

WHO strategy for Infection Prevention Control

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Hand Hygiene!

Health care without avoidable infections - peoples' lives depend on it

<https://m.youtube.com/watch?v=K-2XWtEjfl8>

Hand hygiene

<https://www.youtube.com/watch?v=k0KeFv5VvY4>

saves lives!

Health care-associated infections
can lead to:

additional costs for patients,
their families and health systems



Health care-associated infections
can lead to:

prolonged stay in hospital



Health care-associated infections

10%

1 in 10 patients get an infection while receiving care.

Surgical site infections

50%

More than 50% of surgical site infections can be antibiotic-resistant.

Impact of infection prevention and control

30%

Effective infection prevention and control reduces health care-associated infections by at least 30%.

<http://www.who.int/infection-prevention/en/>

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 Articles

Burden of endemic health-care-associated infection in developing countries: systematic review and meta-analysis

Benedetta Allegranzi, MD, Sepideh Bagheri Nejad, MD, Christophe Combescure, PhD, Wilco Graafmans, PhD, Homa Attar, PhD, Liam Donaldson, MD, Prof Didier Pittet, MD  

Published: 10 December 2010

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(10\)61458-4/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)61458-4/abstract)

**IPC is relevant to all
health workers and
patients at every single
health-care in all level**

Solutions for improvement

- Identifying local determinants of the HAI burden.
- **Improving reporting and surveillance systems at the national level.**
- Ensuring minimum requirements in terms of facilities and dedicated resources available for HAI surveillance at the institutional level, including microbiology laboratories' capacity.
- **Ensuring that core components for infection control are in place at the national and health-care setting levels.**
- **Implementing standard precautions, including best hand hygiene practices at the bedside.**
- Improving staff education and accountability.
- Conducting research to adapt and validate surveillance protocols based on the reality of developing countries.
- Conducting research on the potential involvement of patients and their families in HAI reporting and control.

Infection prevention and control

IPC core components

Effective infection prevention and control (IPC) is the cornerstone for the delivery of safe, effective, high-quality health care. WHO's IPC Global Unit developed recommendations identifying the core components of effective IPC programmes to address the most common and serious threats. These threats, like antibiotic resistance germs, the Ebola outbreak and measles, are preventable. Improving the core components of IPC outlined by WHO.

What are the core components for effective infection prevention and control?
New instructional video.



Health care-associated infections

10%
1 in 10 patients get an infection while receiving care.

Read more about health care-associated infections

Surgical site infections

50%
More than 50% of surgical site infections can be antibiotic-resistant.

Read more about surgical site infections

Impact of infection prevention and control

30%

Effective infection prevention and control reduces health care-associated infections by at least 30%.

Read more here

Our work

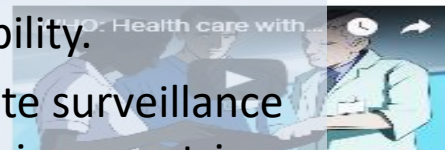
Water, sanitation and health
Quality in universal health coverage
Private organizations for patient safety

