World Health Organization

Global IPC Action plan 2024

En global handlingsplan mot vårdrelaterade infektioner och smittspridning

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GLOBAL ACTION PLAN ON ANTIMICROBIAL RESISTANCE

2015

World Health Organization

[Antimicrobial resistance (who.int)]

WHO:s övergripande vårdhygieniska arbete

Global rapport

- 2022

Global strategi

- 2023

Global handlingsplan

- 2024


International Federation of Infection Control
theific.org
IFIC

Vad är WHO?

- Ingår som organisation inom FN

Är FN:s ”hälsomyndighet”

- Grundat 1948
- 194 medlemsländer

6 regionala kontor och 150 kontor i olika länder

[Infection prevention and control GLOBAL (who.int)]

FN:s utvecklingsmål fram till 2030

- 17 globala hållbarhetsmål
- Arbete startat på 90-talet
- Vision:

”*peace, prosperity for all people of the planet*”

- Senaste produkten ”Agenda 2030”

United Nations

Agenda 2023

THE 17 GOALS | Sustainable Development (un.org)

Vårdhygienisk koppling till globala utvecklingsmålen fram till 2030

WHO:s arbetsprincip

Slutsats

- WHO kommer aldrig att arbeta operativt för att åstadkomma en bättre vårdhygien i ett höginkomstland som Sverige

- Guidelines gäller dock hög-, medel och låginkomstländer

- WHO:s dokument är anpassade till förutsättningar och förhållanden i lång- och medelinkomstländer

IPC= Infection Prevention and Control

WHO:s vårdhygieniska arbete

2002

Började med resolution om patientsäkerhet

FIFTY-FIFTH WORLD HEALTH ASSEMBLY **WHA55.18**

Agenda item 13.9 **18 May 2002**

Quality of care: patient safety

The Fifty-fifth World Health Assembly,

Having considered the report on quality of care: patient safety;[1]

Concerned that the incidence of adverse events is a challenge to quality of care, a significant avoidable cause of human suffering, and a high toll in financial loss and opportunity cost to health services;

Noting that significant enhancement of health systems' performance can be achieved in Member States by preventing adverse events in particular, and improving patient safety and health care quality in general;

Recognizing the need to promote patient safety as a fundamental principle of all health systems,

1. URGES Member States:

(1) to pay the closest possible attention to the problem of patient safety;

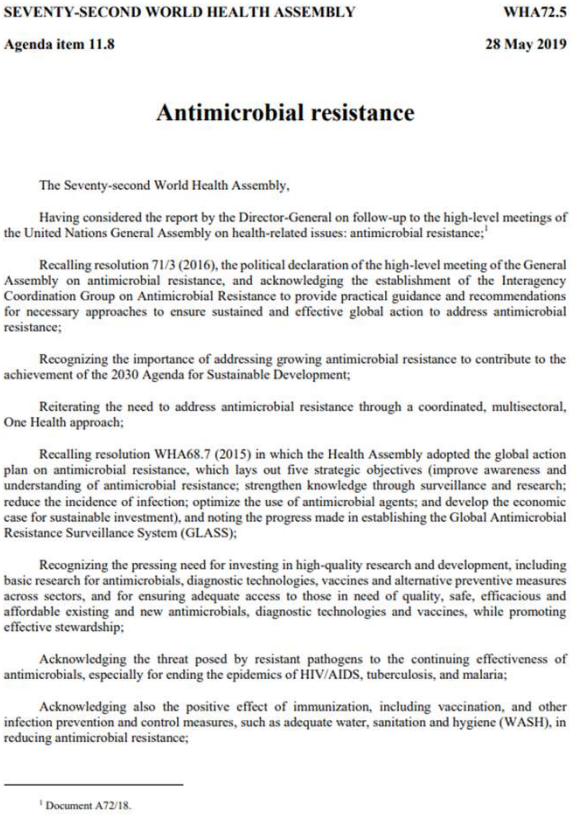
(2) to establish and strengthen science-based systems, necessary for improving patients' safety and the quality of health care, including the monitoring of drugs, medical equipment and technology.

