The Infection Prevention and Control Global Unit – a new approach to strengthening national and international IPC capacity, improving practices and changing behavior for safer, high quality patient care

The foundations and idea for the new unit

Globally, hundreds of millions of people are affected every year by avoidable infections in healthcare (health care-associated infections, HAIs). The determinants of HAI are influenced by a complex combination of gaps in policies, infrastructure, organization and knowledge, defects in health-care workers’ behavior, and patient-related factors. Infection prevention and control (IPC) is a scientific approach and practical solution grounded in infectious diseases, epidemiology, social science, and health system strengthening, designed to prevent harm due to infection to patients and health workers.

IPC occupies a unique position in the field of patient safety since it is universally relevant to health workers and patients at every single health-care encounter.

One of the most profound lessons of the Ebola virus disease (EVD) outbreak is that without robust IPC best practices and Water, Sanitation and Hygiene (WASH) infrastructure in health care, the capacity of fragile health systems to withstand shocks caused by highly transmissible infections is severely compromised. In addition, the attainment of global commitments such as preventing antimicrobial resistance (AMR) and achieving safe, high quality universal health coverage is placed at risk without well-functioning IPC/WASH programs at every level of the health system. No country, no health-care facility, even the most advanced and sophisticated system can claim to be free from the problem of HAIs. The need for IPC programmes nationally and at the facility level is clearly reinforced within the new WHO 100 Core Health Indicators (Health Systems – Health Security).

WHO Service Delivery and Safety (SDS) was established as a Department within the Health Systems and Innovation Cluster (HIS) in 2014, evolving from the WHO Patient Safety Programme launched in 2004. The Clean Care is Safer Care (CCiSC) programme was established in 2005 as the First WHO Global Patient Safety Challenge aimed at reducing the endemic burden of HAIs worldwide with an initial focus on and improving hand hygiene as the most important measure to prevent microbial transmission in health care. The CCiSC implementation model combining awareness raising and advocacy about the HAI burden, technical guidance, multifaceted behavioural change strategies, and global campaigning (SAVE LIVES: Clean Your Hands) has been shown to have a huge uptake and impact worldwide. The work of the programme has expanded over time to address further aspects of IPC, such as the prevention of infections due to invasive procedures, such as surgery, and IPC focus to combat AMR.

In the context of the WHO Ebola response and recovery, the SDS department and its CCiSC team were requested to lead the WHO efforts on IPC. The EVD outbreak resulted in an intense and refreshed focus on IPC strategies and actions in every region of the world, as well as within WHO. A new IPC unit has therefore been set up within the SDS department to provide a comprehensive, integrated IPC function focused on strengthening national and international IPC capacity and implementing safe practices at the point of care. This unit will build upon the foundations and phenomenal achievements of the CCiSC programme and the strong leadership and technical expertise demonstrated during the EVD response and early recovery.
The new unit’s approach

The IPC Global Unit (IPC-GU) will lead WHO’s work on IPC and will work collaboratively with related units in SDS, in particular Patient Safety & Quality and the new unit on Universal Health Coverage & Quality and with other related departments and units at the three levels of WHO.

The vision and mission of the IPC-GU are as follows:

VISION - Protecting patient and health worker lives across the world through excellence in IPC.

MISSION - The WHO IPC-GU will drive IPC to the top of the agenda in all countries by providing innovative, effective technical guidelines and strong coordination with the goal of reducing infections and antimicrobial resistance in health care and revolutionizing the way IPC is applied.

The IPC-GU will deliver its work based on five main functions:

1. Leadership, connecting and coordinating
2. Campaigns and advocacy
3. Technical guidance and implementation
4. Capacity building
5. Measuring and learning

The unit functions and approach are summarized in the Figure below:
Through these five functions the IPC-GU aims to achieve the following **objectives:**

- Continue to provide leadership through advocating for reductions in HAIs and raising awareness among policy makers, health workers, patients, the public, and other relevant stakeholders.
- Develop technical guidance and standards and related multimodal implementation strategies catalyzing behavior change among health workers and targeting different stakeholders and audiences including patients.
- Strengthen IPC at the point of care by embedding IPC in clinical practice and focusing on clinical procedures at high risk for microbial transmission and HAIs (e.g. hand hygiene, surgery and the use of invasive devices).
- Strengthen the integration between patient safety and IPC with a people-centered perspective.
- Develop frameworks for IPC capacity building in countries including template action plans and Core Components of IPC programmes, and support to Member States in their implementation.
- Provide technical expert support to other programmes within WHO and the United Nations family, coordinating integration of IPC efforts across the organization and performing as the WHO IPC hub.
- Strengthen monitoring and evaluation to inform and maximize global learning.

The key **technical areas of work** for 2015-2017 are the following:

- Hand hygiene
- Burden of health care-associated infections
- Prevention of surgical site infections
- IPC to combat AMR
- Injection Safety
- IPC country capacity building, including Ebola Recovery plans
- Prevention of sepsis and catheter-associated bloodstream infections
- Prevention of catheter-associated urinary tract infections

To enable roll out of these work plans, the IPC-GU is developing specific new strategies to support governance and project and finance management and to strengthen internal and external collaborations and stakeholders’ engagement. Resource mobilization will be a key feature of the work. The new approach for the **governance** of the IPC-GU is based upon the provision of regular advice and mentorship by the Special Patient Safety Envoy and on the creation of a **Technical Steering Group** and of an **External Advisory Board.** The technical steering group will include about ten external lead advisors and international IPC experts committed to provide technical advice and leadership support for development and dissemination of the technical products. The **External Advisory Board** will include the Special Patient Safety Envoy, the external lead advisors of the different technical areas of work, and some experts in areas other than IPC (e.g. social science and behavioural change, communications and marketing). The board will be requested to provide strategic directions for the work of the IPC-GU and leadership support.