Board at its 150th session, eighth meeting, section 3, and ninth meeting, section 1.

[2] Resolution WHA75.13 (2022).

[3] G7 Health Ministers' Communiqué, 20 May 2022, Berlin (https://www.g7germany.de/resource/blob/974430/2042058/5651daa32151 7b089edccfaf8f11e37a1/2022-05-20-g7-health-ministers-communique-data.pdf, accessed 20 May 2022).

[4] Global report on infection prevention and control. Geneva: World Health Organization; 2022 (https://apps.who.int/iris/handle/10665/354489, accessed 20 May 2022).

3

FORMULATING A DRAFT GLOBAL STRATEGY ON INFECTION PREVENTION AND CONTROL IN BOTH HEALTH AND LONG-TERM CARE SETTINGS

11. The Infection Prevention and Control Technical and Clinical Hub at WHO headquarters is in charge of coordinating the development of the draft global strategy, supported by an ad hoc cross-cutting working group drawn from all three levels of the Organization, established in 2021, which provides multidisciplinary strategic thinking and support for the development of the strategy.

12. Consultations with infection prevention and control regional focal points, the three-level working group and the Global Infection Prevention and Control Network were held in July 2022 to develop an outline of the draft global strategy. In addition, a Member State informal consultation session on this will be held in August 2022.

13. The infection prevention and control regional focal points and the Global Infection Prevention and Control Network will meet on 29–31 August 2022 at WHO headquarters to develop the draft strategy further. Infection prevention and control experts, other stakeholders and WHO colleagues in charge of infection prevention and control and/or from other relevant departments, at all three levels of the Organization, have been invited. An additional consultation with Member States and regional economic integration organizations will be held online, coordinated from WHO headquarters, at the end of September 2022.

14. Regional offices are expected to gather essential input from Member States on the outline of the draft global strategy, at the meetings of the Regional Committees (August–October 2022) or through ad hoc regional consultations in September or early October 2022.

15. The Infection Prevention and Control Technical and Clinical Hub will incorporate the input from both regional and headquarters' consultations into the outline of the draft global strategy, which will be submitted to the Board at its 152nd session in January 2023 for its consideration. The document will also contain a link to the zero draft of the draft global strategy, which will be posted online. This zero draft will serve as the basis for final consultations with Member States, experts, stakeholders and the public, leading up to the Seventy-sixth World Health Assembly in May 2023, at which the final draft global strategy will be considered.

(iv) donors and stakeholders (such as the United Nations, members of the Global Infection Prevention and Control Network, partners nongovernmental organizations and other relevant non-State actors) at international and national levels;

(v) professional educational institutions and organizations, unions, and academic institutions; and

(vi) community, civil society and patient–family networks.

(b) **Vision:** By 2031, everyone who accesses health care[1] and all health and care workers are at all times protected and safe from the harm resulting from health care-associated infections, including those caused by emerging pathogens and antimicrobial-resistant pathogens.

(c) **Objectives**

(i) **Reduce infection and antimicrobial resistance in health care.** To significantly reduce microbial transmission in health facilities and thus the frequency of health care-associated infections and antimicrobial resistance and their burden affecting those who access health care and health and care workers.

(ii) **Ensure active infection prevention and control programmes exist and are implemented.** To provide strategic direction and support to catalyse political commitment and enable functional infection prevention and control programmes through leadership engagement and stakeholders' support, sustained financing and legal frameworks and according to the WHO core components of infection prevention and control programmes.[2]

(iii) **Integrate infection prevention and control into other areas.** To transform health care systems and service delivery in a way that infection prevention and control is implemented in clinical practice and within an enabling environment through water, sanitation and hygiene, and in alignment with agendas related to public health emergencies, universal health coverage, patient safety, quality of care, antimicrobial resistance, occupational health and other public health-related programmes.