2. REQUESTS the Director-General in the context of a quality programme:

(1) to develop global norms, standards and guidelines for quality of care and patient safety, the definition, measurement and reporting of adverse events and near misses in health care by reviewing experiences from existing programmes and seeking inputs from Member States, to provide support in developing reporting systems, taking preventive action, and implementing measures to reduce risks;

(2) to promote framing of evidence-based policies, including global standards that will improve patient care, with particular emphasis on product safety, safe clinical practice in compliance with appropriate guidelines and safe use of medicinal products and medical devices taking into consideration the views of policy-makers, administrators, health-care providers and consumers;

Fortsatte med antibiotikaresistens



SEVENTY-SECOND WORLD HEALTH ASSEMBLY WHA72.5

Agenda item 11.8 28 May 2019

Antimicrobial resistance

The Seventy-second World Health Assembly,

Having considered the report by the Director-General on follow-up to the high-level meetings of the United Nations General Assembly on health-related issues: antimicrobial resistance;[1]

Recalling resolution 71/3 (2016), the political declaration of the high-level meeting of the General Assembly on antimicrobial resistance, and acknowledging the establishment of the Interagency Coordination Group on Antimicrobial Resistance to provide practical guidance and recommendations for necessary approaches to ensure sustained and effective global action to address antimicrobial resistance;

Recognizing the importance of addressing growing antimicrobial resistance to contribute to the achievement of the 2030 Agenda for Sustainable Development;

Reiterating the need to address antimicrobial resistance through a coordinated, multisectoral, One Health approach;

Recalling resolution WHA68.7 (2015) in which the Health Assembly adopted the global action plan on antimicrobial resistance, which lays out five strategic objectives (improve awareness and understanding of antimicrobial resistance; strengthen knowledge through surveillance and research; reduce the incidence of infection; optimize the use of antimicrobial agents; and develop the economic case for sustainable investment), and noting the progress made in establishing the Global Antimicrobial Resistance Surveillance System (GLASS);

Recognizing the pressing need for investing in high-quality research and development, including basic research for antimicrobials, diagnostic technologies, vaccines and alternative preventive measures across sectors, and for ensuring adequate access to those in need of quality, safe, efficacious and affordable existing and new antimicrobials, diagnostic technologies and vaccines, while promoting effective stewardship;

Acknowledging the threat posed by resistant pathogens to the continuing effectiveness of antimicrobials, especially for ending the epidemics of HIV/AIDS, tuberculosis, and malaria;

Acknowledging also the positive effect of immunization, including vaccination, and other infection prevention and control measures, such as adequate water, sanitation and hygiene (WASH), in reducing antimicrobial resistance;

[1] Document A72/18.

2005

Sen kom handhygienen

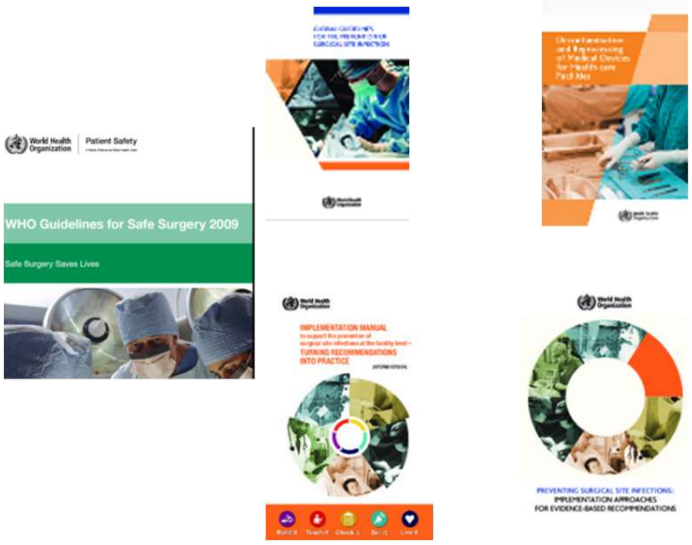


Infection prevention & control

- **Hand hygiene**
- Core components
- Surgical site infection
- Injection safety
- IPC and AMR

