1. Introduction

Clean Care is Safer Care (CCiSC), a core programme of the Patient Safety Department, envisages ensuring appropriate hand hygiene at point of care in all facilities and in all parts of the world. There are several hurdles to achieving this seemingly simple intervention. Two main barriers relate to awareness of the importance of hand hygiene at different levels such as policy makers, management as well as health-care workers and the availability of resources to enable best practices. CCiSC has a strategy to help address these two issues among other aspects of their work.

It was assessed that collaborating with those in industry could be one important approach towards ensuring success. Industry can add value in several areas due to their knowledge in areas such as local situations in many countries, production and distribution systems and their reach. Several commercial ventures are already actively involved in promoting hand hygiene and health care-associated infection (HAI) education in different parts of the world. Aligning messages and increasing the reach of messages through such activities could also be an advantage.

Hence, a meeting of representatives from industry was planned as a first step to gather opinions on collaborative actions and to explore possibilities.

Aims of the meeting were presented prior to the meeting as:

- To overview WHO First Global Patient Safety Challenge: Clean Care is Safer Care and WHO Collaborating Centre (University Hospitals Geneva) activities
- To gather input on where the 'private sector' can further the WHO goal of sustainable improvement of hand hygiene in health-care facilities around the globe (to be achieved through active discussion)
- To discuss how to work together to further the WHO agenda, for example supporting the availability of items to improve hand hygiene where there is a need and to contribute to awareness-raising in a manner acceptable to the WHO ethos.
WHO rules of engagement were also outlined and it was clearly noted that WHO could not commit to collaborative activities or accept proposals at this first meeting but would take notes for consideration in order to progress accordingly.

Attendees at the meeting included a number of representatives (27) from a total of 15 industry companies.

2. Summary of meeting proceedings

Following introductory presentations from WHO representatives there were a number of questions and points raised, e.g. clarifications on our strategy and recommendations, experiences with implementation, adaptation of WHO hand hygiene tools and permissions for this (as per information available at http://www.who.int/gpsc/copyright/en/index.html) and barriers within countries to implementing the use of alcohol based handrub (ABHR).

Structured discussions, which represented the majority of the meeting, followed and focussed on three key areas as had been identified by WHO:

- System change
- Education
- Research.

Participants deliberated over their role, the role of WHO and the potential benefit to others while considering these three areas.

Key points and themes emerged from discussions:

- Firstly there was clear enthusiasm for collaboration
- A number of hurdles need to be overcome before this can be a reality
  - Key concerns included competitors working together and inherent conflicts of interest between WHO and industry
- Corporate responsibility of industry was highlighted as a possible opportunity for collaboration and action
- Potential action areas were explored and are summarised in Table 1.

Table 1: Summary of potential action areas

<table>
<thead>
<tr>
<th>Area</th>
<th>Potential benefits for HCFs</th>
<th>Suggested actions</th>
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</thead>
<tbody>
<tr>
<td>Education</td>
<td>Scale up, better penetration and wider reach</td>
<td>Individual company or collaborative/group support for awareness raising campaigns in low-resource countries</td>
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<tr>
<td></td>
<td>Support for resources (funded by industry)</td>
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<tr>
<td>System change</td>
<td>Advice on regulation and other obstacles to introducing hand hygiene facilities such as ABHR</td>
<td>Exploring possibilities for creating micro-production sites for ABHR</td>
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and provision of water and soap
Identification of solutions to obstacles and increased participation in this work
Support governmental and non-governmental agencies involved in providing hand hygiene facilities

| Research | Identifying avenues for funding for operational research e.g. to understand sustainability and benefits to health-care systems and embedding of hand hygiene in bundles related to care/hygiene | Exploring and offering funding and/or resources for WHO identified priority areas of research aimed at improving hand hygiene at the point of care |

3. Next steps

Based on discussions and suggested areas for collaboration, WHO has identified the following as next steps:

- Setting up an initiative to allow competitors to work comfortably alongside each other, so that WHO will be transparent about their activities with all industry partners and may solicit their participation in specific projects
- Explore proposals on the practicalities of ABHR micro-production in low resource settings, prior to any further steps.

Should the aforementioned two areas be acceptable to WHO and industry partners, detailed proposals will be necessary, explaining the role of WHO, the role of industry and benefit to the target population, e.g. health-care facilities.

Input from industry partners to establish next steps for realistic collaborative working will be sought in a timely manner.

Note: Several activities can happen concurrently based on agreed proposals.

In order to maintain momentum for collaborative working, all participants agreed that frequent communications and further meetings would be crucial. Based on WHO approval to continue working in this manner, a next meeting early in 2011 will be announced. It is also anticipated that a further meeting will be held in June 2011 during the time of the International Conference on Prevention and Infection Control, Geneva, Switzerland.

WHO and the WHO Collaborating Centre would like to thank all of those who participated in this inaugural meeting.