At any time, more than 1·4 million people worldwide are afflicted by infections acquired in hospitals. Between 5% and 10% of patients admitted to modern hospitals in developed countries acquire one or more infections; 15–40% of those admitted to critical care are affected. The risk is two to 20 times higher in developing than in developed countries. The burden of disease outside hospital is practically unknown, owing to the absence of surveillance. Importantly, no health-care setting, no hospital, no country in the world can claim to have solved the problem.

On Oct 13, 2005, the WHO World Alliance for Patient Safety launches the first biennial Global Patient Safety Challenge, “Clean Care is Safer Care”, which targets infection associated with health care and will cover 2005–06. But why has this area been targeted, when so many other diseases are vying for investment-priority status and public attention?

In the USA, one in 136 patients becomes severely ill as a result of acquiring an infection in hospital. This rate is equivalent to 2 million cases, leading to additional cost estimates of US$4·5–5·7 billion and about 80 000 deaths a year. In England, health-care-associated infections are estimated to cost £1 billion and directly cause more than 5000 deaths annually. In Mexico, the estimate is 450 000 infections, causing 35 deaths per 100 000 inhabitants each year. In developing countries, more than half of all infants in neonatal units acquire a health-care-associated infection, with a fatality rate of 4–56%. In turn, while caring for the sick, health-care workers are also exposed to risks, including tuberculosis, hepatitis, and HIV. During the pandemic of severe acute respiratory syndrome, the proportion of infected health-care workers ranged from about 20% to 60% of cases worldwide with differences between hospitals; the better the education in infection control, the lower the risk.

Health-care-associated infection shows many of the characteristics of a major problem for patients’ safety. It affects hundreds of millions of people worldwide, complicates the delivery of patients’ care, contributes to patients’ deaths and disability, promotes resistance to antibiotics, and generates additional expenditure to that already incurred by the patient’s underlying disease. Infection has several causes related to the systems and the processes of care provision, economic constraints on systems and countries, and human behaviour. Prevention strategies reduce infection in both developed and developing countries; most are simple and not resource-demanding. Several health-care settings have succeeded in reducing the risk to patients, but...
important part of the global agenda for patients’ safety.3 “Clean Care is Safer Care” links to other action areas of the multifaceted interventions are needed. To this end, testing implementation strategies worldwide (panel). commitment and leadership at the highest level; and awareness of the importance of health-care-associated infection and to help catalyse leadership, commitment, and action; country pledges to ensure political change; both developed and developing countries have a direct bearing on health-care-associated infection and are combined with efforts to establish WHO strategies already addressing risks for patients’ safety and are combined with efforts to implement new WHO guidelines on hand hygiene in health care in response to the message “Clean Care is Safer Care”. The challenges are enormous, but so are the rewards: preventing illness, saving lives, improving patients’ safety, and providing an overall better quality of care for millions of patients and families.

Implementation of the challenge in countries comprises three major strategies: campaigning to build global awareness of the importance of health-care-associated infection and to help catalyse leadership, commitment, and action; country pledges to ensure political commitment and leadership at the highest level; and testing implementation strategies worldwide (panel).

To reduce infection associated with health care, multifaceted interventions are needed. To this end, “Clean Care is Safer Care” links to other action areas of the World Alliance to ensure that this problem forms an important part of the global agenda for patients’ safety.1 It links in particular to “Patients for Patient Safety”, thus offering opportunities for the greater involvement of patients and their families in reducing the risk of infection. Health-care-associated infections are unintended, undesirable, and intolerable. Many are preventable. Methods for change and improvement are available and it is now time for action. Success relies not only on system changes and improvement in economic constraints, but even more on human and organisational change; both developed and developing countries provide models to be followed to improve patients’ safety. This is a unique chance to learn by sharing successes and failures.

Adopting the philosophy behind the challenge “Clean Care is Safer Care” is not an option, but a duty to patients, families, and health-care workers. This challenge touches many aspects of health care at differing strata and requires commitment at all levels in the patient safety chain. One of the many lessons of the great cathedral builders of former times was that cathedral building requires the sharing of strength, the contribution of not just artisans and experts, but of everyone in the community. Great cathedrals were built on the foundations of earlier efforts. This is also a lesson to be learned by each partner in the health-care arena if we are to bring substantial improvement.

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We declare that we have no conflict of interest.

We thank the group of international experts and WHO members who worked on the development of the Global Patient Safety Challenge, in particular for their participation in the two international WHO Consultations, review of the available scientific evidence, writing of the WHO draft Guidelines on Hand Hygiene in Health Care, and fostering discussion among authors and members of the different Task Forces and working groups. The complete list of participants in the development of the Guidelines documents is available at http://www.who.int/patientsafety/events/05/27_AprilParticipantList.pdf (accessed Sept 19, 2005). We also thank the Patient Safety team and other WHO staff from all the departments involved at Headquarters and in the Regional Offices for their work. DP also thanks the members of the Infection Control Programme at the University of Geneva Hospitals, and Rosemary Sudan for providing editorial assistance and outstanding support.