



**World Health
Organization**

‘Fight antibiotic resistance – it’s in your hands’

WHO SAVE LIVES: Clean Your Hands 5 May 2017

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 hand hygiene improvement globally.

THE ANNUAL GLOBAL HAND HYGIENE CAMPAIGN



World Health
Organization

WHO Infection Prevention and Control Global Unit – launched end 2015

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



WHO IPC team

safe, high quality integrated

health services delivered through

knowledge, innovation, collaborations and people-centeredness

Technical areas of work 2015-17

- IPC capacity building and implementation support
- IPC to combat AMR - *New guidelines*
- Burden of HAIs
- Hand hygiene in health care
- Injection safety
- Prevention of infections associated with invasive procedures (e.g. surgery and catheters) - sepsis

Training



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Campaign context

- Note the theme of **‘Fight antibiotic resistance ‘it’s in your hands’** and how powerful this is in connecting the infection prevention and antibiotic/AMR resistance agendas and targeting individuals through the use of “your” – at every level of the health system fighting AMR is a personal matter – it depends on the actions of individuals, front line and leaders to make an impact.
- Overall we are trying to say ‘YOU have the opportunity to join us’, everyone at every level who can influence safer, quality healthcare through prevention of infection. This includes ensuring that all health facilities sign up to the campaign
<http://www.who.int/gpsc/5may/register/en/>
- The campaign name in English, and image colour will be consistent and is important for global reach. The advocacy posters for 5 May 2017 will have the identify running through them and this year will also contain the WHO ‘Antibiotics – handle with care’ slogan too.



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Joining forces for the greatest impact!



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

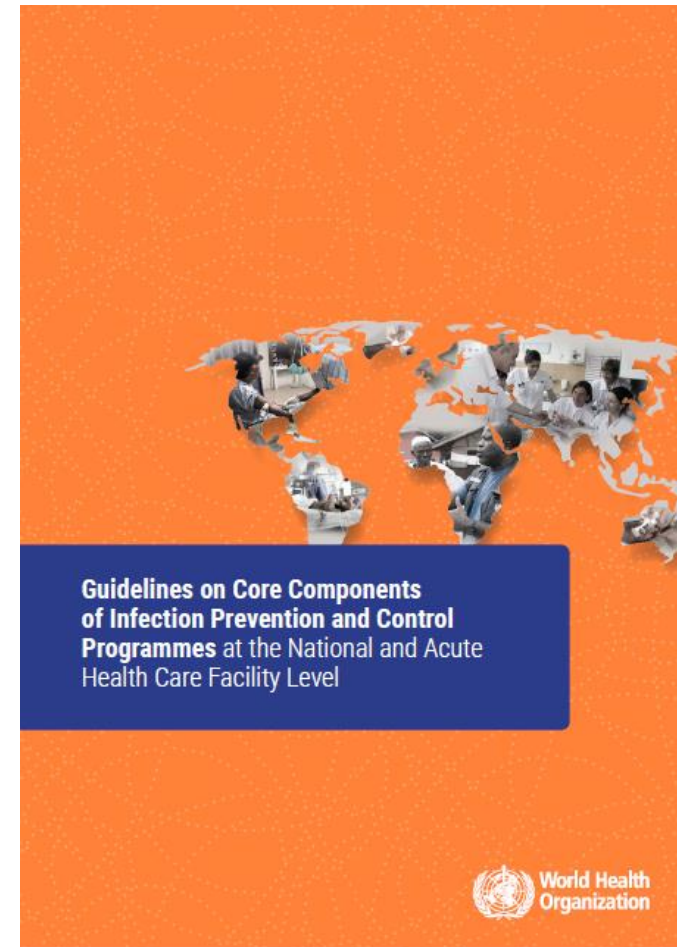
A series of tools and templates have been developed by WHO, FAO and OIE to accompany the manual. These tools may be downloaded and adapted for use by countries. Additional tools will be made available in due course.

