The 2016 World Health Organization (WHO) Guidelines on Core Components of Infection Prevention and Control (IPC) Programmes at the National and Acute Health Care Facility Level build on the original WHO Core Components for Infection Prevention and Control Report published in 2009. They have been developed by international experts adhering to WHO’s Guideline Development Process, to support IPC in every country and every health facility across the world, in particular acute health care facilities.

Why a new set of guidelines?
1. Increasing acknowledgement of the threats posed by epidemics, pandemics and AMR and international support for IPC as one important part of the solution to protect people from these threats.
2. Renewed focus on the International Health Regulations (IHR) which position IPC as a key strategy for dealing with public health threats of international concern.
3. Sustainable Development Goals 3 and 6 and the requirement for effective, integrated IPC programmes to support quality health service delivery in the context of universal health coverage and water, sanitation and health (WASH) at national and facility levels.

Summary
The objectives of the new Guidelines are:
1. to provide evidence- and expert consensus-based recommendations on the core components of IPC programmes needed at the national and facility level, to effectively prevent health care-associated infections (HAIs) and combat antimicrobial resistance (AMR);
2. to support countries and health care facilities to develop or strengthen IPC programmes and AMR action plans, and improve IPC practices through a feasible, effective and acceptable framework that can be adapted to the local context, while taking account of available resources and public health needs.

What’s new in these Guidelines?
Many of the principles of what constitute the central elements of IPC programmes remain the same as those presented in 2009. However, the following aspects are highlighted as new:

R1a Strong An IPC programme with a dedicated, trained team should be in place at each acute health care facility for the purpose of preventing HAI and combating AMR through IPC good practices.

GPS1b GPS Stand-alone, active national IPC programmes with clearly defined objectives, functions and activities for the purpose of preventing HAI and combating AMR through IPC good practices should be established. National IPC programmes should be linked to other relevant national programmes and professional organizations.

R2 Strong Evidence-based guidelines should be developed and implemented for the purpose of reducing HAIs and AMR. Education and training of the relevant health care workers on guideline recommendations and monitoring of adherence with guideline recommendations should be undertaken to achieve successful implementation.

R3a Strong At the facility level, IPC education should be in place for all health care workers by utilizing team and task-based strategies that are participatory and include bedside and simulation training to reduce the risk of HAI and AMR.

GPS3b GPS The national IPC programme should support education and training of the health workforce as one of its core functions.

R4a Strong Facility-based HAI surveillance should be performed to guide IPC interventions and detect outbreaks, including AMR surveillance with timely feedback of results to health care workers and stakeholders and through national networks.

GPS8a GPS At the facility level, patient care activities should be undertaken in a clean and/or hygienic environment that facilitates practices related to the prevention and control of HAI, as well as AMR, including all elements around the WASH infrastructure and services and the availability of appropriate IPC materials and equipment.

R5a Strong At the facility level, IPC activities should be implemented using multimodal strategies to improve practices and reduce HAI and AMR.

R6a Strong Regular monitoring/audit and timely feedback of health care practices should be undertaken according to IPC standards to prevent and control HAIs and AMR at the health care facility level. Feedback should be provided to all audited persons and relevant staff.

R7 Strong In order to reduce the risk of HAI and the spread of AMR, the following should be addressed: (1) bed occupancy should not exceed the standard capacity of the facility; (2) health care worker staffing levels should be adequately assigned according to patient workload.

R8b Strong At the facility level, IPC programmes should coordinate and facilitate the implementation of IPC activities through multimodal strategies at the national or sub-national level.