World Health Organization
Regional Office for South-East Asia

https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_R13-en.pdf

World Health Organization

SEVENTY-FIFTH WORLD HEALTH ASSEMBLY
Agenda item 14.6

WHA75.13
28 May 2022

Global strategy on infection prevention and control

The Seventy-fifth World Health Assembly,

Having considered the consolidated report by the Director-General;[1]

Recalling resolutions WHA48.7 (1995) on revision and updating of the International Health Regulations, WHA58.27 (2005) on improving the containment of antimicrobial resistance, WHA69.1 (2016) on strengthening essential public health functions in support of the achievement of

Outline of the draft Global IPC strategy has 5 sections……

1. **Target audience** (i-vi)- pg. 3-4 of shared document
2. **Vision** (pg.4)
3. **Objectives** (i-iii) –pg.4
4. **Business case for IPC-** pg. 4
5. **Areas of action** (i-viii) pg. 4-6

***Additional slides (on 2nd day -30 Sep 2022)under each section in green font are included which are outcome of GIPCN experts' consultation. This will help you(SEAR member states) to think further and improve the present document in SEA regional context)**

Target Audience
(as per the draft document shared)

Target Audience (at global, national, subnational and health facility levels)

- government officials and political leaders (in health ministries, ministries of finance and of education), policy-makers, senior managers and administrators who manage health budgets;
- infection prevention and control focal points (in, for example, health ministries and public health institutes), individuals in charge of patient safety, quality of care, occupational health, water, sanitation and hygiene, health emergencies and antimicrobial resistance;
- all health and care workers;
- donors and stakeholders (such as the United Nations, members of the Global Infection Prevention and Control Network, partners nongovernmental organizations and other relevant non-State actors) at international and national levels;
- professional educational institutions and organizations, unions, and academic institutions; and
- community, civil society and patient–family networks.

Target Audience
(as per GIPCN consultation)

Target Audience (at global, national, subnational and health facility levels)

- Leaders – Political and Government and health care leaders
  - Government officials/political leaders - at MOH, ministry of finances, education, accreditation bodies
  - Health care policy makers, senior managers/administrators – responsible for planning and budgets
- IPC and other focal points/leaders
  - IPC focal points (Ministry of Health, public health and other national institutes)
  - Focal points responsible for patient safety & quality, AMR, occupational health, WASH, health emergencies (IHR), outbreak management
- Health workers – all

Target Audience cont[d.]
(as per GIPCN consultation)

- Educational institutions and professional organizations, societies, unions
- General Population/Community
  - Including civil society, patient/families' networks,/advocacy groups
- Key stakeholders and donors - international & national
  - UN, GIPCN members, partners, NGOs, others

Key discussion points on target audience

multisectoral approach...inclusion of schools under ministry of education Aesthetic clinics under MoH, WASH(Environment ministry), Science and technology(research

Bhutan:; Private practitioners/pharmacy outlet/Private diagnostic centres, private nursing institutions

Indonesia; agree with BHU, Primary health care, labs, Blood transfusion units, research Institutions.

MAL: Alternative health care facilities/ practitioners, private health facilities, NGOs, ministry of environment-waste mgt; hygiene regulations(accreditation bodies-local context); extended arm-education ministry-health in school, aesthetic care

MMR: volunteers , health care givers, NGOs

NEP: altern med, inclusion of private diagnostic/ IVF clinics, multisectoral Approach-all ministries

SRL: Media people-Nat/ Priv Media-TV , NEWS paper, Schools, private beauty saloons

THA: Multisectoral involvement

TLS: Private pharmacies, consumer protection agencies, dental health

BAN: urban health(diff organizan.) and IPC+WASH, professional associations

IND: traditional medicine

Core group of actors-agriculture(AMR)+HCWS, sanitation and hygiene-procedures in beauty saloons, consumer protection,

Vision

(as per the draft document shared)

By 2031, everyone who accesses health care, and all health and care workers are at all times protected and safe from the harm resulting from health care-associated infections, including those caused by emerging pathogens and antimicrobial-resistant pathogens.

Vision

(as per GIPCN consultation)

- By 2031, everyone* is at all times protected and safe from the harm caused by health care-associated infections, including epidemic/pandemic-prone and antimicrobial resistant infections.