WHO Collaborations

WHO: Health care with

SAVE LIVES: Clean Your Hands

Read more here



News and events

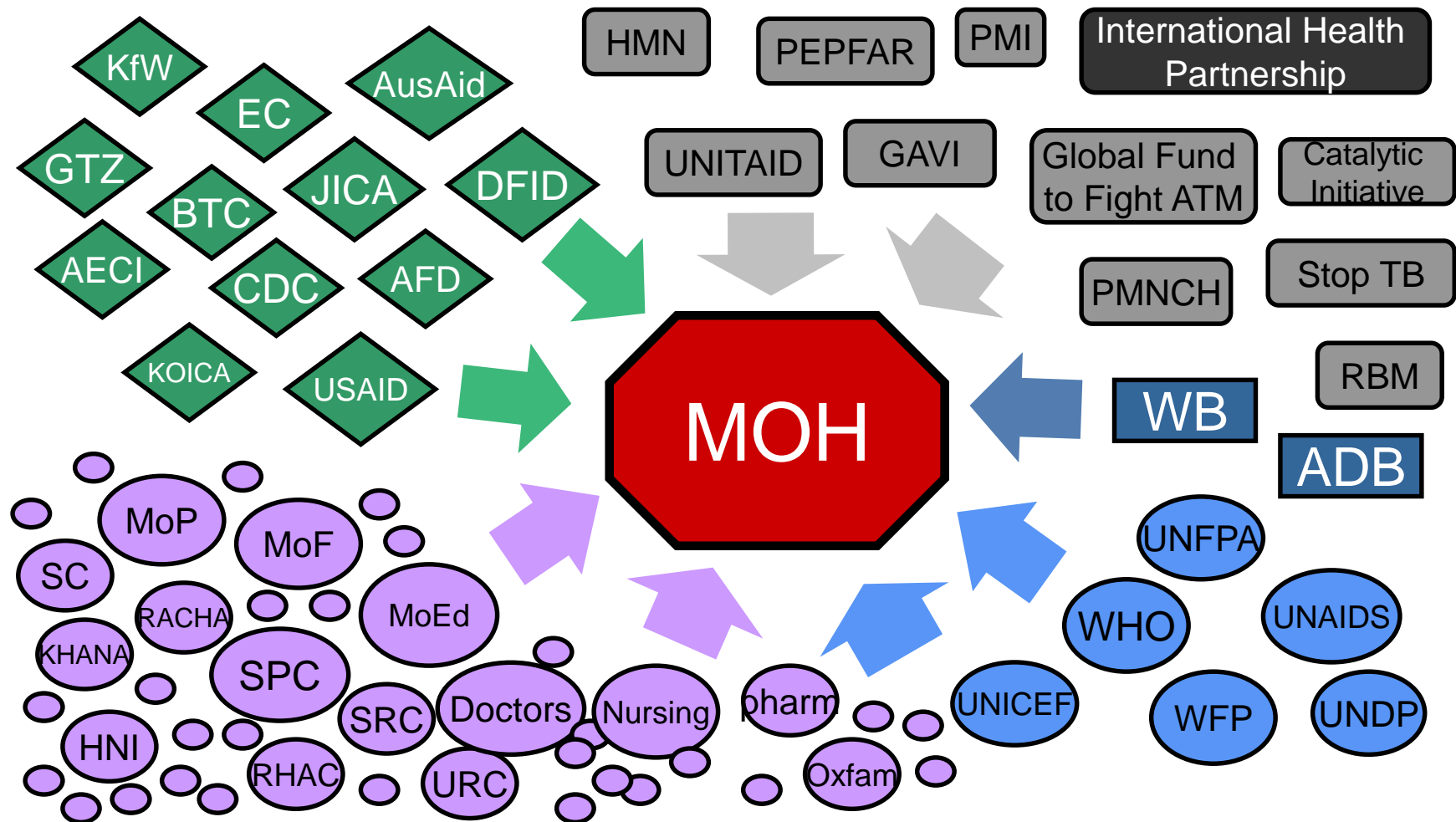
Current news
Newsletter
Conferences
Meetings and events

— More information here

Contact us

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Service Delivery and Safety
World Health Organization
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1211 Geneva 27
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Current situation surrounding Global Health



Current situation surrounding Global Health

- Fragmented funding and/or funding outside the national budget and plan
- Undermines government capacity
 - too many proposals,
 - too many meetings,
 - too many monitoring demands
- Duplication of services and supplies – or even competition between projects and donors



- **Waste of scarce resources**
- **Inefficient use of funds**
- **Lack of country leadership and ownership**



