



**Pan American
Health
Organization**



**World Health
Organization**

REGIONAL OFFICE FOR THE **Americas**

Acknowledgement

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**World Health
Organization**

“

It's in your hands

Using campaigning as one way to improve
hand hygiene and prevent infection

**Claire Kilpatrick,
WHO IPC Global Unit
17 April 2018**

Each year the **WHO SAVE LIVES: Clean Your Hands** campaign aims to maintain a global profile on the importance of hand hygiene in health care and to 'bring people together' in support of improvement globally.

5 May 2018



WHO Infection Prevention and Control Global Unit

– leading the hand hygiene campaign –

*Protecting patient and health worker lives across the world
through excellence in infection prevention and control*



**SAVE LIVES: Clean Your Hands is one key part of
WHO Infection Prevention and Control work**

A permanent WHO web feature



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Campaigns

Campaigning is one important part of reaching people, improving behaviour and achieving safer, high quality health care practices. For some aspects of infection prevention and control (IPC), campaigning can generate significant social pressure, participation and action. Campaigning can help build collective will, energy and momentum. The problem of health care-associated infection (HAI) can therefore partly be addressed through campaigning. By catalysing and driving the profile of key global campaigns, WHO's IPC Global Unit aims to raise awareness and encourage policy change around priority IPC areas.

SAVE LIVES: Clean Your Hands



WHO's global annual call to action for health workers
SAVE LIVES: Clean Your Hands

[Arabic](#) | [Chinese](#) | [French](#) | [Russian](#) | [Spanish](#)

Injection Safety

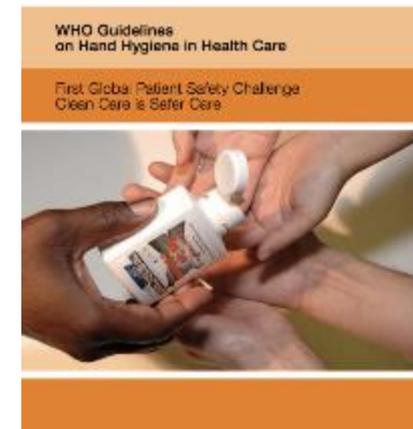
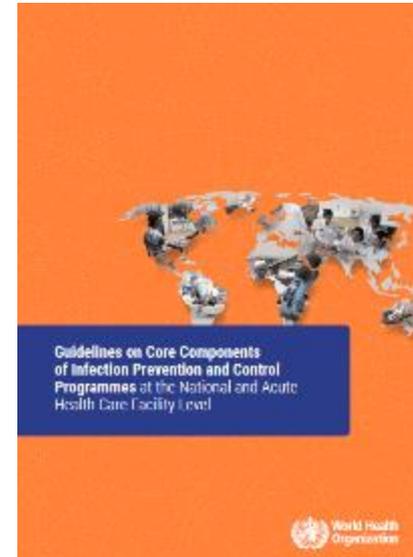


WHO strategy for the safe and appropriate use of injection worldwide
Injection safety



Hand hygiene at the core of effective IPC

- Based on the **Core Components for effective infection prevention and control programmes at the national and facility level**, WHO emphasizes the evidence for and importance of **hand hygiene** in strengthening IPC programmes
- Campaigning each year on or around **5 May** is one important part of improving behaviour towards IPC best practices.

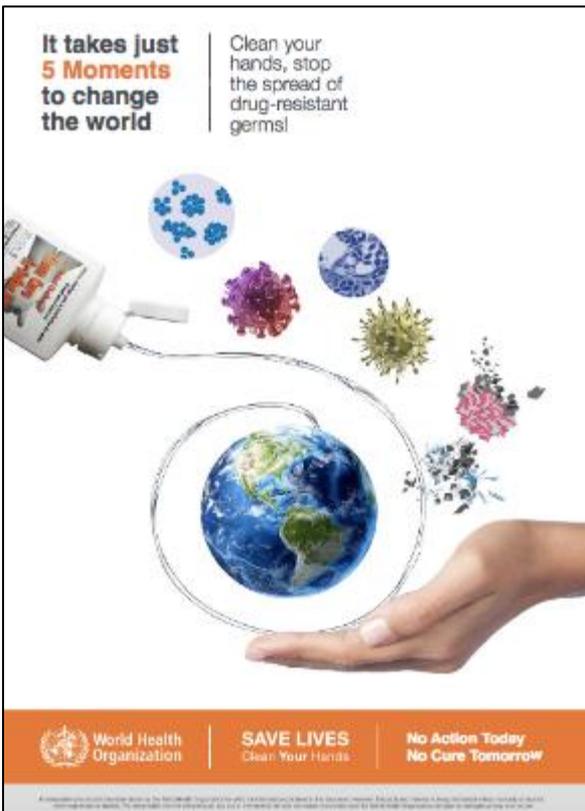


Evidence of hand hygiene as the building block for infection prevention and control

An extract from the systematic literature reviews undertaken as the background for the WHO Guidelines on Core Components of Infection Prevention and Control Programmes at the National and Acute Health Care Facility Level

WHO hand hygiene campaign was launched in 2009

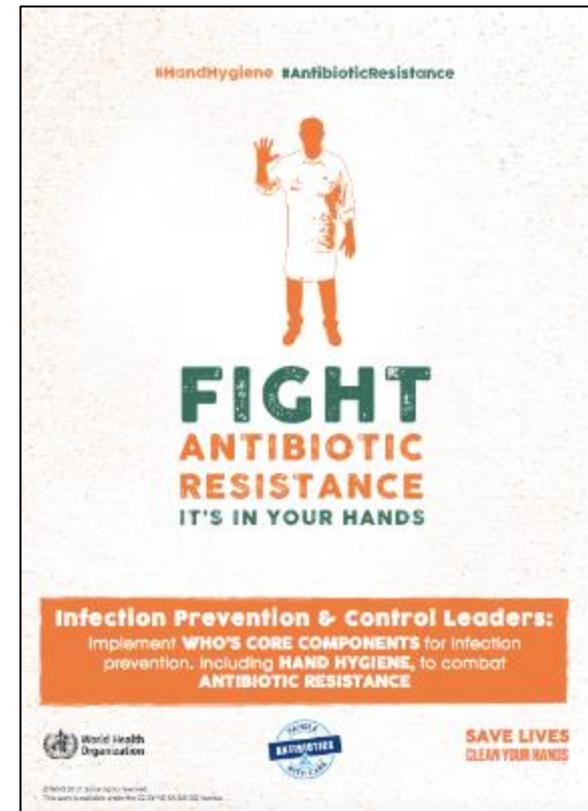
Recently it has linked with other programmes and priorities = heightened awareness



