



NATIONAL INFECTION PREVENTION & CONTROL STRATEGIC PLAN

2025-2030

National Institute of Health
Ministry of National Health Services, Regulations & Coordination



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Message by the Director General Health,

Ministry of National Health Services, Regulations & Coordination

It is with great pride and commitment that I present the National Infection Prevention and Control (IPC) Strategic Plan 2025–2030. This landmark document reflects our unwavering dedication to strengthening Pakistan's healthcare system by embedding resilient, evidence-based IPC practices that protect patients, safeguard healthcare workers, and reinforce national health security.

IPC is not only a technical requirement but a cornerstone of quality healthcare, health system preparedness, and emergency response. Our vision is to ensure that every healthcare setting in Pakistan, from primary clinics to tertiary hospitals, adheres to the highest standards of IPC. By doing so, we aim to significantly reduce healthcare-associated infections, combat the growing threat of antimicrobial resistance, and instill a culture of safety, accountability, and continuous improvement.

This Strategic Plan has been developed through extensive collaboration with provincial health departments, technical experts, frontline healthcare providers, and development partners. It provides a clear framework for governance, capacity building, standardized implementation, and rigorous monitoring to ensure IPC becomes a sustainable, system-wide priority.

I extend my sincere appreciation to all contributors for their valuable insights and commitment in shaping this important strategy. Moving forward with unity, we can transform IPC from a reactive measure into a proactive pillar of Pakistan's healthcare system. Together, we will build a safer, healthier future for our people.



Prof. Dr. Ayesha Isani Majeed

Director General Health

Ministry of National Health Services, Regulations and Coordination

Islamabad

Message by the CEO, NIH

I am pleased to present the National Infection Prevention and Control (IPC) Strategic Plan 2025–2030, aimed at strengthening Pakistan's capacity to prevent, detect, and respond to healthcare-associated infections (HAIs) and antimicrobial resistance (AMR). This plan represents a firm commitment to safeguarding patients, healthcare workers, and communities from preventable harm.

Infection prevention and control is the foundation of safe and quality healthcare. The challenges of emerging pandemics and rising antimicrobial resistance underscore the urgent need for resilient IPC systems embedded at every level of healthcare delivery. Guided by the WHO Global IPC Action Plan and Monitoring Framework 2024–2030, aligned with Pakistan's National Action Plan for Health Security (NAPHS 2024–2028) and the International Health Regulations (IHR-2005), this strategy provides a clear roadmap to institutionalize IPC across the country.

The National Institute of Health (NIH), as the IHR-2005 Focal Point, is committed to leading and coordinating national efforts, ensuring synergy across provinces, and engaging development partners to achieve the objectives of this plan. Its success will require strong political will, cross-sectoral collaboration, and sustained investment, but the benefits in terms of lives saved, improved care quality, and improved public confidence will be immeasurable.

I extend my sincere gratitude to the national and provincial health ministries and departments, experts, and our development partners whose technical and financial support has been invaluable in shaping this document in line with both national priorities and global best practices.



Dr. Muhammad Salman

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Moreover, the Fleming Fund has also provided two full-time consultants to the NIH IPC team and assisted in drafting the first version and subsequently facilitated final review through a consultative workshop.

Abbreviations

AIIR	Airborne Infection Isolation Room
AMR	Antimicrobial Resistance
CDC	Centers for Disease Control and Prevention
CHW	Community Health Worker
CMU	Common Management Unit (for AIDS, TB, and Malaria)
CPSP	College of Physicians and Surgeons Pakistan
DHIS-2	District Health Information System 2
FGD	Focus Group Discussion
HAI	Healthcare-Associated Infection
HCW	Healthcare Worker
HR	Human Resources
HRA	Health Regulatory Authority
IHR (2005)	International Health Regulations (2005)
IPC	Infection Prevention and Control
IPCAF	Infection Prevention and Control Assessment Framework
ISO	International Organization for Standardization
JEE	Joint External Evaluation
JHPIEGO	Johns Hopkins Program for International Education in Gynecology and Obstetrics
JSI	John Snow, Inc.
LMICs	Low- and Middle-Income Countries
LHW	Lady Health Worker
MRSA	Methicillin-Resistant Staphylococcus aureus
NAPHS	National Action Plan for Health Security
NGO	Non-Governmental Organization
NIH	National Institute of Health
PC-1	Planning Commission Form I
PEC	Pakistan Engineering Council
PGMI	Postgraduate Medical Institute
PHRL	Provincial Public Health Reference Laboratory
PNC	Pakistan Nursing Council
S&GAD	Services and General Administration Department

SDG	Sustainable Development Goals
SNE	Sanctioned New Establishment
SOP	Standard Operating Procedure
TIMS	Training Information Management System
TWG	Technical Working Group
UKHSA	United Kingdom Health Security Agency
USAID	United States Agency for International Development
VAP	Ventilator-Associated Pneumonia
WASH	Water, Sanitation and Hygiene
WHA	World Health Assembly
WHO	World Health Organization

Executive Summary

Infection Prevention and Control (IPC) is a cornerstone of safe health care and a critical determinant of national health security. Pakistan continues to face recurring outbreaks, rising antimicrobial resistance (AMR), and the persistent challenge of healthcare-associated infections (HAIs). Evidence indicates that up to 70% of HAIs are preventable through effective IPC interventions, reducing morbidity, mortality, and unnecessary economic burden on households and health systems.