*who seeks health care and all health and care workers, regardless of the *Reason* - care delivered for prevention, diagnosis, treatment or rehabilitation and palliative care
Epidemiological context - outbreak situation or endemic burden of HAIs and AMR
Setting - across the continuum of the health system, including primary and long-term care facilities, home care and health care delivered in other community settings

Key discussion points on Vision Multisectoral-clean and safe Hospitals, WASH

Key discussion points

BHU: may include other professional related to IPC multisectoral involvement, all health professionals, accountable/ responsible for clean environment, Clean environment; it must give a picture to our political leaders

INO: agrees; communities protection

NEP: agrees, rearrangement of words required. QoC should be emphasized.

MAL: Vn may highlight WASH, community associated infections may be added to HAIs , rehabilitation for subs misuse,

MMR: agrees, but addition of safe practices req , M&E req

THA: harmonization with other programs;

TLS agrees, addition of community context; in Vn. text after "Health and care worker community as a whole" can be added.

OBJECTIVES

(as per shared draft document)

i. Reduce infection and antimicrobial resistance in health care. To significantly reduce microbial transmission in health facilities and thus the frequency of health care-associated infections and antimicrobial resistance and their burden affecting those who access health care and health and care workers.

ii. Ensure active infection prevention and control programmes exist and are implemented. To provide strategic direction and support to catalyse political commitment and enable functional infection prevention and control programmes through leadership engagement and stakeholders' support, sustained financing and legal frameworks and according to the WHO core components of infection prevention and control programmes.

iii. Integrate infection prevention and control into other areas. To transform health care systems and service delivery in a way that infection prevention and control is implemented in clinical practice and within an enabling environment through water, sanitation and hygiene, and in alignment with agendas related to public health emergencies, universal health coverage, patient safety, quality of care, antimicrobial resistance, occupational health and other public health-related programmes.

Objectives 1
(as per GIPCN consultation)

1. Reduce infection and AMR in health care

- *To significantly improve health care quality and safety by reducing microbial transmission during health care delivery including in the context of outbreaks, and thus, the frequency of HAIs and AMR, and their burden affecting those who seek health care and health and care workers*

OR

- *To significantly improve health care quality and safety by reducing the frequency of infection and AMR acquired during health care delivery, and their burden affecting those who seek health care as well as health and care workers, including in the context of outbreaks*

Objectives 2 (two options)

(as per GIPCN consultation)

ii. Ensure active IPC programs are in place and are implemented

To ensure countries meet at least minimum requirements for functional IPC programs to reduce HAI and AMR, and prevent and control outbreaks, by catalyzing political commitment through leadership engagement and stakeholders' support, financing and legal frameworks.

ii. **Ensure active IPC programs are in place and are implemented**

To provide strategic directions and catalize political commitment to enable functional IPC programs for HAI and AMR reduction and prevention and control of outbreaks, through leadership engagement and stakeholders' support, financing and legal frameworks, and according to the WHO IPC core components

Objective-3
(modified after GIPCN consultation)

3: Integrate IPC within other areas

To transform health care systems and service delivery in a way that IPC is implemented in clinical practice and within an enabling environment through WASH, and in integration with public health emergencies, UHC, patient safety, quality of care, AMR, occupational health and other public health related programs agendas, and vice versa

Key discussion points on Objectives

Few comments regarding objectives broad need to be SMART- and 1st framed as general objective

- 1st Objective like a general objective encompasses 2&3, Missing part from the objective is strengthening of system capacity. It should strengthen national/ sub national capacity(technical/finance/ infrastructure/ managerial/ resources/
- INO: improvement of HC worker knowledge, obj based on M&E/impact, awareness of communities to support how they use clean water/ good
- NEP: need short and crisp objectives, consistency between objectives, crisp and short
- BAN: 3-under good governance(3)
- THA: IPC net work with AMR : use of application of technology (android), Prioritization of objective
- MAL: community acquired Infections(3), community acquired infections, one health approach,drug resistance studies
- BHU; There could be a 4th objective separately dealing with evidence-based HAIs-system for reporting, HSS/ HR strengthening/dedicated finance may be covered; objectives are broad not very specific, Integrated approach, minimum program requirements, Very broad objectives, HSS to be included, capture all which is to be implemented through this strategy. Integrated approach. Word Govt more appropriate (political)
- SRL: diagnostic facilities/ infrastructure/ to reduce infection-target could be set??, link this with targets(to reduce 50% from the base line) to make it SMART.
- IND: clear objectives, IPC related to devices

Five-minute break : physical activity: stretching exercises

Session Coordinated by: Naina/ Shaheer

https://youtu.be/kkvnMM87hwA

Business case for infection prevention and control

This section will provide evidence on the following topics:

- the status of infection prevention and control programs worldwide, highlighting achievements and gaps;
- the central role of infection prevention and control within other health priorities;
- and the effectiveness and cost–effectiveness of infection prevention and control as the best buy approach to reducing infections and antimicrobial resistance in health care, improving health and protecting health and care workers.