5 May 2014
AMR

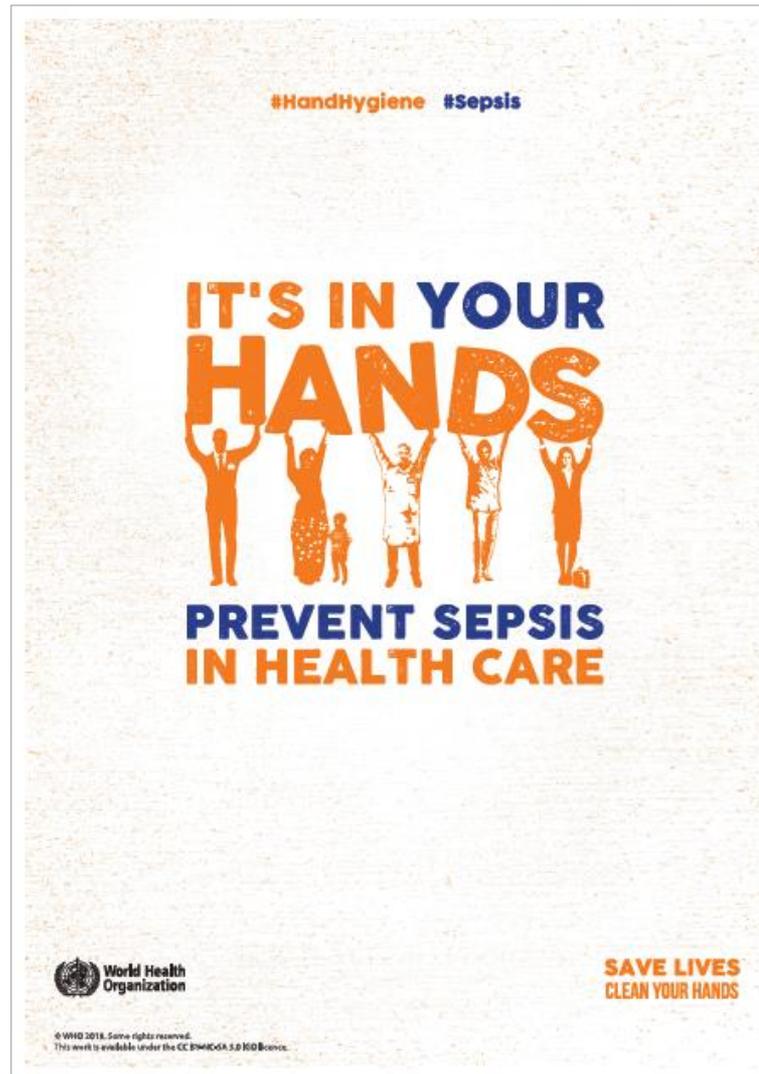


5 May 2016
Surgery



5 May 2017
AMR

SAVE LIVES: Clean Your Hands 5 May 2018 campaign



70th World Health Assembly (WHA) 2017

“Improving the prevention, diagnosis and clinical management of sepsis” - resolution

- **Sepsis**: life-threatening organ dysfunction caused by dysregulated host response to infection
- Reported to affect more than **30 million people worldwide every year**
- **Priorities** for addressing sepsis
 - ***Strengthen prevention (including in health care)***
 - Increase awareness of sepsis

SEVENTIETH WORLD HEALTH ASSEMBLY
Agenda item 12.2

WHA70.7
29 May 2017

Improving the prevention, diagnosis and clinical management of sepsis

The Seventieth World Health Assembly,
Having considered the report on improving the prevention, diagnosis and clinical management of sepsis;¹
Concerned that sepsis continues to cause approximately six million deaths worldwide every year, most of which are preventable;
Recognizing that sepsis as a syndromic response to infection is the final common pathway to death from most infectious diseases worldwide;



Sepsis

Improving the prevention, diagnosis and clinical management of sepsis



Sepsis arises when the body's response to any infection injures its own tissues and organs. If not recognized early and managed promptly, it can lead to septic shock, multiple organ failure and death. It is a serious complication of infection in all countries and particularly in low- and middle-income countries it represents a major cause of maternal and neonatal morbidity and mortality.



5 May 2018 - Calls to action

Health workers

- 'Take 5 Moments¹ to clean your hands to prevent sepsis in health care'

IPC leaders²

- 'Be a champion in promoting hand hygiene to prevent sepsis in health care'

Health facility leaders – hospital directors or other top leaders

- 'Prevent sepsis in health care, make hand hygiene a quality indicator in your hospital'

Ministry of Health (MoH)

- 'Implement the 2017 WHA³ sepsis resolution.
Make hand hygiene a national marker of health care quality'

Patient advocacy groups

- 'Ask for 5 Moments of clean hands to prevent sepsis in health care'

1. Refers to the "My 5 Moments for Hand Hygiene"

2. Those dedicated to IPC at the facility level

3. World Health Assembly

#HandHygiene #Sepsis

IT'S IN YOUR HANDS



**PREVENT SEPSIS
IN HEALTH CARE**

Health workers:

Take **5 Moments** to clean your hands to prevent sepsis in health care



**SAVE LIVES
CLEAN YOUR HANDS**

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#HandHygiene #Sepsis

IT'S IN YOUR HANDS



**PREVENT SEPSIS
IN HEALTH CARE**

Infection prevention and control leaders:

Be a **champion** in promoting hand hygiene to prevent sepsis in health care



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CLEAN YOUR HANDS**

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#HandHygiene #Sepsis

IT'S IN YOUR HANDS



**PREVENT SEPSIS
IN HEALTH CARE**

Patient advocacy groups:

Ask for 5 Moments of clean hands to prevent sepsis in health care



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CLEAN YOUR HANDS**

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#HandHygiene #Sepsis

IT'S IN YOUR
HANDS



**PREVENT SEPSIS
IN HEALTH CARE**

Health facility leaders:

Prevent sepsis in health care, make
hand hygiene a quality indicator in your hospital.



World Health
Organization

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CLEAN YOUR HANDS**

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#HandHygiene #Sepsis

IT'S IN YOUR
HANDS



**PREVENT SEPSIS
IN HEALTH CARE**

Ministries of health:

Implement the 2017 WHA* **sepsis resolution**.
Make **hand hygiene a national marker** of health care quality.

*World Health Assembly



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How to prevent sepsis

The role you can play in health care and communities

#sepsis #handhygiene

What is sepsis?

Sepsis arises when an infection alters the body's normal response causing injury to tissue and organs

life-threatening illness



injures tissues and organs



Every year sepsis affects

30 million people worldwide

3 million newborns

1.2 million children

can kill 6 million people

kills up to 500 000 newborns

causes 1 in 10 maternal deaths

Who is at risk?



Anyone with an infection can develop sepsis but some are more at risk than others



PREGNANT WOMEN



NEONATES



THE ELDERLY



THE IMMUNOSUPPRESSED



PATIENTS WITH CHRONIC DISEASES



HOSPITALIZED PATIENTS

How and where do we prevent sepsis?

