

Global report on infection prevention and control



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ISBN 978-92-4-005116-4 (electronic version) ISBN 978-92-4-005117-1 (print version)

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Cataloguing-in-Publication (CIP) data. CIP data are available at http://apps.who.int/iris.

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Foreword



The importance of preventing infection and antimicrobial resistance (AMR) in health care is being recognized increasingly in many national and global health efforts. Over the years, the central role infection prevention and control (IPC) has been reflected in the emerging priorities of the World Health Organization's Member States, and their partners. IPC action is acknowledged as playing a prominent role in curbing emerging and ongoing threats in health-related activities ranging from water, sanitation and hygiene and health worker and

patient safety to preventing specific conditions, such as AMR and sepsis. It is critical to the provision of high-quality and safe health care, and lies at the core of health emergency preparedness and response. As such, IPC has played a decisive role during the COVID-19 pandemic, and its correct application continues to save lives everywhere around the globe.

This global report on IPC is the first of its kind. It provides a global situation analysis of how IPC programmes are being implemented in countries around the world and highlights the harm to patients and health workers caused by health care-associated infections (HAIs) and AMR. The report also addresses the impact and cost-effectiveness of IPC and it indicates approaches, resources and strategic directions to support countries in their efforts to improve IPC programmes and practices, as a high priority for the health agenda and in connection with other areas of work.

Inadequate IPC places a significant burden on those affected and is a determinant of poor quality care delivery and health services disruption, particularly in lower income settings. The report reveals that high-income countries are more likely to be progressing their IPC work, and are eight times more likely to have a more advanced status of IPC programmes and practices implementation than low-income countries. This demonstrates, once again, that IPC is also a problem of equity and access to quality health care.

Patients afflicted with other conditions and seeking care, or accessing preventive services such as vaccination in good health, find themselves with the risk of being infected with a HAI. Facilities can be the entry point for outbreaks or become amplifiers of pathogen transmission, with subsequent spread of outbreaks to the community. Out of 100 patients hospitalised, seven will be infected with an HAI, the risk doubling and being up to 20 times higher in low- and middle-income countries. The more ill and fragile patients get, the higher becomes the risk of HAIs and their deadly consequences. Deaths are increased two to threefold when infections are resistant to antimicrobials. Moreover, the experience accumulated in the past two years during the COVID-19 pandemic unequivocally shows that both patients and health workers can be at high risk of being infected with SARS-CoV-2 during health care delivery and need to be protected.

IPC is a proven solution that has the ability to avoid most of this harm and incalculable suffering and costs to people and the health system. Compelling evidence shows that up to 70% of HAIs can be prevented by scaling up an array of effective IPC interventions. Investing in IPC is one of the most effective and cost-saving interventions available. In particular, hand hygiene and environmental hygiene in health care facilities were found to be able to more than halve the risk of dying as a result of infections with AMR pathogens, as well as to decrease the associated long-term complications and health burden by at least 40%. Improving hand hygiene in health care settings could save about US\$ 16.50 in reduced health care expenditure for every dollar invested. It is also shocking to understand that, during the first six months of the COVID-19 pandemic, access to appropriate personal protective equipment combined with rapid IPC training would have had the potential to avert SARS-CoV-2 infections and related deaths among health care workers globally, while generating substantial net savings across countries worldwide, independently from their income.

However, the striking reality outlined by this report is the limited and inconsistent implementation of IPC programmes globally. Comparing data from WHO 2017–2018 and 2021–2022 surveys, the percentage of countries having a national IPC programme did not improve; furthermore in

2021–2022 only four out of 106 assessed countries (3.8%) had all minimum requirements for IPC in place at the national level. This is reflected in inadequate implementation of IPC practices at the point of care, with only 15.2% of health care facilities meeting all of the IPC minimum requirements, according to a WHO survey in 2019.

Nevertheless, encouraging progress has also been made in some areas, with a significant increase being seen in some key indicators such as the percentage of countries having an appointed IPC focal point, and/or a dedicated budget for IPC and a curriculum for front-line health care workers' training; and/or establishing hand hygiene compliance as a key national indicator.

Given this global picture, the report also outlines priorities for addressing IPC in the national and international health agendas. It is crucial that political commitment be decisive and visible through the engagement of the national and local leadership at its highest levels, the allocation of resources and the establishment of the appropriate regulations and legal frameworks for IPC. This would ensure that at least the WHO IPC minimum requirements are in place in all countries, as a first step towards the full implementation of all IPC core components. Most importantly, IPC should make a difference for health worker and patient safety at the point of care, with optimal practices embedded within the patient pathway and clinical care. This can only happen if adequate standard operating procedures, training, infrastructure, supplies and human resources are available and monitored.

It is time to turn the page on the paradox of hospitals spreading disease, rather than being the curative centres they were designed to be. Investments in IPC improvements are urgently needed. This is the moment for making decisive action on IPC and raising public awareness. This report aims to provide the scientific basis and the motivation for powerful action on IPC.

Zsuzsanna Jakab Deputy Director-General, WHO

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Acknowledgements

The World Health Organization (WHO) gratefully acknowledges the many individuals and organizations who contributed to the development of this report.

The development of the report was coordinated by Benedetta Allegranzi of the Department of Integrated Health Services, Universal Health Coverage and Life Course Division, who also led the writing, together with Alessandro Cassini of the Department of Surveillance, Prevention and Control, Antimicrobial Resistance (AMR) Division.

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