Global strategy on IPC: the business case for IPC (1)

(as per GIPCN consultation)

- IPC interventions = highly effective in preventing HAIs

- Data and modelling show IPC is highly cost-effective and a public health "best buy" for:
  - Reducing infections and AMR in health care
  - Improving health
  - Protecting health care workers

- Systematic reviews show IPC interventions = **35-70% reduction in HAI rates**, regardless of a country income level

Global strategy on IPC: the business case for IPC (2)

- Hand hygiene and environmental hygiene in health care facilities = most cost-saving interventions
  - Applying these would more than halve the risk of dying as a result of infections with AMR pathogens
  - Decrease associated long-term complications and health burden by at least 40%
  - Improving hand hygiene in health care settings could save ~US$ 16.50 in reduced health care expenditure for every US$1 invested
  - These IPC interventions were affordable in all settings, including low-resourced ones

- A recent study by OECD and WHO indicated that, during the first six months of the COVID-19 pandemic, the availability and rational use of appropriate PPE combined with rapid IPC training would have averted SARS-CoV-2 infections and related deaths among HCWs globally, while generating substantial net savings in all regions, independently from their income
  - Enhancing hand hygiene was also shown to be cost-effective in most regions

- But – there are only a limited number of studies on the cost-effectiveness of IPC interventions
  - Are related to only a limited number of specific infectious outcomes
  - Most were undertaken in HICs.

- More research needed to identify evidence on cost-effectiveness of IPC interventions – esp. in LMICs.

Key discussion points on Business case for IPC
Sharing success stories, common platforms, collaborations, data

- TLS: evidence supports improvement and gaps and also saving on funds using good practices Stories from MSs will also help to build a case for IPC .
- THA: IPC network at all levels of HCFs, prioritization of management/ administration/sustainable program/ innovation improves HCFs and reduce expenses by the govt and patient . agree
- MMR: sharing best practices, a single experience sharing platform, list of all stakeholders,
- MAL: mapping of key stakeholders, best practices
- SRL: attention from authorities –data collection,
- NEP: data is important-added value.
- INO: key players of IPC interventions
- IND: extent of problem/ wastage of money on poor IPC and undesirable outcome /cost benefit ratio/ positive impact
- BHU: re-educate about re-emerging infections. case studies to make a business case. Improving health of patients and HCWs

Area of Action-Strategic Direction-1

(as per shared draft document)

(i) Political commitment and policies. Demonstrate leadership engagement and political commitment such that policies are in place requiring the scale up and enforcement of the core components of infection prevention and control programs, including through sustained financing, legal frameworks and accreditation systems, and according to local situation analysis.

Areas for action (1-8)
Strategic directions-1
(as per GIPCN consultation)

1. Political commitment and policies

Demonstrate leadership engagement and political commitment such that:

- Policies are in place requiring the scale up and enforcement of the IPC core components, including through legal frameworks and accreditation systems
- Mobilizing resources for sustained financing of IPC programmes, and according to local situation analysis

Key discussion points on Areas for action(i) Multisectoral approach, pol. commitment, policies, regulations

- MMR: stakeholders' involvement-Multisectoral engagement.
- NEP: advocate (instead of demonstrate) word is more realistic
- IND: inclusion of enabling policies
- INO: commitment to implement IPC policies. Commitment to implement policies, provision of National focal point.
- SRL: agree, commitment of higher officials-health secretary, DG -MoH
- BHU: agree,

Area of Action-Strategic Direction-2

(as per shared draft document)

(ii) Active infection prevention and control programs and minimum requirements. Establish active and sustainable infection prevention and control programs supported by an enabling environment and implement them using multimodal strategies. Ensure at least the infection prevention and control minimum requirements are in place in all countries.