Sepsis can be prevented by

preventing infection

preventing the evolution of infection to sepsis



COMMUNITY

The main ways to prevent infection are:

HEALTH CARE

Good hygiene

↓ 40% GLOBAL DIARRHOEA



Safe water and sanitation

↓ 10% GLOBAL DISEASE BURDEN



Safe food preparation and good nutrition



Vaccinations

Prevent 2-3 million deaths every year



Practicing the 5 Moments for hand hygiene

↓ 50% INFECTION



A clean, well-functioning environment and equipment



Safe water and sanitation



Infection prevention and control programmes and teams

↓ 30% INFECTION



Infection prevention measures



Evolution of an infection to sepsis can be prevented by:

Early detection of sepsis signs and symptoms

Prompt seeking of medical care

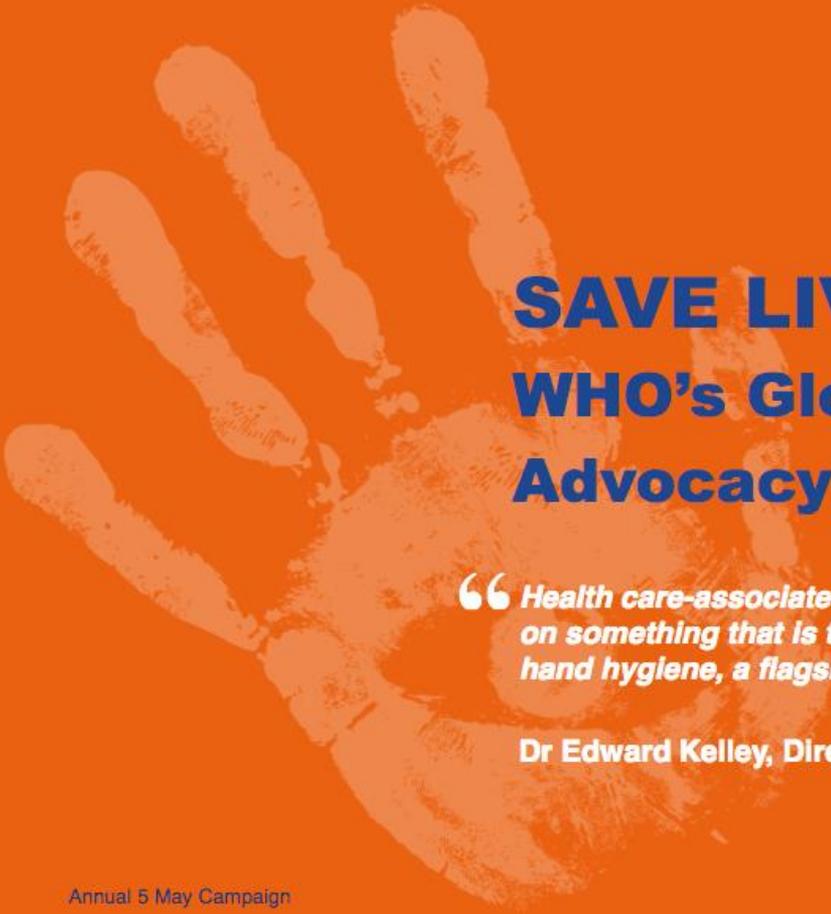
Prompt antimicrobial treatment and its reassessment



Together we can help prevent sepsis and save millions of lives every year



WHO campaign toolkit – for reference all year round



SAVE LIVES: Clean Your Hands **WHO's Global Annual Campaign** **Advocacy Toolkit**

“Health care-associated infection is such a big problem, we need to focus the world on something that is truly actionable and can save many, many lives. This action is hand hygiene, a flagship element of WHO's patient safety work.”

Dr Edward Kelley, Director, Service Delivery and Safety, WHO

Annual 5 May Campaign



http://www.who.int/infection-prevention/campaigns/clean-hands/5may_advocacy-toolkit.pdf?ua=1



5 May 2018 photo board

**IT'S IN YOUR
HANDS
PREVENT SEPSIS
IN HEALTH CARE**

HANDS

Please include your name, health-care setting and country when posting your photo on social media, mentioning @WHO

#Sepsis #HandHygiene

 **World Health Organization**

Social Media for 5 May 2018

Use #HandHygiene and #Sepsis



Photos will be captured and uploaded to a dedicated website managed by Professor Didier Pittet

Follow @WHO @didierpittet @allegranzib @claireekt
Follow global and national IPC and sepsis organisations

Other resources

- A dedicated WHO sepsis web page
- A WHO sepsis factsheet
- An animation video on sepsis prevention
- Campaign announcements in journals
- Newsletter
- A practical manual supporting implementation of the OMS core components at facility level
- A WHO IPC facility assessment framework
- A training package on leadership in IPC
- WHO announcements on new surgical site infections and hand hygiene resources

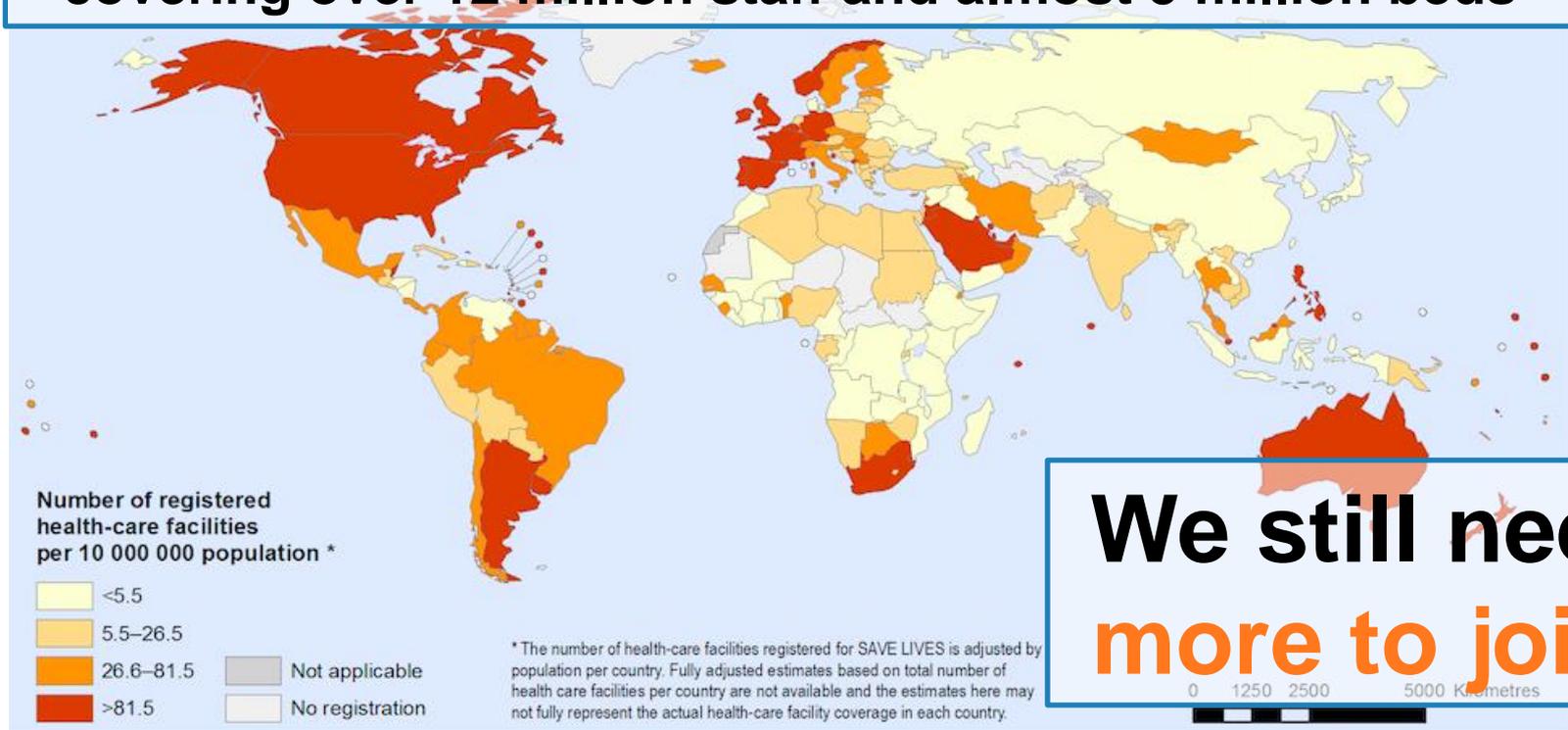
- **Join the free Webber teleclass on 3 May, register here (you can also hear the recording after 3 May)**