[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.

- WHO calls on countries and health care facilities to strengthen IPC programmes based on the recently published WHO Guidelines on core components of infection prevention and control programmes at national and acute health care facility level.
<http://www.who.int/gpsc/ipc-components/en/>
- **Hand hygiene is at the core of effective IPC to combat antibiotic resistance**, and campaigning each year on or around 5 May is one important part of improving behaviour towards IPC best practices.



Calls to action 2017

Health workers:

- “Clean your hands at the right times and stop the spread of antibiotic resistance.”

Hospital Chief Executive Officers and Administrators:

- “Lead a year-round infection prevention and control programme to protect your patients from resistant infections.”

Policy-makers:

- “Stop antibiotic resistance spread by making infection prevention and hand hygiene a national policy priority.”

IPC leaders:

- “Implement WHO’s Core Components for infection prevention, including hand hygiene, to combat antibiotic resistance.”

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SAVE LIVES: Clean Your Hands 5 May 2017

'Fight antibiotic resistance - it's in your hands'

WHO urges you to focus on the fight against antibiotic resistance in the context of hand hygiene and infection prevention and control (IPC) programmes. You can do this by supporting the 5 May 2017 calls to action. Hand hygiene is at the core of effective IPC to combat antibiotic resistance, and campaigning each year on or around 5 May is one important part of improving behaviour towards IPC best practices. This year the campaign materials are all co-branded with 'Antibiotics, handle with care' to demonstrate unity between antimicrobial resistance and IPC efforts.



Who we want action to be taken by:

- we want health workers to clean their hands at the right times, building on hand hygiene improvement efforts made up to now;
- we want chief executive officers and managers to support hand hygiene campaigning and infection prevention and control programmes, to protect patients from antibiotic-resistant infections;
- we want IPC leaders to lead hand hygiene campaigning and start their journey of meeting the core components for infection prevention and control;
- we want policy makers to stop antibiotic resistance spread by demonstrating national support and commitment to infection prevention.

Resources for 5 May 2017

- [A short advocacy slide set.](#)
- A monthly newsletter providing you with updates and advocacy wording you can disseminate in your area.
[SAVE LIVES: Clean Your Hands newsletter](#)



↓ [SAVE LIVES: Clean Your Hands WHO's Global Annual Campaign Advocacy Toolkit pdf, 1.27Mb](#)

<http://www.who.int/gpsc/5may/2017/en/>

Use the posters!



National policy-maker engagement brief

WHO SAVE LIVES: Clean Your Hands Global Campaign

5 May 2017

Fight antibiotic resistance - it's in your hands

Introduction

This brief contains sample text for use by WHO Representatives and designated WHO Country Office infection prevention and control (IPC) focal points in their engagement with policy-makers and key leaders with a mandate for IPC improvement within national ministries of health, including those tasked with developing national quality and safety policies and strategies.

