



# Roundtable summary

## The global challenge of healthcare-associated infections



# Introduction

**In January 2023, Essity and Tork, Essity's professional hygiene brand, hosted a roundtable event in Geneva, in collaboration with the United Nations Foundation's Business Council for the UN, bringing thought leaders into one place to discuss the vital issue of Healthcare-Associated Infections (HAIs) and Infection Prevention and Control (IPC).**

Experts from around the world gathered to share their experiences in these areas and identify what is needed for progress and defining calls to action for healthcare communities and policy makers to combat these problems globally. Participants' included representatives from the World Health Organization, Gapminder Foundation and UN member states.

Important issues highlighted in the discussions were: Behavioural change, technical innovations, the opportunities to drive investments and many more. The meeting concluded with participants key takeaways and possible common goals to reduce HAIs and improving IPC globally. This has also been the basis for this executive summary.



**Ilze Melngailis is the senior director of BCUN at the United Nations Foundation**



## Roundtable agenda



- 13:15-13:30 Introduction and welcome remarks
- 13:30-14:00 The World Health Organization brief on the Global IPC report
- 14:00-14:30 Insights from Gapminder Foundation
- 14:30-15:30 First roundtable on the topic of behavioural change and innovations in the field of IPC
- 15:30-15:45 Break
- 15:45-17:00 Second roundtable discussion on the topic Advocacy opportunities to drive investment, access and scale
- 17:00-17:30 Summary and next steps

# Highlights from WHO and Gapminder presentations

The first session of the day featured presentations by key speakers, Professor Benedetta Allegranzi from the World Health Organization and Ms Anna Rosling Rönnlund, author and co-founder of the Gapminder Foundation.

It is important to recognise the gaps around the world when it comes to HAIs and IPC.

COVID-19 and climate change are adding urgency to the collective need for action and people are more aware of the need to work together to develop solutions that everyone can act on. A core issue facing awareness of HAIs is that the ROI is enormous, yet its effects are understated, because they're not visible.

**And yet, fiscally speaking, damage from HAIs is roughly equivalent to that caused by smoking.**

Another vital understanding is that countries are at different levels of progress, and that the recommendations of the perfect picture for one region may not be achievable in others.

Professor Benedetta Allegranzi technical lead at the World Health Organization





The gaps are mainly in IPC education, which during the pandemic emerged as a very important element for improving practices at PoC (point of care). Overall, 10% of patients are affected by this problem – between 2016 and 2017 there were almost nine million HAIs. This is often accompanied, or caused, by antimicrobial resistance (AMR).

***“Only 3.8% of the surveyed countries met all minimum requirements for IPC”***

– WHO Global IPC Report

To maximise global interest, a trifecta must be followed:





**Anna Rosling Rönnlund from  
the Gapminder Foundation**

***“The problem is most good research ends up on desks without being read – and it’s important to ensure that the right people are targeted with the right information”***

– Anna Rosling Rönnlund

In a fact-based world, there is still a huge problem understanding data, especially with figures reporting huge numbers, such as worldwide HAI issues. These broad misunderstandings of the world are problematic for the understanding of HAIs and IPC, as people aren’t certain where to begin looking for solutions. Another issue is that the world keeps changing – statistics and world views formulated a decade ago can be wildly out of date now.

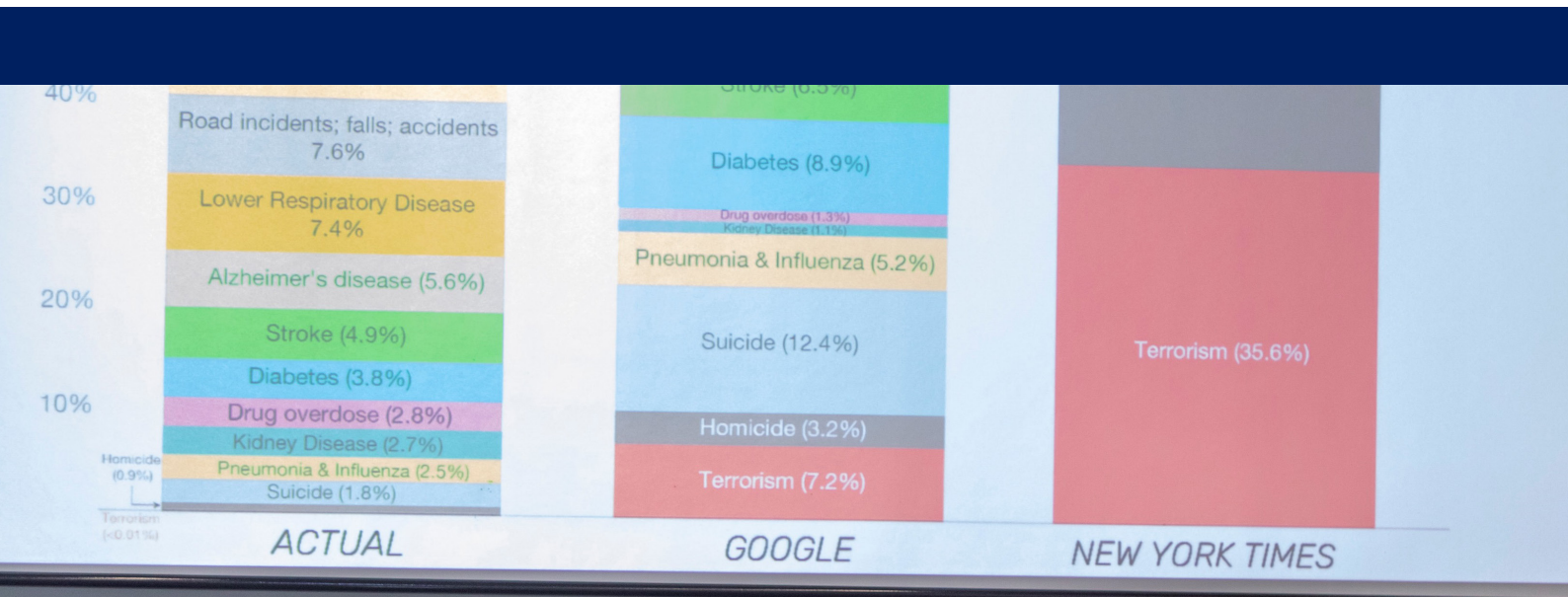
Research that is available is often not read, often by the people who most need to read it. What media chooses to focus on has a part to play in this. In the US, most people die from heart disease (30.2%), 1% from homicide and only 0.01% as a result of terrorism – even so, the latter causes are written disproportionately about in media, inflating their significance – as seen in their relatively higher search frequency on Google.