www.webbertraining.com/schedulep1.php?command=viewClass&ID=1393

Achieving impact from the campaign: Health facility registrations (=action)

Countries with health-care facilities registered for
SAVE LIVES: Clean Your Hands global campaign

As of April 2018, **20 614 facilities** in **179 countries** –
covering over 12 million staff and almost 5 million beds



**We still need
more to join!**

WHO Americas REGION - 6060 hospitals

- Antigua and Barbuda (1)
- Argentina (369)
- Aruba (1)
- Bahamas (2)
- Barbados (2)
- Belize (7)
- Bermuda (1)
- Bolivia (Plurinational State of) (9)
- Brazil (621)
- British Virgin Islands (2)
- Canada (873)
- Cayman Islands (1)
- Chile (54)
- Colombia (191)
- Costa Rica (15)
- Cuba (9)
- Dominican Republic (7)
- Ecuador (79)
- El Salvador (19)
- Grenada (2)
- Guatemala (39)
- Guyana (2)
- Haiti (1)
- Honduras (5)
- Jamaica (4)
- Mexico (429)
- Nicaragua (2)
- Panama (10)
- Paraguay (14)
- Peru (58)
- Puerto Rico (11)
- Saint Kitts and Nevis (3)
- Saint Lucia (1)
- Suriname (1)
- Trinidad and Tobago (5)
- Turks and Caicos Islands (1)
- United States of America (3096)
- Uruguay (102)
- Venezuela (Bolivarian Republic of) (11)



Why IPC is so important for patient outcomes?

>30%
Reduction

Effective IPC programmes lead to more than a 30% reduction in HAI rates

25-57%
Reduction

Surveillance contributes to a 25-57% reduction in HAIs

50%
Reduction

Improving hand hygiene practices may reduce pathogen transmission in health care by 50%

13-50%
Reduction

Strong IPC plans, implemented across the USA between 2008 and 2014, reduced central line-associated bloodstream infections by 50%, surgical site infections (SSIs) by 17% and MRSA bacteraemia by 13%

56%
Reduction

MRSA declined by 56% over a four-year period in England in line with a national target

44%
Reduction

A safety culture and prevention programme reduced SSI risk in African hospitals by 44%

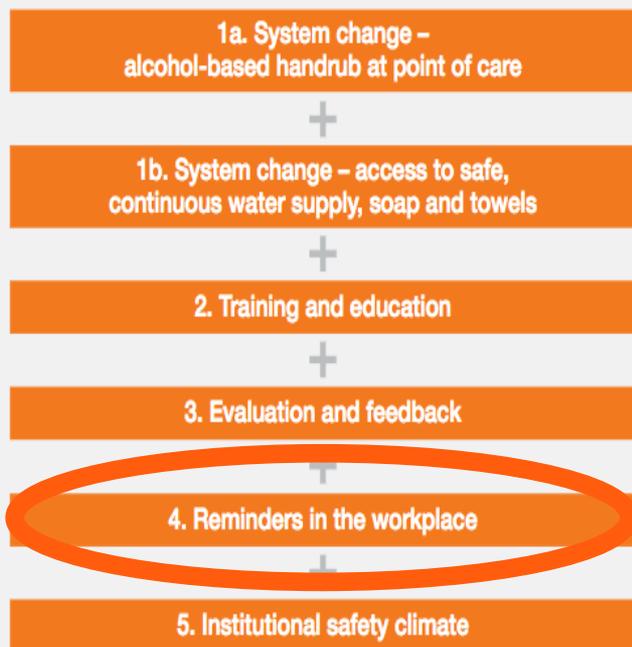
80%
Compliance

Between 2010 and 2015 Australia achieved and sustained 80% hand hygiene compliance in hospitals nationwide

Why is campaigning important?

It has been shown to be one part of achieving improvement in health care

The Five Components of the WHO multimodal hand hygiene improvement strategy



In other words, the WHO multimodal improvement strategy addresses these five areas:

2. Teach it

(training & education)

Who needs to be trained? What type of training should be used to ensure that the intervention will be implemented in line with evidence-based policies and how frequently?

Does the facility have trainers, training aids, and the necessary equipment?

Practical example: when implementing injection safety interventions, timely training of those responsible for administering safe injections, including carers and community workers, are important considerations, as well as adequate disposal methods.

4. Sell it

(reminders & communications)

How are you promoting an intervention to ensure that there are cues to action at the point of care and messages are reinforced to health workers and patients?

Do you have capacity/funding to develop promotional messages and materials?

Practical example: when implementing interventions to reduce catheter-associated bloodstream infection, the use of visual cues to action, promotional/reinforcing messages, and planning for periodic campaigns are important considerations.

1. Build it

(system change)

What infrastructures, equipment, supplies and other resources (including human) are required to implement the intervention?

Does the physical environment influence health worker behaviour? How can ergonomics and human factors approaches facilitate adoption of the intervention?

Are certain types of health workers needed to implement the intervention?

Practical example: when implementing hand hygiene interventions, ease of access to handrubs at the point of care and the availability of WASH infrastructures (including water and soap) are important considerations. Are these available, affordable and easily accessible in the workplace? If not, action is needed.

3. Check it

(monitoring & feedback)

How can you identify the gaps in IPC practices or other indicators in your setting to allow you to prioritize your intervention?

How can you be sure that the intervention is being implemented correctly and safely, including at the bedside? For example, are there methods in place to observe or track practices?

How and when will feedback be given to the target audience and managers? How can patients also be informed?