- Too many of the most vulnerable people seeking care develop a health care-associated infection (HAI) resulting in harm and sometimes even death, especially in low- and middle-income countries (LMICs). This could be prevented through simple, low-cost IPC interventions performed at critical moments, such as hand hygiene.
- One in five patients in some LMICs develop a HAI. When considering all countries, one in 10 patients acquires an infection while receiving health care.
- Defects in IPC at the health facility level increase the risk of outbreaks of highly transmissible diseases that can spread within and beyond facilities, including across national borders.
- At the national level, defective IPC impacts on a country's ability to meet the International Health Regulations (IHR), combat antimicrobial resistance (AMR) and ultimately adversely impact on the quality of health care delivery required to meet the health-related Sustainable Development Goals (SDGs), including universal health coverage.
- Absence of hand hygiene at key moments is one aspect of IPC that is considered to be a critical example of defects in the quality of care, usually compounded by weak infrastructures and the lack of access to affordable products, thus putting patients, health workers and the wider population at risk.
- HAIs have a significant economic impact at the patient and population level, including the opportunity cost to health services due to increased length of hospital stay and expensive treatments required for antibiotic-resistant pathogens. Societal costs are also incurred, as well as lost productivity due to HAIs and AMR morbidity and mortality.
- More information on what a HAI is can be accessed at: <http://apps.who.int/iris/bitstream/10665/246235/1/WHO-HIS-SDS-2016.10-eng.pdf?ua=1>
- It was recently shown that relatively few countries across all Member States reported having an IPC programme at the national level.
- Effective IPC programmes lead to more than a 30% reduction in HAI rates and active surveillance itself may contribute to a 25-57% reduction.
- Improving hand hygiene practices can lead to a reduction of pathogen transmission in health care by 50% or more.
- Some countries have clearly demonstrated that strong IPC programmes and implementation strategies can significantly reduce HAIs. England achieved methicillin-resistant *Staphylococcus aureus* (MRSA) infection reduction by 56% over a 4-year period. African hospitals succeeded in reducing surgical site infections by 44% through an IPC and safety culture programme.

Trigger questions for national policy-makers

- Have you analysed the current IPC situation in your country?
- What solutions have been implemented so far to address identified gaps and barriers and build an effective IPC programme at the national level?

A menu of potential options to strengthen IPC

As part of its annual **SAVE LIVES: Clean Your Hands** campaign, WHO has issued this year a specific call to action for policy-makers: "**Stop antibiotic resistance spread by making infection prevention and hand hygiene a national policy priority**". To respond to this and demonstrate strong leadership in IPC through quality and integrated people-centred health services, national authorities might consider how to implement or reinvestigate any or all of the following options according to the new WHO recommendations on core components for IPC programmes (<http://www.who.int/gpsc/ipc-components/en/>):

Option 1	Establish a national IPC programme linked with other relevant national programmes and professional organizations, including those focused on improving the quality of care and health service delivery, AMR and water, sanitation and hygiene.
Option 2	Ensure that any national IPC programme supports the education and training of the health workforce as one of its core functions, thus building skills and competence and supporting the health workforce agenda.
Option 3	Establish a national HAI surveillance programme and networks that include mechanisms for timely data feedback and with the potential to be used for benchmarking purposes. Such a programme will support AMR reduction and the AMR national action plan that all Member States have to put in place.
Option 4	Consider hand hygiene as a key national performance indicator providing vital feedback data on health care practices.
Option 5	Have a system in place to ensure patient care activities are undertaken in a clean and/or hygienic, well-equipped environment to prevent and control HAI, as well as AMR. This includes all the necessary water, sanitation and hygiene infrastructure and services.

What is WHO doing?

A range of technical and advocacy support is available to support these options:

Technical	Advocacy
<ul style="list-style-type: none">NEW WHO guidelines on core components of IPC programmes at the national and acute health care facility levelPractical manuals to support IPC guideline implementation (under development)National and facility level assessment tools to collect baseline data (under development)Training modules (basic and advanced) (under development)	<ul style="list-style-type: none">A suite of campaign messages to health workers, chief executive officers/administratorsVideosPostersInfographics

Further information can be found at <http://www.who.int/gpsc/en/> or requested from Dr Benedetta Allegranzi (allegranzi@who.int).

WHO IPC Global Unit, Service Delivery and Safety, Health Systems and Innovation, WHO headquarters. Issued: 30 March 2017

Activity list for infection prevention and control leaders at the facility level

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

'Fight antibiotic resistance – it's in your hands'



5 May 2017 Campaign

YOUR CAMPAIGN ACTIVITIES IN SUMMARY

PLANNING

Ensure that your local plan has a clear timeline. ☒

Ensure that your local plan has been shared with those who need to approve it (budget) or will be involved in its implementation. ☐

Plan to visit WHO web pages regularly for updates and to access and use new resources as they are issued to achieve the calls to action. ☐