Attainment by
all peoples the
highest
possible level
of health



1

global health
quarters



6

regional offices
across the
globe



149

WHO offices in
countries,
territories and
areas



6

global
leadership
priorities
guiding our
work



more
than 50%
of WHO's workforce
operating in
countries



over 7000

WHO staff
working in
countries



to work with
194

Member States to
improve the health
of their populations



to connect
countries

to pursue
solutions to
common
challenges



to strengthen
partnerships

to achieve national
and international
health goals



World Health
Organization





SUSTAINABLE DEVELOPMENT GOALS

1 NO POVERTY

2 ZERO HUNGER

3 GOOD HEALTH AND WELL-BEING

4 QUALITY EDUCATION

5 GENDER EQUALITY

6 CLEAN WATER AND SANITATION

7 AFFORDABLE AND CLEAN ENERGY

8 DECENT WORK AND ECONOMIC GROWTH

9 INDUSTRY, INNOVATION AND INFRASTRUCTURE

10 REDUCED INEQUALITIES

11 SUSTAINABLE CITIES AND COMMUNITIES

12 RESPONSIBLE CONSUMPTION AND PRODUCTION

13 CLIMATE ACTION

14 LIFE BELOW WATER

15 LIFE ON LAND

16 PEACE, JUSTICE AND STRONG INSTITUTIONS

17 PARTNERSHIPS FOR THE GOALS


SUSTAINABLE DEVELOPMENT GOALS

WHO Impact Framework: Targets

Universal Health Coverage

Health Emergencies

Health Priorities



GOAL 2: End hunger, achieve food security and improved nutrition, and promote sustainable agriculture



GOAL 3: Ensure healthy lives and promote well-being for all at all ages



GOAL 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all



GOAL 5: Achieve gender equity and empower all women and girls



GOAL 6: Ensure availability and sustainable management of water and sanitation for all

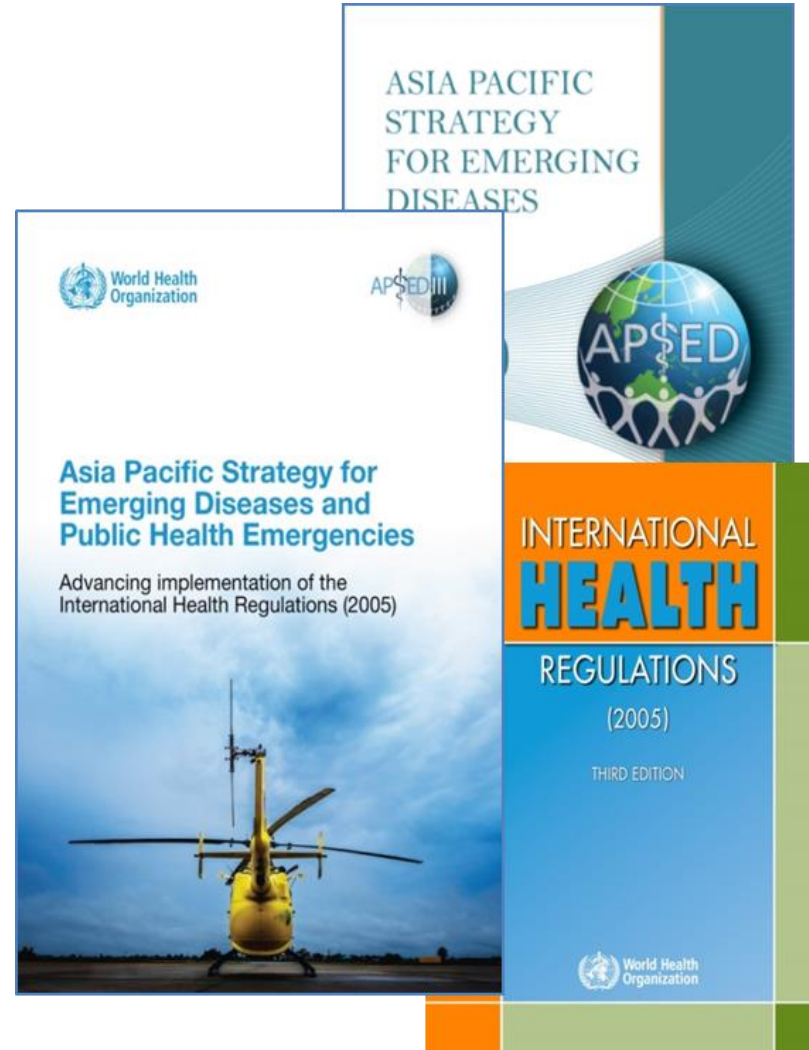


GOAL 13: Take urgent action to combat climate change and its impacts

Collective actions to implement IHR

The Asia Pacific Strategy for Emerging Diseases (APSED)