Practical example: when implementing surgical site infection interventions, the use of key tools are important considerations, such as surveillance data collection forms and the WHO checklist (adapted to local conditions).

5. Live it

(culture change)

Is there demonstrable support for the intervention at every level of the health system? For example, do senior managers provide funding for equipment and other resources? Are they willing to be champions and role models for IPC improvement?

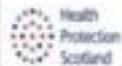
Are teams involved in co-developing or adapting the intervention? Are they empowered and do they feel ownership and the need for accountability?

Practical example: when implementing hand hygiene interventions, the way that a health facility approaches this as part of safety and quality improvement and the value placed on hand hygiene improvement as part of the clinical workflow are important considerations.

Hand Hygiene in Healthcare Settings



Hand Hygiene Day



Health Protection Scotland navigation menu: About HPS, Contacts, Site Map, Site Wide Search, News, Advanced Search.

24 Apr 2017
SAVE LIVES! Clean Your Hands 5 May 2017 Fight antibiotic resistance - it's in your hands!
 There is 2 weeks to go to 5 May 2017. There is still time for your organisation to register for the day at <http://www.who.int/gpsc/cleanyourhands/>.
 HPS have produced a message to support the day with relevant guidance and material on antibiotic resistance and hand hygiene including the HPS and a key <http://www.who.int/gpsc/cleanyourhands/>
 This will be actively leading using the WHO message #HandHygiene and #AntibioticResistance

European Committee on Infection Control (EUCIC)



Current activities

27 April 2017
EUCIC endorses the "WHO 5 May SAVE LIVES: Clean Your Hands Campaign"



Every 5 May, WHO calls for a renewed focus on hand hygiene improvement and sustainability in health care. Health care settings are asked to sign up to the WHO 5 May SAVE LIVES: Clean Your Hands Campaign if not already and to respond to the call to action.

Hand Hygiene Australia For Healthcare Workers

Hand Hygiene Day - 5th May 2017

Hand hygiene and Infection Prevention and Control more generally are key weapons in the fight against Antimicrobial Resistance (AMR).

WHO's 5 May 2017 campaign slogan, "Fight antibiotic resistance - it's in your hands" demonstrates the unity between AMR and infection efforts.

FIGHT ANTIBIOTIC RESISTANCE IS FOCUS OF WORLD HAND HYGIENE DAY

"Fight antibiotic resistance - it's in your hands" is the theme of this year's World Hand Hygiene Day on 5 May. The day is coordinated by the World Health Organization.

Infectious Control Africa Network

WHO Clean Hands Saves Lives Campaign - May 5th 2017

Every 5 May, WHO calls for a renewed focus on hand hygiene improvement and sustainability in health care. Health care settings are asked to sign up to the WHO 5 May SAVE LIVES: Clean Your Hands Campaign if not already and to respond to the call to action.

EUNETIPS

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News

Fight antibiotic resistance - it's in your hands - SAVE LIVES: Clean Your Hands 5 May 2017 - spread the word!

Fight antibiotic resistance - it's in your hands - SAVE LIVES: Clean Your Hands 5 May 2017 WHO signs you to focus on the fight against antibiotic resistance in the context of hand hygiene and infection prevention and control.

WHAT'S NEW AT APIC

May 5 is World Hand Hygiene Day

The World Health Organization's annual global call to action for health workers begins May 5. This year's theme is "Fight antibiotic resistance—it's in your hands." WHO urges the healthcare community to focus on the fight against antibiotic resistance in the context of hand hygiene and infection prevention and control programs. [Learn more.](#)

[Read More](#)

ips Infection Prevention Society

News & Media: Practice Statements, Current Consultations, Peer Conferences, Infection News in the News, President's Blog

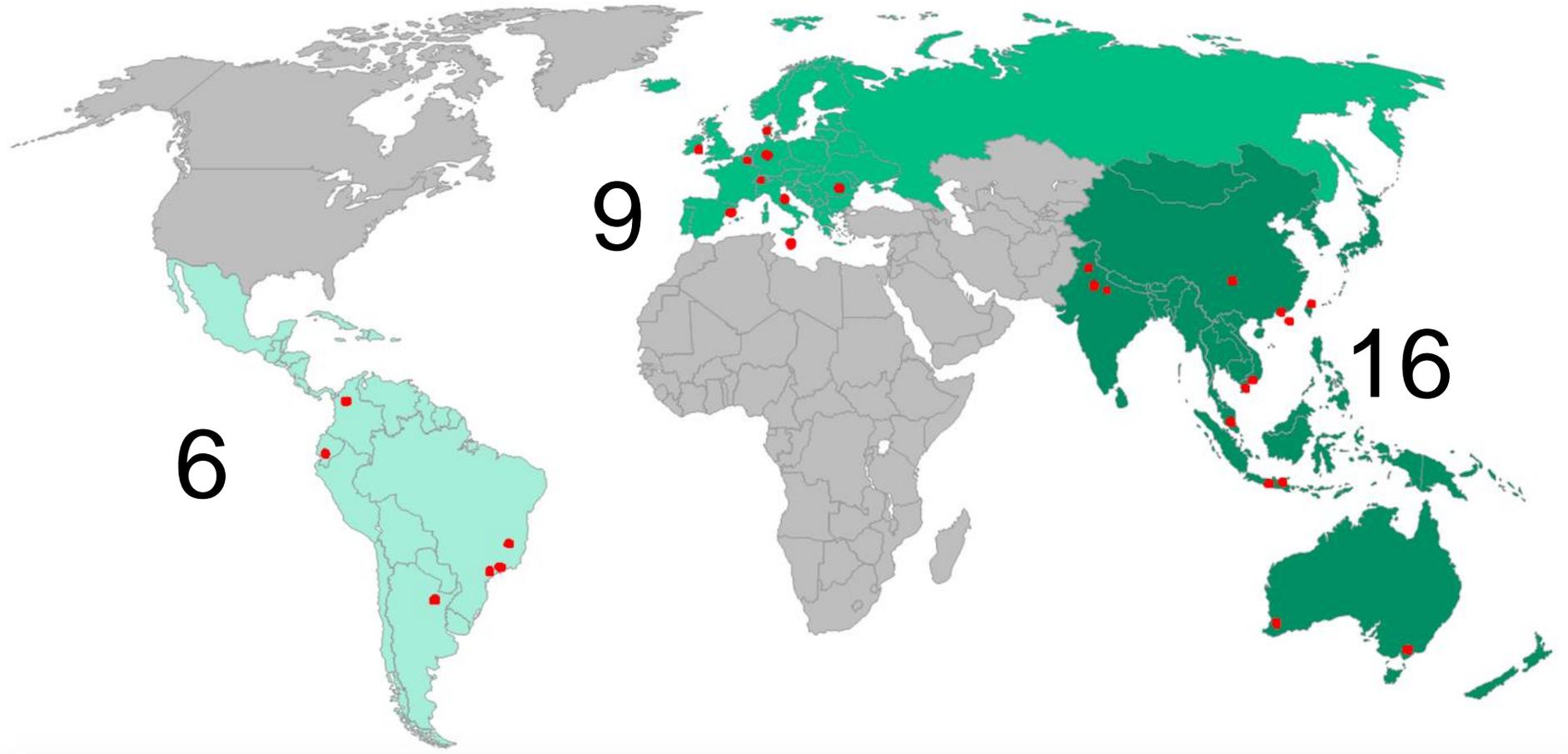
International Calls for Action

IPIS recognizes the following international events and calls for action:
World Health Organisation SAVE LIVES: Clean your hands, every 5th May



SAVE LIVES! Clean Your Hands Day
 Friday May 5, 2017
 "Fight antibiotic resistance - It's in your hands!"