**50% of World Bank’s 1,600 policy briefs downloaded just 1 to 100 times in 5 years.**

*“If a Report Is Published and No One Reads It, Did It Really Happen?”*  
Malia Bachesta Eley, Stanford Social Innovation Review, 2018

# The keys to making data relevant and usable according to the Gapminder Foundation are:

- 1 Free data is crucial. Start by testing the people who should use this data, so you can see what they are most wrong about, and can direct the right information via 1-pagers to them. There's a risk we'll communicate what they already know – not what they don't.
- 2 Then, it's important to include trends and their proportions, putting data into a bigger context to show the bigger picture.
- 3 Avoid fluff, skip buzzwords and skip the CV section which shouldn't be part of the report – it can be included, but 'on the side'.





# Key takeaways from the roundtable discussions

Global health has climbed higher on the political agenda, partly due to the coronavirus pandemic. It is understood that Antimicrobial resistance (AMR) and Infection Prevention and Control (IPC) are integral to an effective pandemic response. However, an increase in the use of antibiotics to combat COVID-19 could have long-term health implications which we are yet to fully comprehend – and this is where robust IPC programmes are at the heart of what we're doing moving forward. The roundtable agreed that we must act intelligently to address the obstacles in facing future health challenges. The harm arising from avoidable and untreatable infection is simply too big of a threat for us to not engage in a proper, multi-stakeholder fashion.



## Behavioural change and innovation

### Innovations

To keep on top of the various challenges it is critical to have innovation from both the private sector, government and non-governmental organisations. By using real world evidence, we can learn, improve and perfect.

### Engagement

Healthcare workers must be part of the discussion when it comes to IPC. Across the world, concerted efforts need to be made to attract, retain and train this vital resource in public health. For the success of global pandemic responses, healthcare needs to be functioning on a national and local level – whether they are high-, middle- or low-income nations.

# Advocacy opportunities to drive investment, access and scale

## Messaging

Coordinating and conveying our aims from local, regional, national and international bodies such as the World Health Organization on the topic of IPC need to be harmonised in order to get the attention of the relevant bodies. Messaging is vital when it comes to enacting behavioural change, too. We must keep communicating that a simple habit of good hand-hygiene practices has the potential to save millions of lives and is key to effective IPC. Furthermore, we must also be ready to respond to the growing problem disinformation poses. Fake news is on the rise and threatens to undermine preparedness to tackle future health threats.

## Funding

When it comes to convincing decision-makers, there are always competing priorities for funding – and sometimes the loudest voices in the room who can advocate for their argument are heard. Keeping IPC involved in these discussions will ensure that it remains prominent in the consciousness of the public and governments. The moral and emotional arguments of IPC will help inform the level to which we can win the economic argument. IPC needs to be seen as an investment, rather than a cost.



# Next steps

**All stakeholders have contributed their valuable thoughts on the matter, with detailed presentations and clear suggestions for solutions. The complexity of the issues faced are laid out within this report. There is cause for optimism, and inspiration can be drawn from other scientific fields.**

## Key actions for the future:

- 1 Make IPC and HAIs/AMR issues visible – contact other patients’ groups, and learn from the global emphasis on fighting climate change – search for advocates who can engage millions.
- 2 Continue to support investors who are driving innovation, make sure it is well directed and make the case to the political decision-makers on how IPC investments are cost-effective.
- 3 Support the 194 members of the WHO and their consensus to kickstart the draft of a new international deal to tackle HAIs, which highlights a consensus among nations to reach a solution.
- 4 Reflect on ways to improve messaging for all advocacy needed in the next 6–18 months.
- 5 Realise that in order to effect change, one must employ a bottom-up approach, rather than top-down – which means to encourage the healthcare professionals to WANT change, rather than try to ENFORCE change.



***“There is an Infection Prevention and Control paradox: when prevention works well, it’s invisible”***

**We’d like to thank all the organisations and individuals that attended and contributed to the success of this event:**

- World Health Organization
- UN Foundation’s Business Council for the UN
- Gapminder Foundation
- OECD
- Several UN Member states
- Global Sepsis Alliance
- The Global Fund
- Experts in global health and health economics

**Private sector representatives;**

- Essity
- Novozymes
- Roche Diagnostics



**Think ahead.**

an Essity brand

Find out more:  
[www.tork.co.uk/CleanCareHealthcare](http://www.tork.co.uk/CleanCareHealthcare)  
or  
[www.tork.ie/CleanCareHealthcare](http://www.tork.ie/CleanCareHealthcare)