- A **bi-regional framework for action** for two WHO Regions (SEAR and WPR) **to meet IHR core capacity requirements**
- A **common framework** to prepare for and respond to all emerging diseases and public health emergencies
- Developed in 2005, updated in 2010 and **2016 (APSED III)**



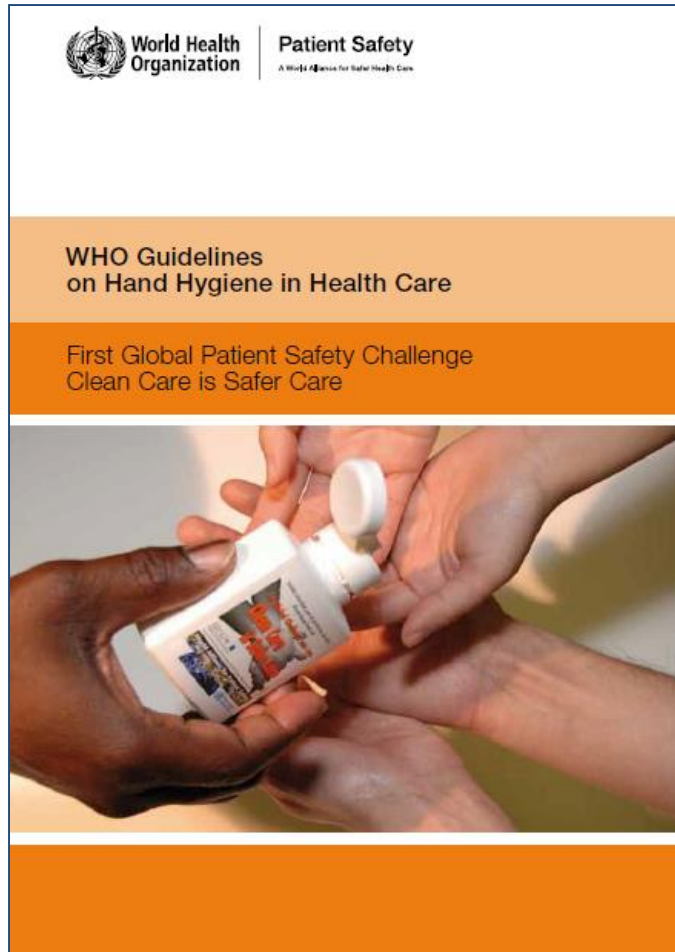
APSED III 8 focus areas

Strategic actions for IPC in APSED III

- Establish and/or strengthen organizational structure of **national IPC/health care associated infection (HCAI) programmes** to ensure that IPC is an integral part of health care system, and **seen as a routine activity by health care workers**;
- Strengthen routine IPC practices in all health-care settings as part of health system strengthening prior to outbreaks and public health emergencies
- Establish mechanisms to ensure the **timely supply**
- Develop and enhance mechanism for **mobilizing IPC experts**
- Conduct rapid investigations of disease clusters, HCAI and AMR in health-care facilities.
- Develop and strengthen **surveillance and reporting on HCAI**.