HAND HYGIENE EXCELLENCE AWARDS (HHEA)



31 winners from 22 countries

Lessons learned from HHEA winners

- Stay focused
- Wide stakeholder involvement & continuous feedback to all stakeholders
- Engagement and ownership
- Ability to customize interventions to the local situation and culture
- Visibility and support in the clinical areas
- OMS tools can be powerful - promoted through the campaign



Hand Hygiene Self-Assessment Framework 2010

Introduction and user instructions

The **Hand Hygiene Self-Assessment Framework** is a systematic tool with which to obtain a situation analysis of hand hygiene promotion and practices within an individual health-care facility.

What is its purpose?

While providing an opportunity to reflect on existing resources and achievements, the **Hand Hygiene Self-Assessment Framework** also helps to focus on future plans and challenges. In particular, it acts as a diagnostic tool, identifying key issues requiring attention and improvement. The results can be used to facilitate development of an action plan for the facility's hand hygiene promotion programme. Repeated use of the **Hand Hygiene Self-Assessment Framework** will also allow documentation of progress with time.

Overall, this tool should be a catalyst for implementing and sustaining a comprehensive hand hygiene programme within a health-care facility.

Who should use the Hand Hygiene Self-Assessment Framework?

This tool should be used by professionals in charge of implementing a strategy to improve hand hygiene within a health-care facility. If no strategy is being implemented yet, then it can also be used by professionals in charge of infection control or senior managers at the facility directorate. The framework can be used globally, by health-care facilities at any level of progress as far as hand hygiene promotion is concerned.

How is it structured?

The **Hand Hygiene Self-Assessment Framework** is divided into five components and 27 indicators. The five components reflect the five elements of the **WHO Multimodal Hand Hygiene Improvement Strategy** (<http://www.who.int/gpsc/5may/tools/en/index.html>) and the indicators have been selected to represent the key elements of each component. These indicators are based on evidence and expert consensus and have been framed as questions with defined answers (either "Yes/No" or multiple options) to facilitate self-assessment. Based on the score achieved for the five components, the facility is assigned to one of four levels of hand hygiene promotion

Intermediate: an appropriate hand hygiene promotion strategy is in place and hand hygiene practices have improved. It is now crucial to develop long-term plans to ensure that improvement is sustained and progresses.

Advanced: hand hygiene promotion and optimal hand hygiene practices have been sustained and/or improved, helping to embed a culture of safety in the health-care setting.

Leadership criteria have also been identified to recognise facilities that are considered a reference centre and contribute to the promotion of hand hygiene through research, innovation and information sharing. The assessment according to leadership criteria should only be undertaken by facilities having reached the Advanced level.

How does it work?

While completing each component of the **Hand Hygiene Self-Assessment Framework**, you should circle or highlight the answer appropriate to your facility for each question. Each answer is associated with a score. After completing a component, add up the scores for the answers you have selected to give a subtotal for that component. During the interpretation process these subtotals are then added up to calculate the overall score to identify the hand hygiene level to which your health-care facility is assigned.

The assessment should not take more than 30 minutes, provided that the information is easily available.

Within the **Framework** you will find a column called "WHO implementation tools" listing the tools made available from the WHO First Global Patient Safety Challenge to facilitate the implementation of the **WHO Multimodal Hand Hygiene Improvement Strategy** (<http://www.who.int/gpsc/5may/tools/en/index.html>). These tools are listed in relation to the relevant indicators included in the **Framework** and may be useful when developing an action plan to address areas identified as needing improvement.

Is the Hand Hygiene Self-Assessment Framework suitable for inter-facility comparison?



Hand hygiene tools and resources

Hand hygiene related videos and podcasts

- WHO Guidelines on Hand Hygiene in Health Care (2009)
- Hand Hygiene in Outpatient and Home-based Care and Long-term Care Facilities

Starter Kit

Safety Starts Here.

- ↓ HH – why, how and when brochure
pdf, 476kb
- ↓ HH Self-Assessment Framework
pdf, 469kb
- ↓ HH – Observation Tool
doc, 737kb
- ↓ Guide to HH Improvement
pdf, 476kb
- ↓ Your 5 Moments for Hand Hygiene
pdf, 407kb
- ↓ Guide to local ABHR production
pdf, 312kb
- ↓ Sustaining improvement
doc, 274kb

A range of tools exist for you to adopt and adapt to support local improvement. They are proven to achieve change if used as part of a multi-modal strategy as represented in the 5 components listed here. Patient safety and health system strengthening starts here.



