National policy-maker engagement brief

WHO SAVE LIVES: Clean Your Hands Global Campaign
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Fight antibiotic resistance - it's in your hands

Introduction

This brief contains sample text for use by WHO Representatives and designated WHO Country Office infection prevention and control (IPC) focal points in their engagement with policy-makers and key leaders with a mandate for IPC improvement within national ministries of health, including those tasked with developing national quality and safety policies and strategies.

- Too many of the most vulnerable people seeking care develop a health care-associated infection (HAI) resulting in harm and sometimes even death, especially in low- and middle-income countries (LMICs). This could be prevented through simple, low-cost IPC interventions performed at critical moments, such as hand hygiene.
- One in five patients in some LMICs develop a HAI. When considering all countries, one in 10 patients acquires an infection while receiving health care.
- Defects in IPC at the health facility level increase the risk of outbreaks of highly transmissible diseases that can spread within and beyond facilities, including across national borders.
- At the national level, defective IPC impacts on a country's ability to meet the International Health Regulations (IHR), combat antimicrobial resistance (AMR) and ultimately adversely impact on the quality of health care delivery required to meet the health-related Sustainable Development Goals (SDGs), including universal health coverage.
- Absence of hand hygiene at key moments is one aspect of IPC that is considered to be a critical example of defects in the quality of care, usually compounded by weak infrastructures and the lack of access to affordable products, thus putting patients, health workers and the wider population at risk.
- HAis have a significant economic impact at the patient and population level, including the opportunity cost to health services due to increased length of hospital stay and expensive treatments required for antibiotic-resistant pathogens. Societal costs are also incurred, as well as lost productivity due to HAis and AMR morbidity arid mortality.
- More information on what a HAI is can be accessed at: http://apps.who.int/iris/bitstream/10665/246235/1/WHO-HIS-SDS-2016.10-eng.pdf?ua=l
- It was recently shown that relatively few countries across all Member States reported having an IPC programme at the national level.
- Effective IPC programmes lead to more than a 30% reduction in HAI rates and active surveillance itself may contribute to a 25-57% reduction.
- Improving hand hygiene practices can lead to a reduction of pathogen transmission in health care by 50% or more.
- Some countries have clearly demonstrated that strong IPC programmes and implementation strategies can significantly reduce HAis. England achieved methicillin-resistant *Staphylococcus aureus* (MRSA) infection reduction by 56% over a 4-year period. African hospitals succeeded in reducing surgical site infections by 44% through an IPC and safety culture programme.

Trigger questions for national policy-makers

1. Have you analysed the current IPC situation in your country?
2. What solutions have been implemented so far to address identified gaps and barriers and build an effective IPC programme at the national level?

A menu of potential options to strengthen IPC

As part of its annual **SAVE LIVES: Clean Your Hands** campaign, WHO has issued this year a specific call to action for policy-makers: **"Stop antibiotic resistance spread by making infection prevention and hand hygiene a national policy priority".** To respond to this and demonstrate strong leadership in IPC through quality and integrated people-centred health services, national authorities might consider how to implement or reinvigorate any or all of the following options according to the new WHO recommendations on core components for IPC programmes (http://www.who.int/gpsc/ipc-components/en/):

Option 1	Establish a national IPC programme linked with other relevant national programmes and professional organizations, including those focused on improving the quality of care and health service delivery, AMR and water, sanitation and hygiene.
Option 2	Ensure that any national IPC programme supports the education and training of the health workforce as one of its core functions, thus building skills and competence and supporting the health workforce agenda.
Option 3	Establish a national HAI surveillance programme and networks that include mechanisms for timely data feedback and with the potential to be used for benchmarking purposes. Such a programme will support AMR reduction and the AMR national action plan that all Member States have to put in place.
Option 4	Consider hand hygiene as a key national performance indicator providing vital feedback data on health care practices.
Option 5	Have a system in place to ensure patient care activities are undertaken in a clean and/or hygienic, well-equipped environment to prevent and control HAI, as well as AMR. This includes all the necessary water, sanitation and hygiene infrastructure and services.

What is WHO doing?

A range of technical and advocacy support is available to support these options:

Technical	Advocacy
• **NEW** *WHO guidelines on core components of IPC programmes at the national and acute health care facility level* • Practical manuals to support IPC guideline implementation (under development) • National and facility level assessment tools to collect baseline data (under development) • Training modules (basic and advanced) (under development)	• A suite of campaign messages to health workers, chief executive officers/administrators • Videos • Posters • Infographics

Further information can be found at http://www.who.int/gpsc/en/ or requested from Dr Benedetta Allegranzi (allegranzib@who.int).

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