Bara fortsätter

Postoperativa sårinfektioner



urgical site infection

Hand hygiene

Core components

Injection safety

IPC and AMR

Tog rejäl fart av Ebola

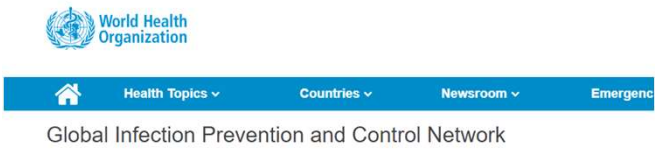
Ebola 2014 epidemi Väst-Afrika → COVID-19 2020-2022 pandemi

WHO Global Unit

BenedettaA Allegranzi med ett 10-tal medarbetare

GIPCN

- Dammades av 2017
- Coordineras av WHO *IPC Global Unit*
- Benedetta Allegranzi är ledaren



GIPCN participating organizations (from 2017)

- American University of Beirut Medical Centre
- Asia Pacific Society of Infection Control (APSIC)
- Association for Professionals in Infection Control and Epidemiology (APIC)
- Baltic Antibiotic Resistance collaborative Network (BARN)
- Centers for Disease Control and Prevention (CDC), USA
- National IPC programme, Ministry of Health, Chile
- European Committee on Infection Control (EUCIC) and European Society of Clinical Microbiology and Infectious Diseases (ESCMID)
- European Network to Promote Infection Prevention for Patient Safety (EUNETIPS)
- Infection Control Africa Network (ICAN)
- Institute of Epidemiology, Disease Control and Research (IEDCR), Bangladesh
- International Federation of Infection Control (IFIC)
- Jhpiego-an affiliate of Johns Hopkins University, USA
- Médecins Sans Frontières (MSF)
- Ministry of Health, Kingdom of Saudi Arabia
- National Centre for Infectious Diseases, Tan Tock Seng Hospital, Singapore
- North Western State Medical University, Russian Federation
- Public Health Agency of Canada
- Society for Healthcare Epidemiology America (SHEA)
- School of Nursing, University of Sao Paulo, Brazil
- WHO Collaborating Centre for Infectious Disease Epidemiology and Control, China
- WHO Collaborating Centre for IPC and AMR, Ministry of National Guard Health Affairs, Kingdom of Saudi Arabia
- WHO Collaborating Centre of Patient Safety, University Hospitals of Geneva, Switzerland
- WHO Collaborating Centre for Reference and Research in AMR, Public Health England
- World Surgical Infection Society

World Health Organization

WHO launches first ever global report on infection prevention and control

العربية 中文 Français Русский Español

Reveals that good IPC programmes can reduce health care infections by 70%

6 May 2022 | News release | Geneva | Reading time: 4 min (951 words)

Media Contacts

WHO:s övergripande vårdhygieniska arbete

Global rapport

- 2022

Global strategi

- 2023

Global handlingsplan

- 2024

WHO maj 2022

182 sidor

10 kapitel

3 bilagor

WHO maj 2022

En *situationsanalys* över förekomsten av VRI globalt

Underlag för en global vårdhygienisk strategi och handlingsplan 2023-2024

[Infection prevention and control GLOBAL (who.int)]

Målgrupp

Centrala beslutsfattare

Lokala beslutsfattare

[Infection prevention and control GLOBAL (who.int)]

Global report on infection prevention and control

World Health Organization

Hur kan vi ha nytta av denna lunta på 182 sidor?