Plan to highlight the results and reach of your 5 May activities. ☐



YOUR CAMPAIGN ACTIVITIES IN SUMMARY

ACTING

Use WHO campaign materials to help you engage target audiences (for example, posters, slide set) with a timeline that will ensure engagement (for example, timed to fit in with other local priority activities where infection prevention messages could be embedded). ☐

Post campaign information in your newsletters, intranet and websites, using text from the SAVE LIVES: Clean Your Hands newsletter or WHO web pages. ☐

Feature the following link – <http://www.who.int/gpsc/5may/2017/en/> – on your web pages, and WHO will return the favour and acknowledge your participation by linking to your web pages. ☐

Be active on social media to help raise awareness, using the official WHO campaign hashtags: ☐

#handhygiene #antibioticresistance

Register for the 5 May teleclass and tell your colleagues to do this same ☐

<https://www.webbctraining.com/schedule1.php?command=viewClass&ID=1351>.

Post your photographs on social media to share your 5 May activities with countries across the world – check the WHO campaign web pages for more information on how these will be collated. ☐

Show WHO hand hygiene and IPC promotional videos at your events <http://www.who.int/gpsc/5may/video/en/>. ☐



BELOW ARE SOME SUGGESTED ACTIVITIES TO HELP IPC LEADERS REACH SELECTED TARGET AUDIENCES (1)

REACH POLICY MAKERS

Call to action to policy makers: "Stop antibiotic resistance by making infection prevention and hand hygiene a national policy priority."



- Have you considered how you can communicate with policy makers in your country? A new WHO resource could help you http://www.who.int/gpsc/5may/campaign_policymakers.pdf?ua=1&
- Do you know if your country has completed its AMR national action plan?



- Where does your country stand on implementation of the core components for IPC programmes?
- Take any opportunity to discuss implementation of the core components with your policy makers and local authorities and recommend the use of a new Practical manual for implementation of the core components for IPC programmes at the national level and a National core components checklist – available on 5 May.



- Have you considered how you can use local media to help present messages on the importance of IPC in your context?



BELOW ARE SOME SUGGESTED ACTIVITIES TO HELP IPC LEADERS REACH SELECTED TARGET AUDIENCES (2)

REACH HOSPITAL CHIEF EXECUTIVE OFFICER (CEO)/ ADMINISTRATORS:

Call to action to CEO/administrators: "Lead a year-round IPC programme to protect your patients from resistant infections."



- To meet the core components for IPC programmes, are there actions that warrant the attention of the CEO/administrator?
- Are you using simplified core component messages to inform your committees and senior leaders if these opportunities arise?



- Are you presenting at in-hospital town hall meetings, grand rounds, etc.? This is an opportunity to explain how incorporating the core components into all facility practices protects patients and health workers and strengthens health systems.



- You can use a WHO short advocacy slide set to do this http://www.who.int/gpsc/5may/cc_slides.pdf?ua=1.
- Have you explained to senior managers how achieving the core components for IPC programmes will support AMR plans (including conformity with national action plans)?



BELOW ARE SOME SUGGESTED ACTIONS TO HELP IPC LEADERS REACH SELECTED TARGET AUDIENCES (3)

REACH HEALTH WORKERS:

Call to action to health workers: "Clean your hands at the right times and stop the spread of antibiotic resistance."



- Explain to your colleagues how hand hygiene is at the core of IPC action to stop the spread of AMR.
- Are you familiar with the core components of infection prevention?
- To understand more and to help you explain the core components to others, use the WHO resources, including this two-page summary http://www.who.int/gpsc/cc_summary.pdf?ua=1.
- You can also use a new WHO document explaining how the evidence for hand hygiene has contributed to the core components' recommendations to help you prepare for activities on 5 May (released date April 2017).



- Organize focus groups or other events to stimulate discussion on the reasons why hand hygiene is a core action to stop the spread of AMR.