Areas for action-strategic direction-2

(as per GIPCN consultation)

2. Active IPC programmes and minimum requirements

- Establish active and sustainable IPC programmes supported by an enabling environment
- Implement them using multimodal strategies
- Ensure at least the IPC minimum requirements are in place in all countries

Key discussion points on Areas for action(ii) Country specific min requirements, WASH

- BHU: agree
- SRL: agree, better if we can specify level of implementation-specify level-national/Institutional
- Nepal: Agree
- THA: agree+ consider risk of EIDs which are very much relevant to IPC program,
- MAV: min requirements+ WASH+ M&E. IPC may highlight both health and environmental aspects and require public awareness. (align 2 &5 action points); establishments / align (with WHO) of min requirements.
- MMR: Minimum requirements may be in country's context (standards as decided by the country)
- INO: agree, evaluation of program, HH compliance

Area of Action-Strategic Direction-3

(as per shared draft document)

(iii) Infection prevention and control integration. Integrate infection prevention and control across the continuum of provision of health services at all levels of the health system, including primary care, and with adaptation for fragile and low-resource settings. Consistently coordinate infection prevention and control with other health priorities and programmes such as those focusing on antimicrobial resistance, quality of care, patient safety, water, sanitation and hygiene, occupational health and health emergencies, as well as HIV, tuberculosis, malaria, hepatitis and maternal and child health programmes. Implement infection prevention and control at the point of care within patient pathways and delivery of clinical care.

Areas for action--strategic direction 3

(as per GIPCN consultation)

3. IPC integration

- Integrate IPC across health services at all levels of the health system, including primary care and with adaptation for fragile and low-resource settings
- Consistently coordinate IPC with other health priorities and programmes, including:
  - AMR
  - Patient safety and quality of care
  - WASH
  - Occupational health
  - Health emergencies
  - Other programmes including HIV, TB, malaria, hepatitis and maternal/child health
  - Implement IPC at the point of care within the patient pathways and clinical care delivery

Key discussion points on Areas for action(iii) Multisectoral approach, alternative medicine,QoC, PS, other programs

THA: in Thailand multisectoral approach is missing because pathogens bacteria/ virus/ vertical programs work separately. Difficult to coordinate.

MAL: **add etc.,** as every area can not be added. Other infectious ds??Integrate word-must be there. Probably we can use collaborate in sentence 2. agree.

BHU: use of integration and Collaboration, sharing integration stories from other MSs(if any). Patient safety(QoC) is a major subject and cover IPC so how MSs will deal this separately.

IND: Alternative medicine use, domiciliary/home care

TLS: agree

Area of Action-Strategic Direction-4

(as per shared draft document)

(iv) Infection prevention and control knowledge and expertise. Develop infection prevention and control curricula, provide infection prevention and control education across the entire health education system (pre- and post-graduate) and ensure in-service training for all health and care workers on infection prevention and control standards and practices. Train infection prevention and control professionals and ensure a career pathway that empowers them in their role.

Areas for action-strategic direction-4

(as per GIPCN consultation)

4. IPC knowledge and expertise

- Develop IPC curricula
- Provide IPC education across the entire health education system (pre- and post-graduate*)
- Ensure in-service training for all health workers on IPC standards and practices
- Train IPC professionals and ensure a career pathway that empowers their role

Key discussion points on Areas for action (iv) Certified IPC personnel, regular Trainings, IPC culture

TLS: annual service trainings/ refresher training

THA: network for HCWs, continuous education and improve career pathways of HCWs

NEP: National focal point/ dedicated unit on IPC

MMR: transformation of knowledge in action is very important, culture/ practice

BHU: National certified IPC focal point, mandatory training of IPC for HCWs

IND: Audio visual aides in local languages. Recorded training material-certificate

INO: In-house training , learn from experts, online

MAL: certified IPC professional

Area of Action-Strategic Direction-5

(as per shared draft document)

(v) Data for action. Establish systems for indicators monitoring infection prevention and control and water, sanitation and hygiene (in particular indicators for hand hygiene) and health care-associated infections surveillance (including health and care workers infections) with regular data collection (including good-quality laboratory data). Ensure integration of data on infection prevention and control and health care-associated infections in national health information systems and regular feedback of key infection prevention and control performance indicators to relevant audiences and stakeholders. Ensure use of data for action in a spirit of safety and quality improvement. Develop, implement, measure and refresh local tailored improvement plans.