I vår kommunikation

- **Lägesrapport** över förekomsten och konsekvenserna av VRI genom att man hittar viktiga rapporter på ett ställe

Tex kostnader VRI och vinster med att arbeta förebyggande (Världsbankens och OECD rapporter)

- En analys om **vad som idag görs** för att minska VRI

Afrika, Amerika, Asien, Europa, mellanöstern, Australien/NZ, på WHO

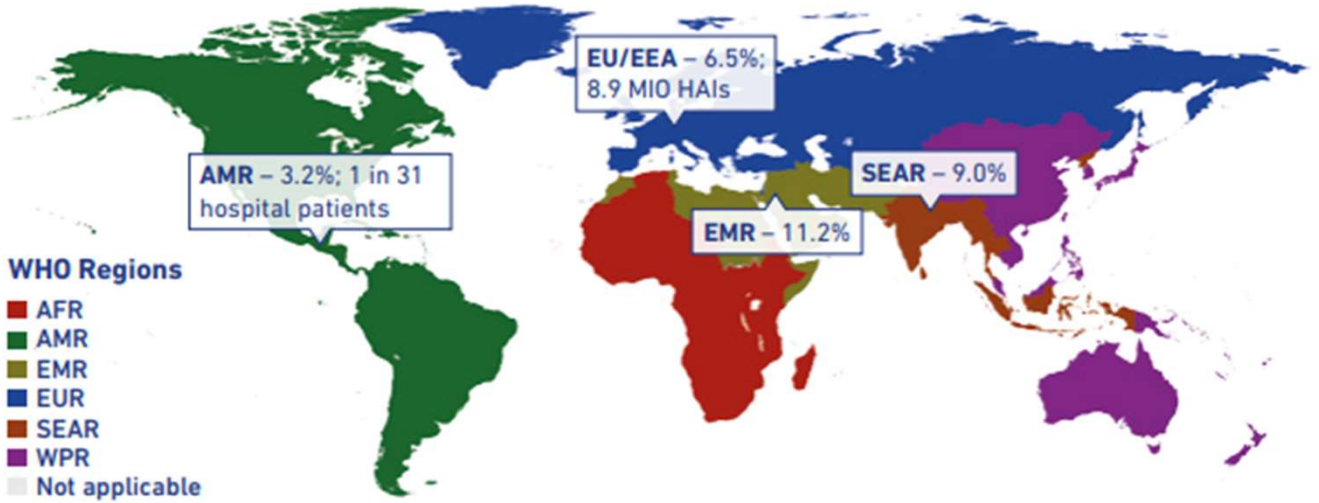
Tex handhygien (kapitel 5)

- En analys **om vilka områden som bör prioriteras** i det fortsatta arbetet

Global report on infection prevention and control

Förekomsten av VRI i olika delar av världen

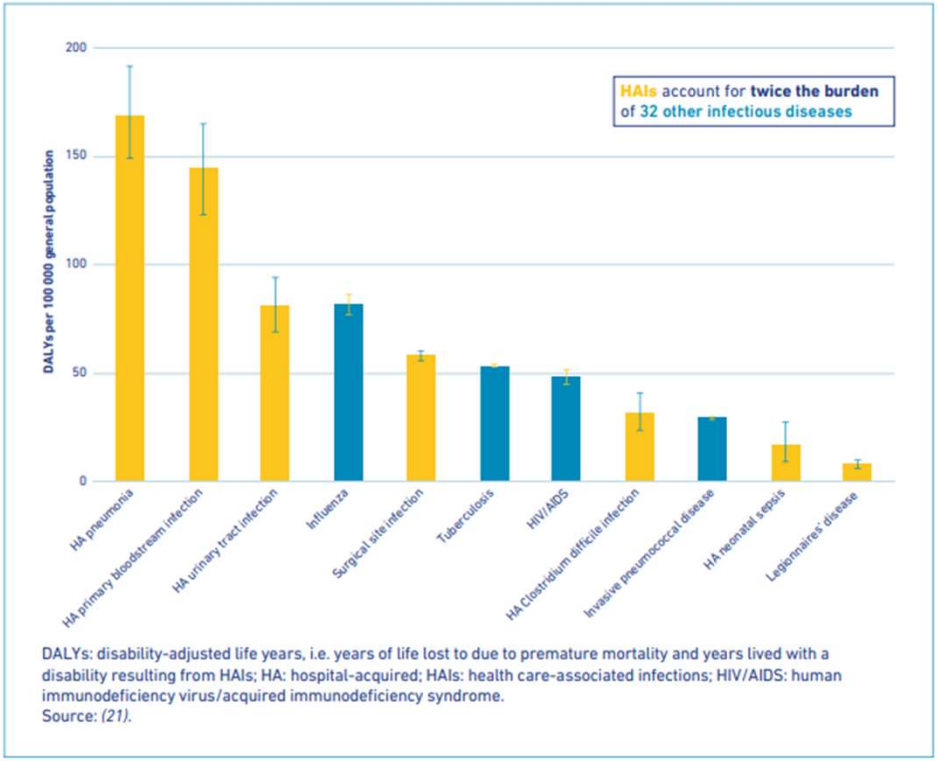
Fig. 2.1. Frequency of HAIs in different WHO regions and countries