The National IPC Strategic Plan 2025–2030 provides a comprehensive framework to embed IPC as an integral and sustainable function within Pakistan's healthcare system. It has been developed in alignment with the International Health Regulations (2005), the WHO Global IPC Action Plan and Monitoring Framework 2024–2030, and Pakistan's National Action Plan for Health Security 2024–2028. The strategy responds to identified gaps, including weak surveillance, insufficient IPC-trained workforce, limited resources, and inadequate occupational safety provisions for healthcare workers.

The plan is anchored in six guiding principles: evidence-based and people-centered decision-making, equity and inclusiveness, accountability and good governance, sustainability and innovation, intersectoral collaboration through a One Health approach, and resilience with emergency preparedness. Its scope extends to all levels of healthcare, ensuring that consistent IPC practices are adopted across hospitals, clinics, and community-based services.

At its core, the plan aims to institutionalize IPC programs at all levels of healthcare, strengthen governance and financing mechanisms, establish robust HAI surveillance systems, expand training and education, ensure the availability of infrastructure and resources, and foster occupational safety for healthcare workers. It emphasizes the use of multimodal strategies, continuous monitoring and evaluation, and multisectoral collaboration to address AMR containment.

The National IPC Strategic Plan 2025–2030 represents a cost-effective, evidence-informed roadmap for reducing preventable infections, containing antimicrobial resistance, and safeguarding healthcare workers. By situating IPC at the center of health service delivery, the plan will contribute to building a safer, more resilient healthcare system capable of responding effectively to current and future health threats.

1. Background

Infection Prevention and Control (IPC) is a cornerstone of safe health care and a critical element of health security. With recurring outbreaks and the ongoing threat of antimicrobial resistance (AMR), IPC has emerged as a global priority. The International Health Regulations (IHR 2005) require the establishment of strong, effective infection prevention and control (IPC) programmes that enable safe health care and essential services delivery and prevention and control of healthcare-associated infections (HCAs). Moreover, the Sustainable Development Goals (SDGs), specifically SDG 3 (Good Health and Well-being) and SDG 6 (Clean Water and Sanitation), establish that Infection Prevention and Control (IPC), largely dependent on Water, Sanitation, and Hygiene (WASH) services, is a fundamental component of achieving universal health coverage and quality care.

It is evident that effective IPC can prevent up to 70% of healthcare-associated infections (HAIs). Globally, HAIs are among the most frequent adverse events in health care. Up to 15 out of 100 patients in low- and middle-income countries acquire at least one HAI during hospitalization, with one in ten of those patients dying as a result. Global estimates of HAI frequency are hindered by underreporting, poor data quality, and a lack of standardized methods and protocols, resulting in a scarcity of reliable data, particularly in LMICs³.

Furthermore, Antimicrobial Resistance (AMR) intensifies this challenge of poor IPC Practices. Misuse of antibiotics in humans and animals has accelerated the emergence of drug-resistant pathogens. In Pakistan, multidrug-resistant *Typhi*, *Acinetobacter*, and other organisms already complicate treatment. When infections are resistant to first-line therapies, patients require expensive, last-resort drugs, further straining households and health systems. Strong IPC is therefore essential to AMR containment: every infection prevented reduces antibiotic use and opportunities for resistant strains to spread. IPC is thus a frontline defence against the looming AMR crisis.

1.1. Global Momentum

The WHO's 2016 Core Components for IPC outline the essential structures countries need at both national and facility levels, including IPC programs, guidelines, training, surveillance, multimodal implementation, monitoring, and enabling environments. In 2019, the WHO published the Minimum Requirements for IPC, outlining a baseline standard that all health facilities should meet. Yet major gaps remain: the WHO Global IPC Report (2024) showed only 15% of facilities worldwide meet all minimum standards. COVID-19 magnified these gaps while also creating unprecedented political momentum. In 2022, the World Health Assembly adopted Resolution WHA 75.13, mandating Member States to strengthen IPC at all levels. In 2023, WHO launched the Global IPC Strategy and the Global IPC Action Plan 2024–2030, setting clear targets: by 2030, all countries should have a national IPC program, national HAI surveillance, and at least 80% of facilities implementing hand hygiene programs. These frameworks align IPC with global initiatives on patient safety and AMR containment.