System change



Reminders in the workplace



Training and education

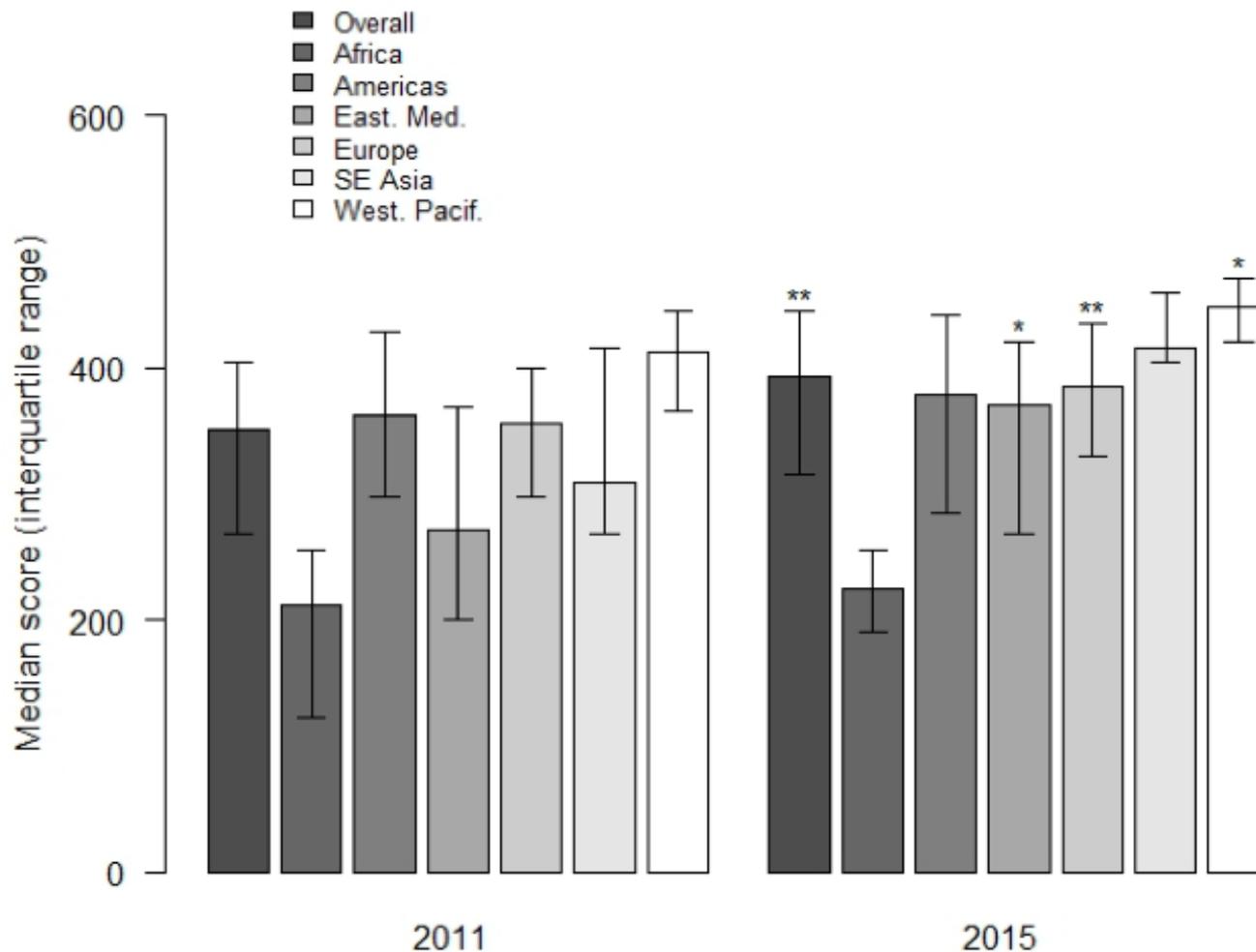


Institutional safety climate



Evaluation and feedback

Figure: Mean overall score (95%CI) in 2011 and 2015 surveys and by region (86 facilities).



For comparisons between 2011 and 2015 (Wilcoxon signed-rank test): * $p < 0.01$; ** $p < 0.001$

Global Action Plan on Antimicrobial Resistance



Table 1: Strategic objectives of the WHO Global Action Plan on Antimicrobial Resistance

Objective 1: Improve awareness and understanding of antimicrobial resistance through effective communication, education and training

Objective 2: Strengthen the knowledge and evidence base through surveillance and research

Objective 3: Reduce the incidence of infection through effective sanitation, hygiene and infection prevention measures

Objective 4: Optimize the use of antimicrobial medicines in human and animal health

Objective 5: Develop the economic case for sustainable investment that takes account of the needs of all countries, and increase investment in new medicines, diagnostic tools, vaccines and other interventions

[Antimicrobial resistance](#)[Global action plan on AMR](#)[Awareness and education](#)[Surveillance](#)[Infection, prevention and control](#)[Optimise use](#)[R&D and investment](#)[National action plans](#)[Resources and publications](#)

National action plans

In May 2015, the Sixty-eight World Health Assembly adopted the global action plan on antimicrobial resistance. The goal of the global action plan is to ensure, for as long as possible, continuity of successful treatment and prevention of infectious diseases with effective and safe medicines that are quality-assured, used in a responsible way, and accessible to all who need them.

The World Health Assembly also urged all Member States to develop and have in place by 2017, national action plans on antimicrobial resistance that are aligned with the objectives of the global action plan.

A manual has been developed by WHO, in collaboration with the Food and Agriculture Organization of the United Nations (FAO) and the World Organisation for Animal Health (OIE), to assist countries in preparing or refining their national action plans. It aims to facilitate the participation of all relevant sectors, and outlines an incremental approach that can be adapted by countries to their specific needs, circumstances and available resources. A number of supporting documents and tools have also been developed that accompany the manual.

It is anticipated that this manual will be adapted and further developed in the near future to reflect the experience of countries in preparing their national action plans and to better serve the needs of countries.

Manual for developing national action plans



Antimicrobial resistance: A manual for developing national action plans

This manual proposes an incremental

Supporting documents and tools

A series of tools and templates have been developed by WHO, FAO and OIE to accompany the manual. These tools may be downloaded and adapted for use by countries. Additional tools will be made available in due course.

[Sample conceptual monitoring and evaluation framework for national action plans on antimicrobial resistance](#)

Library of national action plans

A library of existing, publicly available national action plans on antimicrobial resistance has been compiled which countries may wish to consult. WHO will update this library regularly as new information becomes available on existing national action plans, and as new plans are published. WHO welcomes any additional information of relevance to existing and newly developed national action plans.

TACKLING ANTIMICROBIAL RESISTANCE:

Supporting national measures to address infection prevention and control and water, sanitation and hygiene in health care settings

Antimicrobial resistance (AMR) presents a significant threat to human health. World leaders have agreed that tackling AMR will require addressing both health and agriculture concerns with a focus on prevention. Improving **infection prevention and control (IPC)** and **water, sanitation, and hygiene (WASH)** is one of the five objectives in the World Health Organization's (WHO) AMR Global Action Plan. Nowhere is reducing infection more important than in health care facilities. Joint, immediate action to address IPC and WASH is essential.

THE CURRENT SITUATION IN HEALTH CARE FACILITIES IN LOW- AND MIDDLE- INCOME COUNTRIES

WASH

38% of health care facilities do not have ANY water source

19% do not have improved toilets

35% do not have water and soap or alcohol-based hand rub for hand washing

Up to **90%** of health workers do not adhere to recommended hand hygiene practices

IPC

In Africa, up to **20%** of women get a wound infection after a caesarean section

Hospital-born babies in low-income settings are at a higher risk of being affected by neonatal sepsis, with infection rates **3 to 20** times higher than in high-income settings

On average **15%** of patients will acquire at least one infection in acute care hospitals

AMR

Prophylactic use of antibiotics is standard in over **80%** of maternity units in several countries

Patients with resistant *Staphylococcus Aureus* are **50%** more likely to die than those with a non-resistant infection

Each year hundreds of millions of cases of diarrhoea are treated with antibiotics. Universal access to WASH could reduce this by **60%**