EU/EEA: European Union/European Economic Area; HAIs: health care-associated infections; MIO: million; WHO regions: AFR: African Region; AMR: Region for the Americas; EMR: Eastern Mediterranean Region; EUR: European Region; SEAR: South-East Asia Region; WPR: Western Pacific Region.
Source: *(17–20)*.

VRI är dubbelt så vanligt som övriga 32 infektionssjukdomar inom EU

Fig. 2.3. Comparing the burden of HAIs with other infectious diseases in EU/EEA (2011–2012)



DALYs: disability-adjusted life years, i.e. years of life lost to due to premature mortality and years lived with a disability resulting from HAIs; HA: hospital-acquired; HAIs: health care-associated infections; HIV/AIDS: human immunodeficiency virus/acquired immunodeficiency syndrome.
Source: *(21)*.

Beskrivning

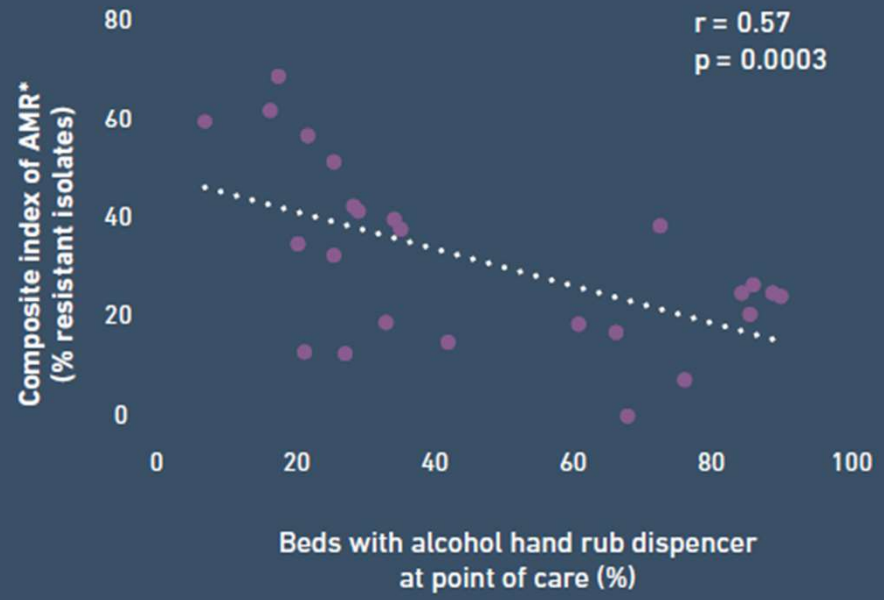
- Konsekvenserna av dålig hygien
- Ekonomiska “business case”
- Antibiotikaresistens
- Morbiditet
- Mortalitet