- Use the new 5 May 2017 campaign advocacy posters <http://www.who.int/identity/gpsc/5may/2017/en/index.html>.
- Use the suite of WHO My Five Moments for Hand Hygiene posters (in preventing the spread of multi-drug resistance organisms) <http://www.who.int/gpsc/5may/5moments-posters/en/>.



World Health Organization

New technical tools for 2017

- A new document outlining the strength of hand hygiene evidence in informing the core components for IPC programmes – 5 May
- A practical manual on using the core components for IPC programmes at national level - 5 May
- Announcements on a new core components assessment tool and related training modules – 5 May
- Remember you can find the WHO core components for IPC programmes and all current supporting documents here <http://www.who.int/gpsc/ipc-components/en/>

Advocacy 2017

- Reminders to use the #s - #handhygiene #antibioticresistance on social media
- Two new videos – promoting solutions to the prevention of HAI, and on the use of the core components for infection prevention and control programmes including hand hygiene – coming very soon!
- **Get ready to use the short video at your events and campaign activities, it gives a powerful message and will help you engage your audience!**

Other WHO tools

- Existing WHO IPC materials will also be highlighted again on the 5 May campaign web pages as many of these will help support efforts this year.
- Remember that the WHO hand hygiene campaign toolkit is there to help all country and health facility activities
http://www.who.int/gpsc/5may_advocacy-toolkit.pdf?ua=1 (it is also available in French and should be in Spanish soon).

↓ SAVE LIVES: Clean Your Hands WHO's Global Annual Campaign **Advocacy Toolkit**
pdf, 1.27Mb

Posters

↓ Infographic: Hand hygiene and the surgical patient journey
pdf, 12.42Mb

↓ Focus on caring for a patient with a post-operative wound
pdf, 188kb

↓ Focus on caring for a patient with a central venous catheter | ↓ Print A3
pdf, 160kb | pdf, 486kb

↓ Focus on caring for a patient with a peripheral venous catheter | ↓ Print A3
pdf, 180kb | pdf, 503kb

↓ Focus on caring for a patient with an endotracheal tube | ↓ Print A3
pdf, 199kb | pdf, 525kb

↓ Focus on caring for a patient with a urinary catheter
pdf, 151kb

Posters featuring the importance of Moment 5 for Hand Hygiene linked to environment contamination by MDROs: English, French, Spanish.

WHO 5 Moments for Hand Hygiene screensaver

↓ Windows | ↓ Mac
zip, 19.37Mb | zip, 22.68Mb

WHAT'S THE PROBLEM?



1 IN 10 PATIENTS get an infection while receiving care



UP TO 32% OF SURGICAL PATIENTS get a post-op infection, up to 51% antibiotic resistant



UP TO 90% OF HEALTH CARE WORKERS do not clean their hands in some facilities



INFECTIONS CAUSE UP TO 56% OF DEATHS among hospital-born babies



UP TO 20% OF AFRICAN WOMEN get a wound infection after a caesarean section



50-70% OF INJECTIONS given in some developing countries are unsafe



INFECTIONS can lead to disability, **ANTIBIOTIC RESISTANCE**, increased hospital time and death

PREVENT INFECTIONS SAVE LIVES IN HEALTH CARE



HEALTH CARE WITHOUT AVOIDABLE INFECTIONS

INFECTION PREVENTION AND CONTROL CONTRIBUTES TO ACHIEVING SUSTAINABLE DEVELOPMENT GOALS and could save millions of lives



WHAT'S THE SOLUTION?



