October 22, 2025

Dr. Tedros Adhanom Ghebreyesus
Director-General, Office of the Director-General, World Health Organization
20 Avenue Appia, 1211 Genève 27, Switzerland

Subject: Urgent Call to build a strong, visible, leadership role for programmatic IPC within WHO's new structures

Dear Dr Tedros,

On behalf of select organisations globally united through WHO's Global Infection Prevention and Control Network (GIPCN), we write to express deep concern regarding the recent restructuring and resource reductions affecting WHO's Infection Prevention and Control (IPC) programme and leadership. This comes at a time not only of heightened global risk of outbreaks of high-consequence pathogens but also the growing threat of antimicrobial resistance. Furthermore, WHO has a very recent mandate (WHA77 in May 2024) to support implementation of the IPC Global action plan and monitoring framework (GAPMF), with the obligation to monitor it and report back to WHA biannually and with the next report due to WHA80 in 2027. The GAPMF builds on the Global Strategy for IPC (GSIPC) which was passed by WHA76 in May 2023 and a Resolution on IPC passed in May 2022 which calls upon the Secretariat to update and develop key technical guidance on IPC for health and long-term care settings. As shown on the WHO global IPC reports of 2022 and 2024, many gaps in normative guidance and implementation practice exist that need to be addressed. Consequently, we believe that there is an urgent need for strong, centralised IPC leadership and normative guidance.

IPC has long served as a cornerstone of global health security, patient safety, and health system resilience. It is a core component of International Health Regulation (IHR) capacity and essential for protecting health and care workers. WHO's own analysis (2024) shows that for every US$1 invested in IPC, there is a return of up to US$35 in health and economic benefits. The unanimous approval by member states of the Global Action Plan and Monitoring Framework on IPC (2024–2030) by the World Health Assembly affirms the international community's commitment to advancing this work.

WHO's IPC contribution has been unique and herculean in the last 15 or more years to lift IPC onto the global health agenda. It is impossible to imagine responses for serious outbreaks in recent years such as Ebola and COVID, and even minor

outbreaks, without IPC. And now we need a strong IPC for reducing healthcare-associated infections, strengthening health systems, and reducing antimicrobial resistance (AMR).

Critically, the IPC GAPMF calls on Member States to establish and sustain dedicated national IPC functions. Yet, WHO itself has diminished its dedicated IPC function on programmatic elements, creating a troubling contradiction between global guidance and internal practice. This decision renders HQ advocacy for and oversight of implementation of the framework virtually impossible and stalls us at a critical time after the pandemic and jeopardizes decades of WHO-led progress.

We urge WHO to immediately prioritise IPC as a critical function of global health leadership. Specifically, we recommend:

• Restoring dedicated resources and staffing to both IPC programmes to previous levels to ensure continuity and impact and restoring IPC as a dedicated function with a clear profile within the organization's structure.

• Establishing a clear implementation roadmap in the next biennium (2026-27) for the Global IPC Action Plan and Monitoring Framework, at global and regional level, with transparent milestones and accountability mechanisms.

• Mobilising IPC networks such as GIPCN to support implementation, advocacy, and technical assistance.

• Introducing interim measures such as temporary work assignments, strengthening of regional and country office IPC capacities, and technical task forces to maintain momentum.

• Sustaining the integration of IPC into responses to emerging disease threats and high-consequence pathogens (e.g., Ebola, Lassa), ensuring IPC remains central to preparedness and response efforts, led by the WHO health emergency IPC & WASH team.

We recognize that IPC expertise remains within WHO health emergency programme (WHE IPC & WASH), and that programmatic IPC work may now fit within a quality and safety unit. However, IPC should be recognised and appropriately resourced as a unique technical area of work in WHO. Strong technical expertise is needed for ensuring recognition of the WHO leading role in this field. Therefore, integration with other programmes should not diminish IPC's visibility or importance. We suggest establishing clear connections and pathways between IPC and AMR, while maintaining IPC's distinct identity and leadership within the health systems division, alongside AMR and Quality of care.

GIPCN fully supports WHO's efforts to revitalize this essential work and urges leadership to maintain IPC as a visible, well-resourced priority. Member organisations remain committed partners to WHO—offering our expertise, mobilising our networks, and actively contributing to advance WHO's strategic priorities. We are dedicated to ensuring IPC continues to be a strong pillar of the global health agenda but without WHO's leadership the potential for the global IPC community to have global impact can be seriously hampered..

We're grateful for your kind consideration of our input and recommendations. Please don't hesitate to reach out with any questions or if further clarification would be helpful. We stand ready to assist.

Sincerely,

Global Infection Prevention and Control Network (GIPCN), On behalf of signatory organisations:

Association for Professionals in Infection Control and Epidemiology (APIC)
Infection Prevention Society
Society for Healthcare Epidemiology of America (SHEA)
Global Alliance for Infections in Surgery
European Committee on Infection Control (EUCIC)
Geneva University Hospitals and Faculty of Medicine
Healthcare Infection Society
King Abdulaziz Medical City-Ministry of National Guard Health Affairs
International Federation of Infection Control (IFIC)
Certification Board of Infection Control and Epidemiology
Infection Control Africa Network "ICAN"
School of Nursing, University of Sao Paulo, Brazil
American University of Beirut, Faculty of Medicine and International Society of Antimicrobial Chemotherapy