1.2. National Context

COVID-19 pandemic and recent outbreaks of HIV, CCHF and others have highlighted the gaps, including unsafe injection practices, poor waste management, lack of IPC Capacities, inappropriate use of PPEs, supplies shortage, poor disinfection/sterilization and lack of sustainable funds for IPC.

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After the first Joint External Evaluation 2016, the Government of Pakistan has taken several steps to improve the IPC country capacity, including the National IPC Unit, the National AMR Action Plan (2017), the National IPC Guidelines (2020), the National IPC Strategic Framework (2022) and conducted several capacity building initiatives. Despite the multiple efforts already undertaken, there remains a pressing need to further strengthen the country's IPC capacity through a holistic approach that ensures strong leadership and political will at both national and provincial levels, coupled with effective governance structures that provide clear accountability, coordination, and oversight. Moreover, sustainable financing must also be secured by embedding IPC into regular health sector/healthcare facility budgets.

1.3. Assessment Findings

The recent Joint External Evaluation (JEE) 2023 rated Pakistan's IPC capacity as low, with 2 out of 5 for IPC programs, 1 out of 5 for HAI surveillance and 1 out of 5 for a Safe environment in health facilities, scoring. Moreover, the AMR Country capacity is also low. JEE (2023) recommendations include establishing comprehensive IPC programs with sanctioned IPC cadres/positions, dedicated budgets, effective monitoring, WASH standards implementation, One Health approach, continuous training, robust surveillance of healthcare-associated infections, provision of essential IPC infrastructure and supplies, and strong regulatory accountability mechanisms. The National Action Plan for Health Security (NAPHS) 2024–2028 similarly identifies IPC as a priority for strengthening IHR capacities.

1.4. Rationale

Strengthening IPC offers one of the highest returns on investment in health systems. Evidence shows that up to 70% of healthcare-associated infections can be prevented through effective IPC practices, directly reducing avoidable illness, deaths, and economic losses³. In Pakistan, where health resources are already stretched, such prevention is critical for reducing unnecessary hospital stays, lowering treatment costs, and easing the burden on families and health facilities. IPC is also a frontline defense against antimicrobial resistance. Every infection prevented reduces the misuse or overuse of antibiotics, thereby limiting the emergence and spread of resistant organisms that threaten treatment options and patient outcomes.

The IPC Strategic Plan will guide the development, implementation, and monitoring of infection prevention and control measures across all levels of the health system. It will guide the institutionalization of IPC as a core health service function by ensuring strong governance, dedicated resources, standardized guidelines, effective surveillance, and continuous capacity building. The plan will enhance patient and health worker safety while aligning Pakistan with global commitments and will ultimately serve as a roadmap for building a resilient health system capable of delivering safe, quality care and responding effectively to current and future public health threats.

The National IPC Strategic Plan 2025-2030 is aligned with the Joint External Evaluation (JEE) 2023 and the National Action Plan for Health Security (NAPHS) 2024–2028, both of which underscore IPC as a critical weakness in the country's health security preparedness. In alignment with the WHO Global IPC Strategy (2023) and the WHO Global IPC Action Plan and monitoring framework (2024-2030), the strategy aims to close those gaps by operationalizing a comprehensive, multisectoral response that equips Pakistan's health system to effectively prevent infections, control resistance, and withstand future health emergencies.

2. Scope

The Scope of the Pakistan National IPC Strategic Plan 2025-2030 will cover all healthcare settings across the country, primary, secondary and tertiary care hospitals, including both public and private sectors. It also extends to non-hospital-based healthcare providers such as clinics and diagnostic centers, ensuring that infection control practices are integrated across all sectors of the healthcare system. The strategy will be implemented in phases over five years (2025-2030) with an emphasis on both short-term improvements and long-term sustainability.

Key aspects of the scope include:

Standardization of IPC Practices: The strategy will ensure that infection prevention measures are consistently implemented across all healthcare levels.

Training and Capacity Building: A central component of the strategy is to provide healthcare workers with ongoing IPC training, focusing on evidence-based practices, AMR prevention, and the importance of adhering to hygiene and sterilization protocols.

Surveillance Systems: Establishing robust surveillance systems will be critical for monitoring healthcare-associated infections and AMR trends. The data collected will help guide intervention strategies and provide feedback on the effectiveness of IPC measures.

Infrastructure and Resource Allocation: The strategy aims to ensure that healthcare facilities are adequately equipped with all the necessary infrastructure and resources.

Public Awareness and Engagement: In addition to healthcare workers, the strategy aims to increase public awareness regarding hygiene and infection prevention. This will contribute to greater community participation in infection control efforts, especially in high-risk areas.

