



**Interim Practical  
Manual supporting  
national implementation  
of the WHO Guidelines  
on Core Components  
of Infection Prevention  
and Control Programmes**



**World Health  
Organization**

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## Key to symbols

	<b>Development of an action plan</b>
	<b>Hands-on work or implementation activities</b>
	<b>Focus on sustainability and long-term improvement</b>
	<b>Key concepts – why, when, who, and how</b>
	<b>Advocacy for funding or resources needed</b>
	<b>Evaluation or assessment needed</b>
	<b>Key people to be involved in an activity</b>
	<b>Case study</b>
	<b>Key tool or resource that can be referenced</b>
	<b>Extra attention point ("NB")</b>
	<b>Testimonial on country experience</b>
	<b>Action checks</b>

## Abbreviations and acronyms

<b>AMR</b>	antimicrobial resistance
<b>APIC</b>	Association for Professionals in Infection Control and Epidemiology
<b>CDC</b>	Centers for Disease Control and Prevention
<b>ECDC</b>	European Centre for Disease Control and Prevention
<b>GLASS</b>	Global Antimicrobial Resistance Surveillance System
<b>GPS</b>	good practice statement
<b>HAI</b>	health care-associated infection
<b>HIV</b>	human immunodeficiency virus
<b>HMIS</b>	health management information system
<b>IHR</b>	International Health Regulations
<b>ICAN</b>	Infection Control Africa Network
<b>IPC</b>	infection prevention and control
<b>IPCAT</b>	infection prevention and control assessment tool
<b>JEE</b>	joint external evaluation
<b>MDRO</b>	multidrug-resistant organism/s
<b>NGO</b>	nongovernmental organization
<b>NHSN</b>	National Healthcare Safety Network
<b>PAHO</b>	Pan American Health Organization
<b>R</b>	recommendation
<b>SARA</b>	service availability and readiness assessment
<b>SDG</b>	Sustainable Development Goals
<b>SMART</b>	specific, measurable, attainable, realistic, timely
<b>UNICEF</b>	United Nations Children's Fund
<b>USA</b>	United States of America
<b>WASH</b>	water, sanitation and hygiene
<b>(WASH) FIT</b>	facility improvement tool
<b>WHO</b>	World Health Organization

# Introduction to the manual

## 1. Purpose of the manual

This practical manual is designed to support implementation of the World Health Organization (WHO) Guidelines on core components of infection prevention and control programmes (<http://www.who.int/infection-prevention/publications/core-components/en/>) at the **national level**, with special focus on countries with limited resources.

The Guidelines describe **what** is necessary (that is, recommendations) to effectively improve infection prevention and control (IPC). This practical manual outlines **how** to do this (that is, how to implement the Guidelines). It focuses on the development of a sustainable action plan informed by the local context to put into operation the Guideline recommendations. It is essential for the reader to review these recommendations before using the manual (<http://www.who.int/infection-prevention/publications/core-components/en/>).

The manual is grounded in the theory of implementation science and uses practical examples from a range of countries to illustrate “implementation in action”. The three main aims of the manual are outlined in Box 1.

This practical manual is an important resource to strengthen IPC and improve the quality and safety of health service delivery through the establishment of evidence-based and locally adapted integrated IPC programmes. The International Health Regulations (IHR) position effective IPC as a key requirement for a successful response to public health threats of international concern. More recently, the United Nations Sustainable Development Goals (SDG) reinforced the importance of IPC as a contributor to safe, effective high quality health service delivery, in particular those related to water, sanitation and hygiene (WASH), quality of care and universal health coverage (Figure 1).

This is an interim version of the manual as the next phase will see intensive work happening in countries implementing the new IPC core components’ recommendations and it is anticipated that more practical examples and case studies will be gathered from its initial dissemination. Additional resources and implementation tools are also under development. Therefore, as lessons learned and additional resources become available, they will be incorporated in future versions of the practical manual. If you have a tool/ resource or an example to illustrate the implementation of the IPC core components, please contact us at [allegranzib@who.int](mailto:allegranzib@who.int) and we will consider featuring it in the next version of the manual.

### Box 1. Three aims of the manual



**To provide clear direction and supporting resources** to aid the development of a practical, outcome-focused action plan, informed by local examples and existing realities



**To describe how to operationalize the plan** based on evidence and national-level implementation experience



**To support sustainability of the plan** with a focus on integrating and embedding IPC within relevant national policies and strategies

### Figure 1. IPC supports the SDG's



2. Target audience

This manual is intended to primarily support governments and policy-makers interested in developing or strengthening their national IPC programmes. This includes policy-makers and implementers responsible for establishing and monitoring national and sub-national IPC programmes (that is, IPC national leads and teams tasked with the implementation of the WHO IPC core components in their country), as well as policy-makers responsible for the delivery of national action plans for antimicrobial resistance (AMR). WHO staff based at country level who is involved in supporting the development or implementation of IPC guidelines, AMR national action plans, including the core capacities of the IHR (2005), may also benefit from using this manual.

The manual may be helpful to a secondary range of actors, including those responsible for health care quality improvement, patient safety, health facility accreditation/regulation, public health/disease control, WASH, occupational health and antimicrobial stewardship programmes. In addition, it may be of value to development partners/non-governmental organizations (NGOs).

**Of note, it is crucial to identify clear roles and responsibilities for each implementation step among these various players. The primary and secondary target audiences are summarized in Box 2.**

Box 2. Target audience

Primary target audience

Policy-makers and implementers within ministries of health responsible for:

- The establishment and monitoring of national IPC programmes.

3. Structure of manual

The manual is presented in three parts to help the user navigate the implementation journey (Box 3). Part I focuses on the “what”, that is, the core component recommendations. It also introduces a visual representation of the IPC core components to help understand how they fit together. Part II shifts the user’s thinking towards the “how” with a focus on how each recommendation can be put into operation. It introduces a classic stepwise approach to implementation and includes a range of country case studies. Part III contains a list of supporting tools and resources that have been used or developed to support the implementation of IPC programmes.

Box 3. Manual structure

PART I	PART II	PART III
The “What”	The “How”	Supporting the “How”: Tools
<ul style="list-style-type: none"><li>• Outline and visual summary of the core component</li></ul>	<ul style="list-style-type: none"><li>• Stepwise approach to implementing each core component recommendation</li></ul>	<ul style="list-style-type: none"><li>• Summary of the key tools and resources to support each step of the implementation</li></ul>

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