Areas for action--strategic direction-5

(as per GIPCN consultation)

5. Data for action

- Establish systems for:
  - IPC and WASH indicators monitoring (in particular hand hygiene indicators)
  - HAI surveillance (including HCW infections)
  - Regular data collection (including quality laboratory data)
- Ensure integration of IPC and HAI data in national health information systems and regular feedback of key IPC performance indicators to relevant audiences and stakeholders
- Use these data for action in a spirit of safety and quality improvement
- Develop, implement, measure and refresh local tailored improvement plans

Key discussion points on Areas for action(v)

Authentic good quality data, comparable data, definition, reporting compliance, strong central data collection/ collation/ analysis, sharing of reports in public domain

- INO: Health reporting compliance, comparable data; use of data(collection, collation, analysis and used for action
- IND: transform data into action with institutional framework at each level of HCSs
- MMR: Linking with accreditation, rewarding mechanism, motivation of staff
- THA: quality of data, definitions are important for comparable/ homogenous data and final analysis.
- BAN: Authentic data from HCFs. Actionable points extracted from disaggregated data
- MAL: Expertise in data analysis; capacity building
- SRL: agree with comments of MSs. Central data collection and analysis system.
- BHU: a standard format for data collection and surveillance (strengthen labs system)
- TSL : data to be shared in public domain

Area of Action-Strategic Direction-6

(as per shared draft document)

(vi) Advocacy and communications. Organize campaigns to promote infection prevention and control themes and targets, including patient and community engagement. Provide tailored and consistent communications from authoritative sources, based on science and adapted for different audiences.

Areas for action-strategic direction-6

(as per GIPCN consultation)

6. Advocacy and communications

- Organize campaigns to promote IPC themes and targets, including patient and community engagement
- Provide tailored and consistent communications from authoritative sources, based on science and adapted for different audiences **Advocacy and communications.** Organize campaigns to promote infection prevention and control themes and targets, including patient and community engagement. Provide tailored and consistent communications from authoritative sources, based on science and adapted for different audiences.

Key discussion points on Areas for action(vi) Innovations, multisectoral approach, recorded videos in public places/ hospitals/

IND: Innovative advocacy through social media (A-V)

SRL: different approaches handouts, posters, explain and demonstrate; **social mobilization**

NEP: More specific approach-target audience-specific doable action

MAL: stakeholders can be added to patient and community engagement.

MMR: actors from all sectors related to health. Common IPC team meeting

BHU: For general public, TV in HCFs **videos advertising IPC; advocacy**

TLS**: local innovative mode of advocacy and communication (IEC etc.)**

THA: agree

Area of Action-Strategic Direction-7

(as per shared draft document)

(vii) Research and development. Identify research gaps in the most relevant areas for infection prevention and control and fund and facilitate research answering key questions and developing innovations, with a focus on local settings, including adaptation of infection prevention and control for fragile and/or low-resource settings.

Areas for action-strategic direction-7

(as per GIPCN consultation)

7. Research and development

1. Identify research gaps in the most relevant areas for IPC
2. Fund and facilitate research answering key questions and developing innovations in IPC
3. Include a focus on local settings, with adaptation of IPC for fragile countries and/or with limited resources

Key discussion points on Areas for action(vii) operational and implementational research/ collaborations, good data/ sharing data

MAL: add sharing research finding/ collaborative research, capacity building, gaps in research capacity

NEP: link research component with accreditation (compulsory)

TLS: priorities research activities under IPC and further find gaps and develop action plan.

BHU: research should be given high priority by policy makers of the member states. Building operational research capacity,

IND: operational and implementational research

SRL: data sharing / publishing data; quality of data

MMR: funding and technical assistance

Area of Action-Strategic Direction-8

(as per shared draft document)

(viii) Collaboration and stakeholders' support. Strengthen collaboration among partners and stakeholders to synergistically support countries to improve infection prevention and control according to their priorities and plans.