HAVE ACTIVE INFECTION PREVENTION AND CONTROL PROGRAMMES and target antibiotic resistance



USE CLEAN PRACTICES and asepsis for interventions



PRACTICE HAND HYGIENE to prevent infections and reduce the spread of antibiotic resistance



HAVE ENOUGH STAFF, a clean and hygienic environment and don't overcrowd health care facilities



MONITOR INFECTIONS and make action plans to reduce their frequency



NEVER RE-USE needles and syringes



Only dispense antibiotics when **TRULY NEEDED** to **REDUCE THE RISK OF RESISTANCE**

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%**

THE CONSEQUENCES OF POOR WASH AND COMPROMISED IPC

Lack of WASH in health care facilities

Compromised IPC practices

- Increased risk of health-care-associated infections (HAI)
- Increased risk of spread of HAI
- Increased burden of expensive, hard-to-treat and life-threatening resistant infections
- Decrease in patient confidence in health care

Overreliance on preventive use of antibiotics

High health care costs and poor health outcomes

Increased use of antibiotics to treat preventable infections

Increased resistance

Addressing these challenges will require **accelerating joint efforts to improve WASH, IPC and AMR** in health care settings.

TAKING ACTION

Goals and objectives

Global Action Plan on AMR's objective three: Reduce the incidence of infection through effective sanitation, hygiene and infection prevention measures.

WASH and IPC efforts aim to support objective three through joint efforts to ensure every health facility, in every setting, has safely managed water, sanitation, hygiene and waste management facilities and implements effective, evidence-based IPC programs and practices to protect the lives of health workers, patients and all facilities users.

Priority joint AMR, IPC and WASH actions

GLOBAL

Joint advocacy

Raise awareness of the threat of AMR and the critical need to prioritise prevention, particularly in health care facilities, but also in the wider community through universal WASH access.

Ensure WASH in HCF and IPC are prioritised in all AMR global plans, accountability frameworks, policies, and financing mechanisms.

Support global and national leaders to advocate for WASH and IPC in HCF to reduce AMR.

Achieve universal access to and use of adequate toilets and safe drinking water supplies in communities to reduce unnecessary antibiotic use and hospital admissions.

NATIONAL

National action plans

Support the development and implementation of guidelines and National Action Plans for AMR which prioritise IPC¹ and WASH activities and support access to and rational antibiotic use.

Develop systems to strengthen disease surveillance, guidelines on antibiotics use, and laboratory capacity to better diagnose and track HCAs.

Align prevention efforts with existing health plans and prevention activities, particularly quality universal health coverage and maternal, newborn and child health.

LOCAL

Health care facilities

Support the implementation of WASH standards and improvement and the IPC Core Components Guidelines.

Drive efforts to improve and sustain hand hygiene infrastructure and practices and efforts to support adequate, routine cleaning practices, sterilization and safe health care waste management.

Improve the evidence-base of locally relevant interventions to reduce HAI, improve WASH and IPC and support rational use of antibiotics.

¹ New WHO Guidelines on Core Components of IPC and Implementation tools.

Key WHO tools and guidance to support WASH, IPC and AMR progress

- WHO Essential Environmental Standards in Health Care
- Hand hygiene and AMR policy briefing note
- WHO Hand Hygiene guidelines and Implementation tools
- Water and Sanitation for Health Facility Improvement Tool
- New WHO Guidelines on Core Components of IPC and Implementation tools
- JMP Core Indicators for WASH in HCF
- WHO Sanitation Safety Planning Manual

Can be found at:

<http://www.who.int/gpsc/en/> and http://www.who.int/water_sanitation_health/facilities/en/

ACTION in WASH and IPC

Reduce overall antibiotic demand, use and misuse

Reduce opportunity for resistant strains to emerge

Reduce spread of resistant and non-resistant infections

Reduce cost of expensive treatment of resistant infections

Reduce the risk of all health care associated infections

Drive people-centred quality health care

Increase care seeking and staff morale and productivity

And therefore help reduce antimicrobial resistance.