WHO Technical Guideline



Development,
dissemination and
application of technical
guidelines based on
evidence in IPC practice
and prevention from
infection risks

<http://www.who.int/gpsc/5may/tools/9789241597906/en/>

WHO-IPC Core components (2016)

Global infection prevention and control priorities 2018–22: a call for action



The Ebola virus disease outbreak in west Africa and programmes, outbreak preparedness and response, the rapid spread of other emerging viruses, such as and capacity building for surveillance. In early 2017, GIPC

[http://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X\(17\)30427-8.pdf](http://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X(17)30427-8.pdf)

Core components for infection prevention and control programmes

Report of the Second Meeting
Informal Network on Infection Prevention
and Control in Health Care

Geneva, Switzerland
26–27 June 2009

EMERGENT AND PANDEMIC
ALERT AND RESPONSE



Guidelines on Core Components
of Infection Prevention and Control
Programmes at the National and Acute
Health Care Facility Level

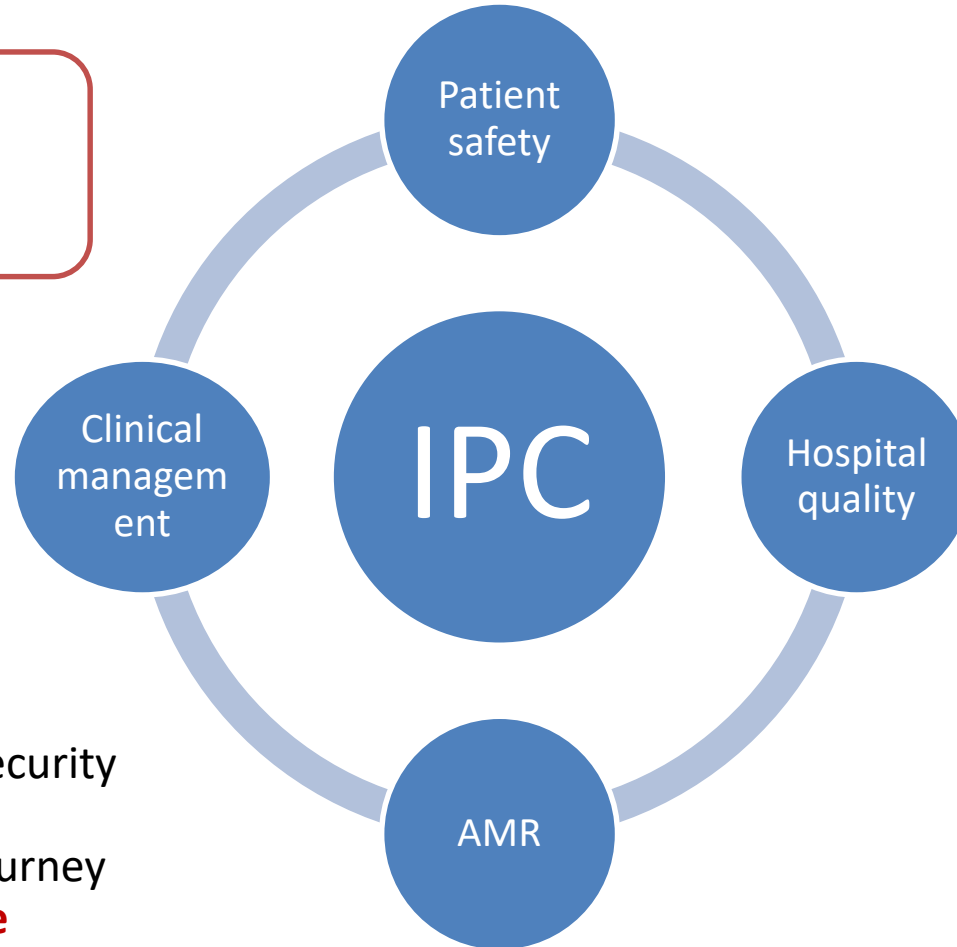


8 components

1. IPC programmes
2. IPC guidelines
3. IPC education and training
4. Surveillance
5. Multimodal strategies
6. Monitoring audit of IPC practices and feedback
7. Workload, staffing and bed occupancy
8. Built environment, materials and equipment for IPC at the facility level

IPC is the center of wheel!!

Evidence based
effective practice



Future 10 years: We will continue to face health security threats...AND we need to continue our collective journey **towards a safer and more secure region.**

Thank you! cảm ơn! ありがとう!