Areas for Action--strategic direction-8

(as per GIPCN consultation)

8. Collaboration and stakeholders' support

- Strengthen collaboration among partners and stakeholders to synergistically support countries to improve IPC according to their priorities and plans

Key discussion points on Areas for action(viii) multisectoral approach, networking

BHU: network between countries

INO: Involvement of PRIVATE sector , regional networking -IPC

MAL: collaboration between countries/ regions/ international

IND: Build and strengthen collaborations and partnerships

TLS: technical and financial support. Also support for strengthening implementation of IPC program

Discuss ways to raise awareness, strengthen capacity, and promote preparedness for a robust implementation
What challenges do you face in strengthening IPC programmes?
How will you use the global strategy to develop or support your national IPC strategy?

- Challenges: poor Infrastructure-designs, limited HR, limited skills, supplies (e.g., PPEs), lab capacity, no dedicated budget, support of policy makers, Non-adherence to protocols, awareness, waste management, advocacy-radio/TV, local channels, local governing bodies. IPC strategy will influence the policy makers, sustainability due to regular funding, to build a case for IPC program to influence policy makers.

- BHU: Challenges same as India, refresher trainings, multisectoral approach convincing political leaders, Global strategy will be like mother guideline to develop national guideline. Starting from the medical institutions from where medical graduates are trained.

- TLS: Challenges: No IPC program, limited human resources, skills limited, leadership in IPC required, USE of Global strategy: multisectoral approach in country's context. Aligning global strategy with upcoming national strategy.

Global strategy will support the IPC program, In terms of capacity building global strategy will help (guidance doc in country context)

Discuss ways to raise awareness, strengthen capacity, and promote preparedness for a robust implementation
What challenges do you face in strengthening IPC programmes?
How will you use the global strategy to develop or support your national IPC strategy?

SRL: IPC program is established, manual is there, it is important to convince policy makers to make program sustainable. Regular supply of necessary PPEs etc., compliance, financial constraint, limited resources, utilization of strategy-Nat guideline is being developed – Global strategy will add to this,. Regional collaborations(MAL example). Tech support of WHO

MAL: same challenges as other MSs, education and trainings, certified IPC experts, rewarding . IPC visibility is missing and will be supported by the global strategy. Requirement of baseline assessment to find gaps. In Global strategy will be a link with other countries, setting similar goals,. Global awareness campaigns.PS day-policy program-guidance document inclusive of HAI-can be incorporated into nat strategy. Tech support is required.

INO: Same challenges as other countries, IRL,. Political commitment. Global strategy can be used as reference document.

What challenges do you face in strengthening IPC programmes?
How will you use the global strategy to develop or support your national IPC strategy?

BHU: Challenges-behavioural changes-IPC, Practicing IPC, Culture of IPC, self regulation, Financial constraint, sustainability is compromised, lack of expertise, choosing right people for training, research capacity-evidence based is poor, (though people are interested to conduct research.),

Global strategy will help to develop national strategic IPC action plan, political commitment, reporting to WHA/ RC, strategy will support good data, good surveillance system, endorse IPC core components of WHO.

INO: Challenges-importance of IPC –reporting compliance, quality culture in HCFs, Patient safety, behavioural changes, IPC at facility level.

WHO-trainings on importance of IPC.

Global strategy: can be adopted in country's context.

What challenges do you face in strengthening IPC programmes? How will you use the global strategy to develop or support your national IPC strategy?

Thailand: setting national standards, IPC is channeled in one direction.

MMR: Challenges high level commitment, Monitoring/ supervision, linkages/ accreditation/ licensing/ - lacking, limited research, Knowledge into action conversion is missing, competency/ certification in IPC.

Use of Global strategy: development of action plan for each level of HCFs, budget-costing/ estimate for IPC program,

NEP: Challenges same as other MSs, Global strategy will strengthen the initiative(reference document). It will support the nation al document. It will also help in motivating policy makers. Challenges into two groups Institution/ federal context: maintenance at service delivery. Behavioural factor, training of HCWs.

To maintain and support other relevant areas.

Acknowledgements

SEAR Member states

WCOs

HSD and team

RO, HQ

THANK YOU

World Health Organization
Regional Office for South-East Asia