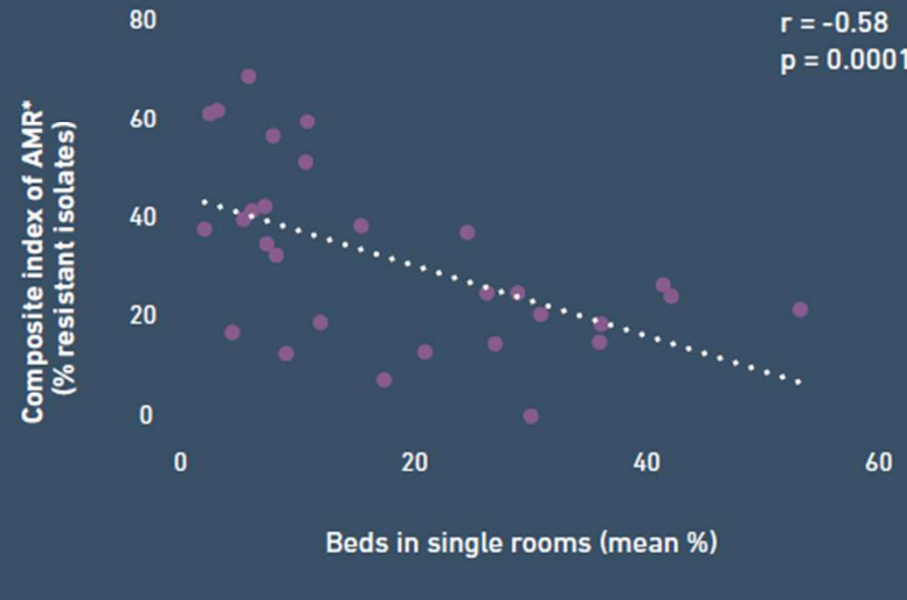
Business case

Bevis för att om man investerar i vårdhygien så betalar det sig

Tex anställa vårdhygienisk personal

Fig. 7.1. Associations between a composite index of AMR* and IPC indicators in European acute care hospitals





Composite index of AMR: percentage of isolates resistant to first-level antimicrobial resistance markers in health care-associated infections, i.e. *S. aureus* resistant to meticillin (MRSA), *E. faecium* and *E. faecalis* resistant to vancomycin, Enterobacteriaceae resistant to third-generation cephalosporins, and *P. aeruginosa* and *A. baumannii* resistant to carbapenems.

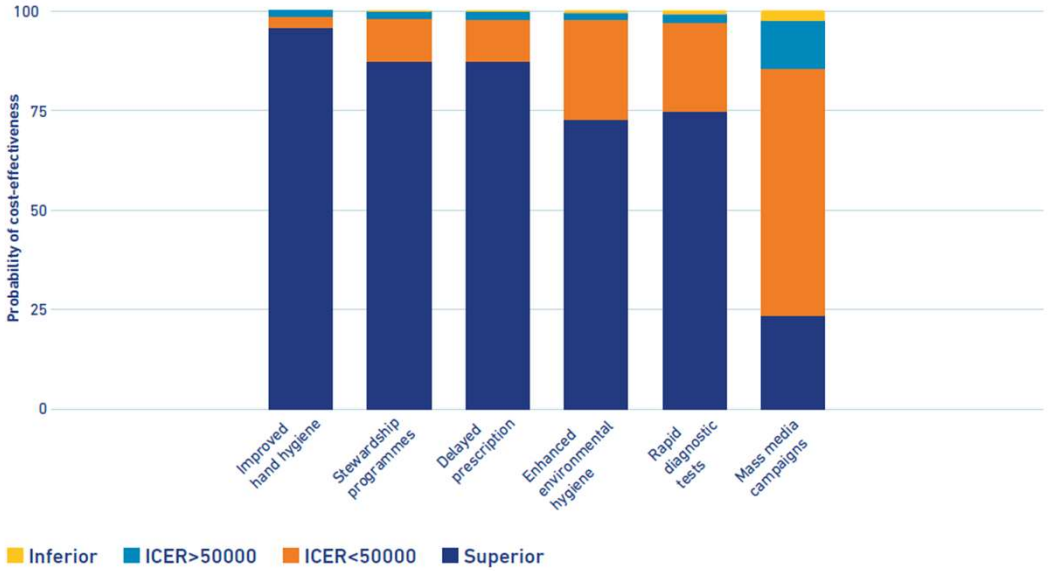
r, Spearman's correlation coefficient; p, p-value.

Source: Reproduced with permission from *(53)*.