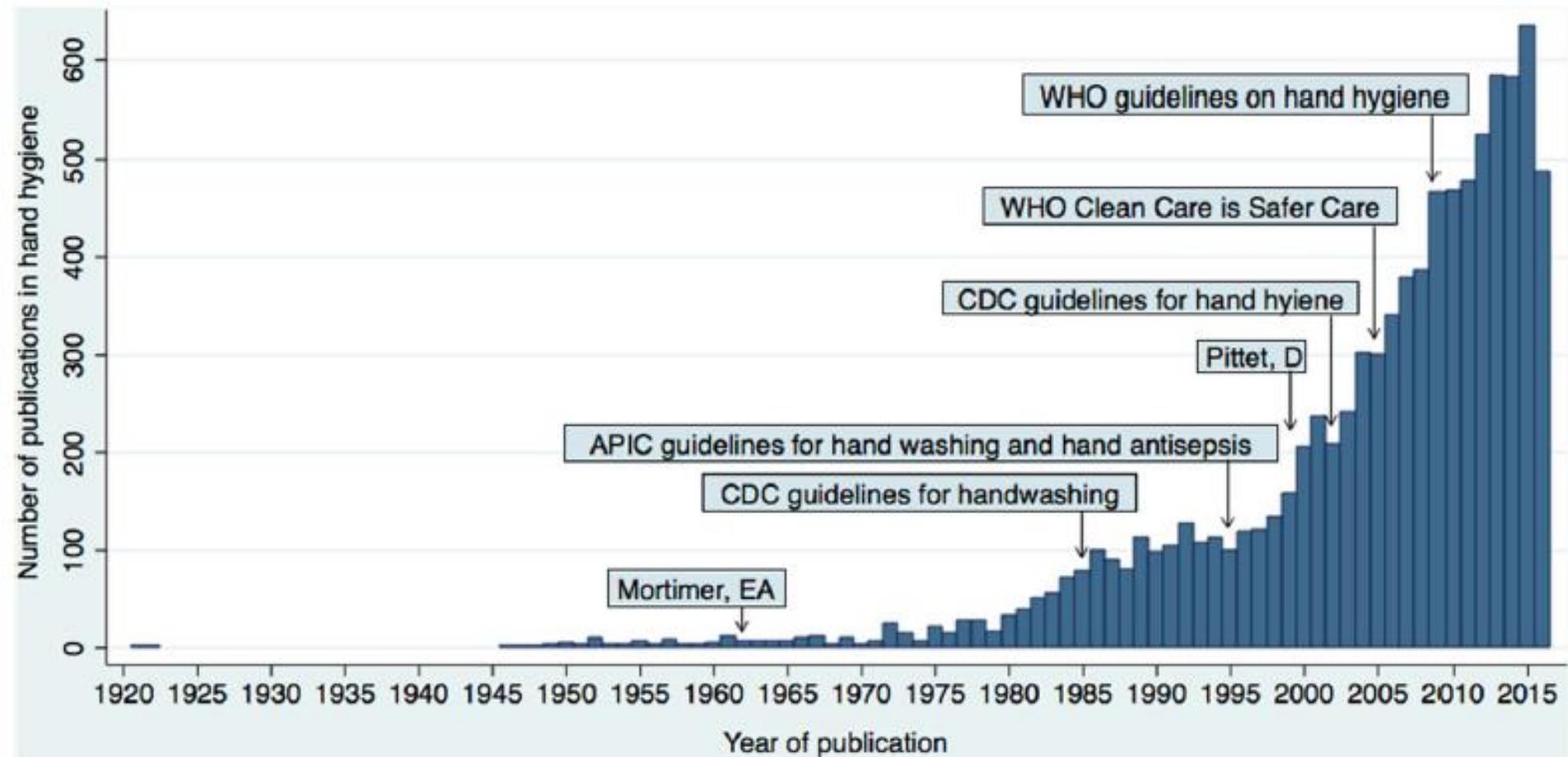


Fig. 1 Number of publications on hand hygiene retrieved in MEDLINE* by year. The search was conducted on the 3 of November 2016 according to the search strategy described in Table 1 under "all keywords". APIC: Association for Professionals in Infection Control and Epidemiology; CDC: Centers for Disease Control and Prevention; WHO: World Health Organization

("Hand Hygiene"[Mesh] OR "hand hygiene" OR "hand disinfection"[Mesh] OR hand disinf* OR "hand sanitizers"[Mesh] OR hand sanit* OR "hand washing" OR "handwashing" OR "hand wash" OR hand rub* OR "handrubbing" OR hand cleans* OR hand deconta* OR "hand cleaning" OR alcohol-based hand rub* OR hand-antise* OR surgical scrub*)

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MAKING HEALTH CARE SAFER: A CRITICAL REVIEW OF EVIDENCE SUPPORTING STRATEGIES TO IMPROVE PATIENT SAFETY | 5 MARCH 2013

The Top Patient Safety Strategies That Can Be Encouraged for Adoption Now FREE

Paul G. Shekelle, MD, PhD; Peter J. Pronovost, MD, PhD; Robert M. Wachter, MD; Kathryn M. McDonald, MM; Karen Schoelles, MD, SM; Sydney M. Dy, MD, MSc; David Hojman, MD; James T. Roston, PhD, MPH; Alyce S. Adams, PhD; Peter B. Angood, MD; David W. Bates, MD, MSc; Leonard Bickman, MD; Pascal Cerretani, MD; Liam Donaldson, MBChB, MSc, MPhil; Edward P. Dunne, PhD; James S. Farley, PhD, MPH; Trisha Greenhalgh, BM BCh; John L. Haughom, MD; Eileen Lake, PhD, RN; Richard Lillard, PhD; Kathleen N. Linn, PhD, MA, MPhil; Gregg S. Meyer, MD, MSc; Marlene R. Miller, MD, MSc; Duncan V. Neuhauser, PhD, MBA, MHA; Gery Ryan, PhD; Sanjay Saint, MD, MPH; Stephen M. Shortell, PhD, MPH, MBA; David P. Stevens, MD; Kieran Walshe, PhD

[Article, Author, and Disclosure Information](#)

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[References](#)[Tables](#)[CME / MOC](#)[Comments](#)

Over the past 12 years, since the publication of the Institute of Medicine's report, "To Err is Human: Building a Safer Health System," improving patient safety has been the focus of considerable public and professional interest. Although such efforts required changes in policies; education; workforce; and health care financing, organization, and delivery, the most important gap has arguably been in research. Specifically, to improve patient safety we needed to identify hazards,

Redefining infection prevention and control in the new era of quality universal health coverage

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Finally - a lot of information, but a WHO video provides excellent country advocacy for IPC



What are the core components for effective infection prevention and control?

WHO: Health care without avoidable infections - peoples' lives depend on it

**PEOPLE'S LIVES
DEPEND ON IT.**

1:47 / 1:59

Dr Edward Kelley

WHO Headquarters

0:21 / 9:10



World Health
Organization

WHO dedicated 5 May webpage

- resources -

<http://www.who.int/infection-prevention/campaigns/en/>

Use WHO hand hygiene improvement tools
all year round

- resources -

<http://www.who.int/infection-prevention/tools/hand-hygiene/en/>

<http://www.who.int/gpsc/5may/es/>



World Health
Organization

WHO Infection Prevention and Control Global Unit

Thank you for your on-going commitment!



<http://www.who.int/infection-prevention/en/>



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