World Health Organization

We still need facilities to join the campaign & receive our newsletter

dates in Care is Safer Care

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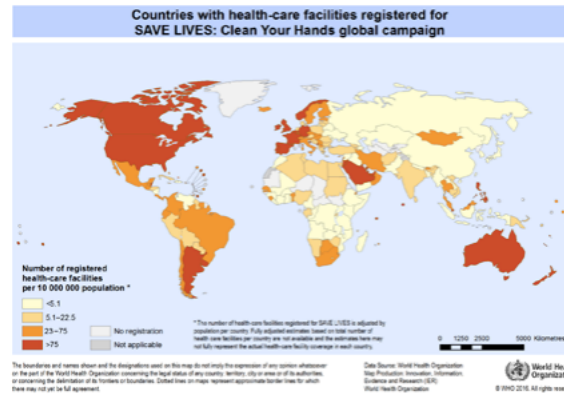
News and events

Registration update - countries or areas



Related links

— [Registration page](#)



As of **6 February 2017**, a total of **to 19 217** hospitals and health-care facilities in **177 countries** or areas have registered their commitment to hand hygiene as part of the global campaign – SAVE LIVES: Clean Your Hands.

This map of the world helps you see how registrations are progressing and highlights number of health-care facilities registered for SAVE LIVES: Clean Your Hands, adjusted by population per country.

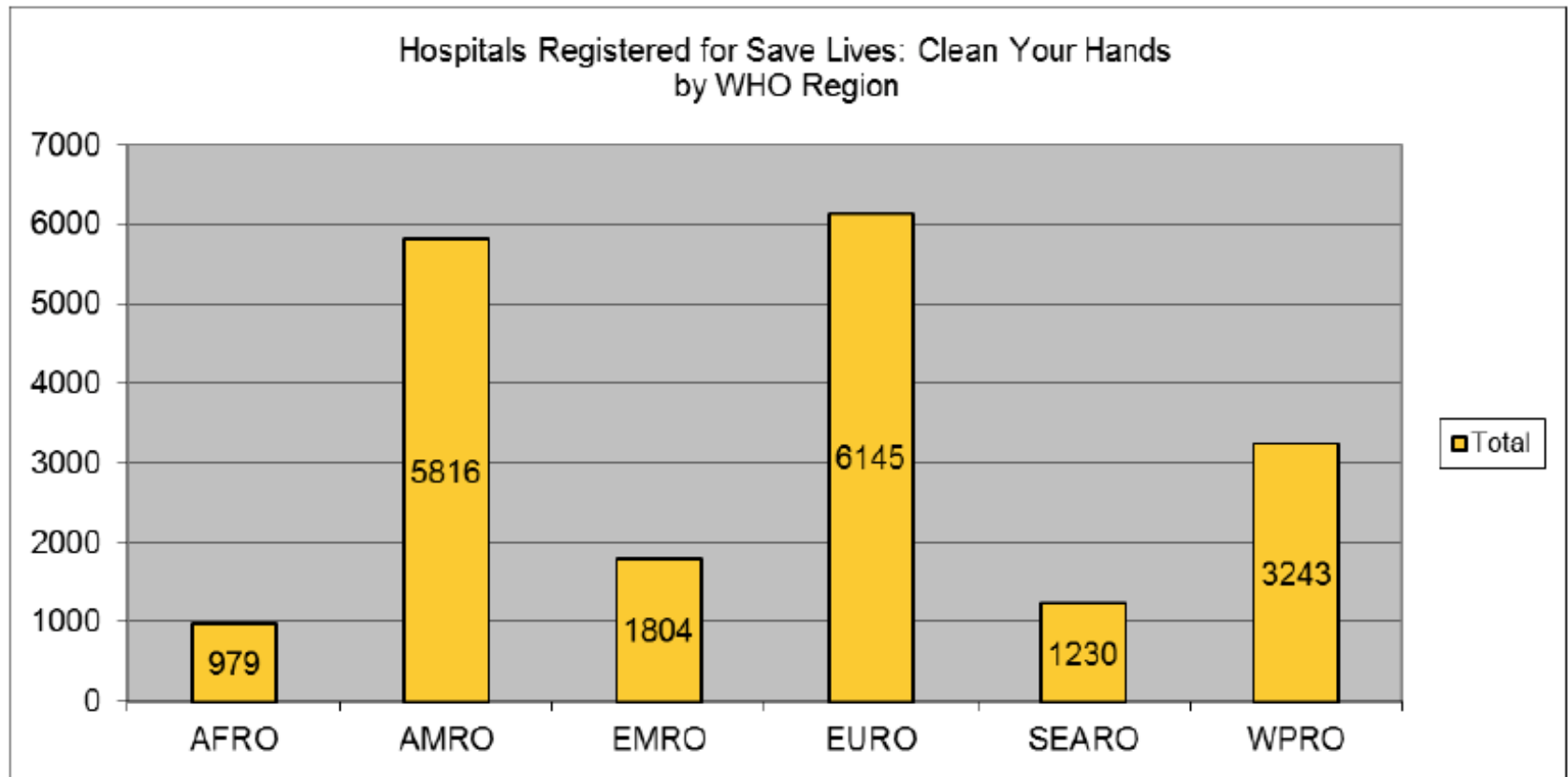
Fully adjusted estimates based on total number of health care facilities per country are not available and the estimates above may not fully represent the actual health-care facility coverage in each country.