AMR-Tackling-the-Burden-in-the-EU-OECD-ECDC-Briefing-Note-2019.pdf

Vårdhygieniska insatser är de i särklass mest kostnadseffektiva åtgärderna för att minska AMR

Fig. 7.2. Probability of cost-effectiveness of interventions vs. business as usual



ICER: Incremental cost-effectiveness ratio. Interventions are ranked on their overall probability of being at least cost-effective (that is, an ICER<50 000 and superior).
Source: Adapted with permission from *(131)*.

131. Stemming the Superbug Tide: Just A Few Dollars More. Paris: Organisation for Economic Development; 2018. doi: 10.1787/9789264307599-en.

Water Sanitation-Hygiene (WASH)

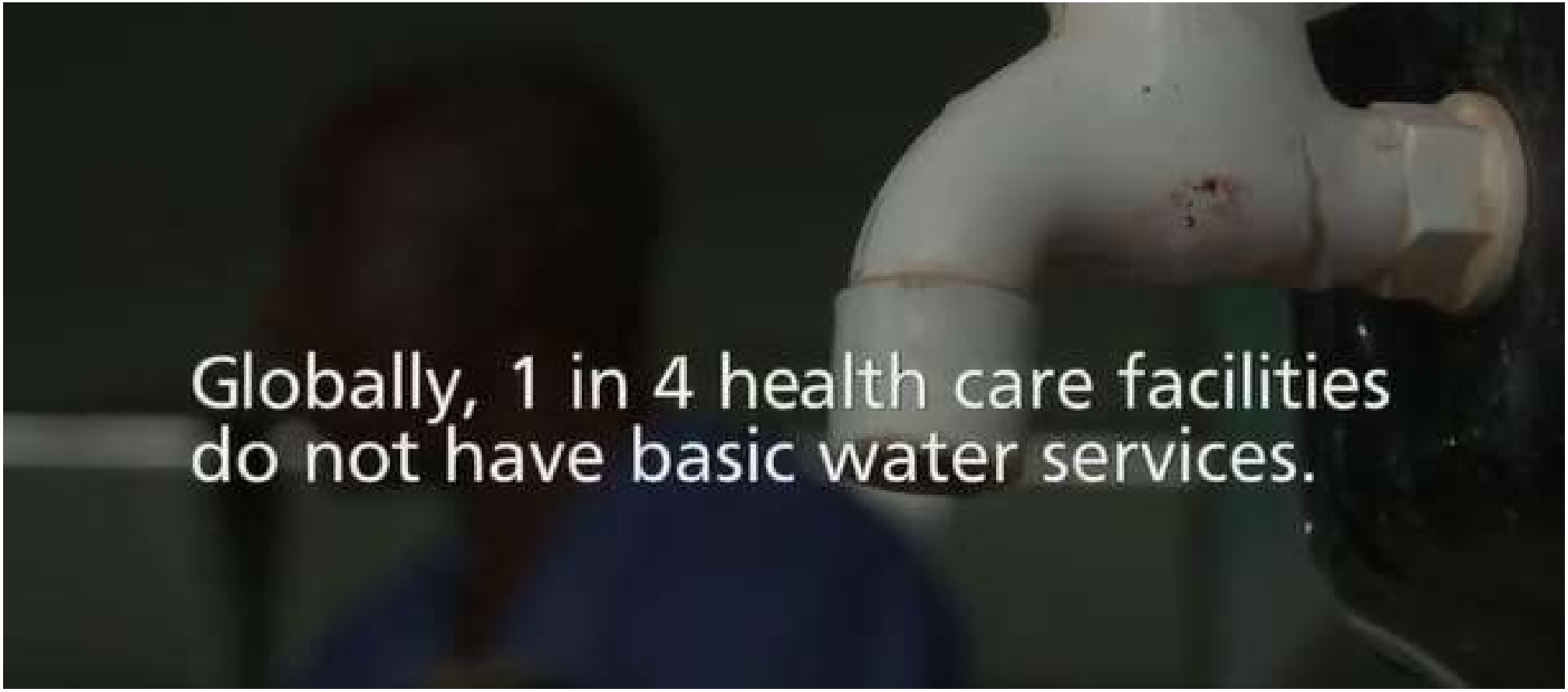
	GOALS	TARGETS
6 CLEAN WATER AND SANITATION	6: Ensure availability and sustainable management of water and sanitation for all	6.1: By 2030, achieve universal and equitable access to safe and affordable drinking water for all
		6.2: By 2030 achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations
3 GOOD HEALTH AND WELL-BEING	3: Ensure healthy lives and promote well-bei ng for all at all ages	3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

PROGRESS ON WASH IN HEALTH CARE FACILITIES 2000-2021

Special focus on WASH and infection prevention and control (IPC)

[jmp-2022-wash-hcf-launch.pdf (washdata.org)]

Hälsosektorn:



Hälsosektorn:

World Health Organization

Så här ska man lösa VRI-problemet

Solutions to improve IPC

Fig. 9. The eight core components of IPC programmes

IPC: infection prevention and control.
Source: *(2)*.

12 prioriterade områden för en strategi och handlingsplan


Fig. 16. Critical priorities for IPC in national and international health agendas

1	Functional IPC programmes	• Dedicated budget • Trained IPC professionals
2	IPC minimum requirements	• At national and facility levels in all countries • Demonstrated by M&E of key IPC and WASH indicators
3	Decisive and visible political commitment and leadership engagement	• At the highest levels • Allocation of national and local health budgets • Establishing targets for IPC investment
4	Regulations and legal framework	• To enforce IPC requirements and policies through accreditation and accountability systems • Reporting of key IPC performance indicators and targets
5	Integration and alignment with other programmes	• Specific IPC programme that horizontally integrates/aligns with existing ones
6	Embedding IPC within the patient pathway and clinical care	• Tools and SOPs to support IPC understood and practiced at the point of care in all clinical areas • Workflow, human factors, ergonomics to be considered
7	IPC training and education at all levels	• Implementation of accredited IPC curricula (pre- & postgraduate, in-service) • Based on the WHO IPC core competencies
8	Human resources and career pathway for IPC	• IPC professionals: – with a recognized career pathway – empowered with a clear mandate and authority – accountable for implementation and reporting impact
9	Surveillance of HAIs and AMR in health care	• Functioning and quality-controlled systems for HAI and AMR surveillance • Connected with existing platforms (e.g. GLASS) • Existing standardized surveillance protocols (e.g. ECDC PPS)
10	Quality diagnostics	• Access to quality laboratory diagnostics and services
11	Monitoring IPC programmes	• Using standard M&E approaches • Regular assessments and feedback to health workers • WHO Global IPC Portal as a protected and confidential solution
12	Using data for action and communications	• Use of data for action and development of local, tailored IPC improvement plans • Tailored and consistent communications from authoritative source, based on science

ECDC: European Centre for Disease Prevention and Control; GLASS: Global Antimicrobial Resistance and Use Surveillance System; IPC: infection prevention and control; M&E: monitoring and evaluation; PPS: point prevalence study; WASH: water, sanitation and hygiene.

Within the global report, WHO provides some key directions and priorities to accelerate efforts and progress at the local, national and global levels (Fig. 16). These priorities can be summarized in the following main three areas.

1. **Political commitment and policies** to scale up and enforce the core components of IPC programmes and the related minimum requirements, including through sustained financing, legal frameworks and accreditation systems.
2. **IPC capacity-building and creation of IPC expertise** as a clinical and public health specialty, including through IPC training and continuous education across different levels and health disciplines, and career pathways for IPC professionals. Embedding IPC within all clinical pathways is critical to influence the quality of health care delivery.
3. **Development of systems to monitor, report, and act** on key indicator data. This should include surveillance of HAI and emerging sentinel pathogens, monitoring of a range of IPC and WASH indicators, and efficient management of the supply chain.

Across these three areas, integration and alignment with other programmes, coordination among government sectors and collaboration with the most critical stakeholders are paramount.

Nästa steg

Global rapport

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IPC 2023:
Local Solutions for Global Challenges

IFIC

24 Hour Virtual Conference

The International Federation of Infection Control

6 July