↓ [Enlarged map](#)
png, 388kb

The list below, last updated on 6 February 2017, sets out the countries or areas from where hospitals and health-care facilities have registered.

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

The global reach of the campaign in the WHO regions



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Web sites promoting WHO SAVE LIVES: Clean Your Hands



WHO acknowledges those who make every effort to support 5 May activities. Below are links to websites and Social Media accounts that feature and promote 5 May information, many others disseminate messages via emails - thank you for making this annual campaign truly global!

[1. 5 May 2016](#)[2. 5 May 2015](#)[3. 5 May 2014](#)

5 May 2016

[Association for Professionals in Infection Control and Epidemiology](#)[Associação Paulista de Epidemiologia e Controle de Infecção Relacionada à Assistência à Saúde](#)[Canadian Patient Safety Institute](#)[Centre for Health Protection, Department of Health Hong Kong](#)[Centers for Disease Control and Prevention \(CDC\)](#)[Copper Queen Community Hospital \(AZ - USA\)](#)[Drug And Medical Supply Information Center, Ministry of Public Health Thailand](#)[Global Sepsis Alliance](#)[Grampian's Health Improvement Network \(HI-Net\)](#)[Health Protection Scotland \(NHS National Services Scotland\)](#)[Health Canada](#)[Healthcare Infection Society](#)[Hong Kong Infection Control Nurses' Association](#)[Infection Control Africa Network](#)[Infection Control Society of Taiwan](#)[Infection Prevention and Control Canada \(IPAC\)](#)[Infection Prevention Society \(UK and Ireland\)](#)[Institute for Healthcare Improvement \(IHI\)](#)[Interburns International, Welsh Centre for Burns & Plastic Surgery](#)[International Alliance of Patients' Organizations \(IAPO\)](#)[International Federation of Infection Control](#)

Feature a link on your web pages and we will link to you!



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Working with the WHO Collaborating Centre, University Hospitals Geneva (led by Prof Didier Pittet)

(FREE ... WHO Teleclass - Europe)

SPECIAL LECTURE FOR 5 MAY

Speaker: **Prof. Didier Pittet**, World Health Organization, Geneva

May 5, 2017

*Sponsored by the World Health Organization Infection Control Global Unit
(www.who.int/gpsc/en)*

<https://www.webbertraining.com/schedulep1.php?command=viewClass&ID=1351>



World Health
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WHO Infection Prevention and Control Global Unit

- thank you for your on-going commitment



Learn more at: <http://www.who.int/gpsc/en/>

New IPC web pages coming soon!