3. Vision and Mission

3.1. Vision:

A resilient health system where every patient, health worker, and community is protected from preventable infections through sustainable, equitable, and evidence-based infection prevention and control practices, ensuring safer care and stronger health security for Pakistan.

3.2. Mission:

The mission of the National IPC Strategic Plan 2025–2030 is to strengthen Pakistan's healthcare system by embedding sustainable, evidence-based infection prevention and control practices across all levels of care. It seeks to safeguard patients, healthcare workers, and communities from healthcare-associated infections and antimicrobial resistance through systematic capacity building, robust policies, and effective governance.

4. Core Principles (*Guiding Principles*)

4.1. Evidence-Based and People-Centered Decision-Making

All strategies and interventions under the plan will be grounded in scientific evidence, global best practices, and local epidemiological data. At the same time, decisions will be tailored to the needs of patients, healthcare workers, and communities, ensuring that IPC remains responsive to the realities of Pakistan's health system. This approach ensures credibility, relevance, and measurable impact.

4.2. Equity, Inclusiveness, and Country Ownership

The plan will prioritize equitable access to safe and quality care across all provinces, districts, and communities, with special focus on vulnerable and underserved populations. It emphasizes inclusiveness by engaging diverse stakeholders at national, provincial, and facility levels. IPC will be driven by country-led solutions, ensuring alignment with Pakistan's governance structures, cultural contexts, and provincial autonomy.

4.3. Accountability, Transparency, and Good Governance

Clear roles, responsibilities, and reporting mechanisms will be embedded within the IPC Operational Plans. Regulatory bodies, facility managers, and provincial/federal authorities will be accountable for implementation, while transparent monitoring systems will enable trust, compliance, and continuous improvement. This principle ensures that IPC commitments translate into measurable outcomes.

4.4. Sustainability and Innovation

The strategic plan aims to institutionalize IPC as a permanent function of the health system, supported by predictable financing, capacity-building, and workforce development. Sustainability will be achieved by embedding IPC within routine health budgets and service delivery models, while the use of technology and innovative tools (such as digital surveillance, e-learning platforms, and supply chain tracking) will enhance efficiency and long-term resilience.

4.5. Intersectoral Collaboration and Partnerships (One Health Approach)

Recognizing IPC as a One Health priority, the plan will foster collaboration across human health, veterinary health, agriculture, WASH, and environmental sectors. Partnerships with international agencies, academia, and private sector actors will be leveraged to maximize expertise, resources, and impact. Such multisectoral engagement ensures that IPC contributes not only to health but also to national security and development.

4.6. Resilience, Adaptability, and Emergency Preparedness

Building resilient IPC systems capable of responding to emerging infectious threats and public health emergencies is a cornerstone of this strategy. Lessons from COVID-19 and other outbreaks will inform preparedness planning, ensuring that facilities and health systems can adapt quickly to new challenges while maintaining continuity of essential health services

5. SWOT Analysis

Strengths	Weaknesses
Existence of National IPC guidelines 2020 (Need to update)	No dedicated sustainable governmental fund for IPC
National IPC Strategic Framework 2021 (Need to Update)	Inadequate IPC structures/program at the Facility level
IPC Focal Persons and committees notified (need to update)	Scarcity of IPC Professionals and HR Trained on IPC Practices and Implementation
e-learning IPC modules developed and available online, free of cost	Optimal participation of relevant stakeholders
At some tertiary care public/Private hospitals, partially established and functional IPC structures	No structure and strategy for the Monitoring and Evaluation of IPC Practices and Programs
Training materials are available and being used in some programs	Poor implementation of surveillance systems for IPC and HAIs
Recent focus on WASH infrastructure improvements in some health facilities	Limitations/non-availability of microbiology laboratories in the public sector hospitals across the country
WASH sector coordination guidelines 2019	IPC trainings are not standardized
External/Donor supported Technical and Financial support	Limited Career pathway for the IPC Professionals at all levels
Institutional willingness and political recognition of IPC importance	Lack of coordination at all levels and among stakeholders
Opportunities	Threats
Allocation of sustainable funds for IPC at all levels	Financial constraints and budget limitations in the public sector
Engaging development partners in strengthening of IPC Programs across the country at all levels	Frequent staff turnover
Notification/update of IPC Focal Persons and Committees at Provincial, District and Hospital levels	Rising AMR and emerging infectious diseases
Improvement and establishment of Central Sterile & Supply Departments and ICUs	Competing health priorities limit IPC resource allocation
Integrated approach for IPC with joint action plans with relevant programs	Lack of IPC career pathways
Digital health tools for surveillance and training	Political instability may affect program sustainability
Momentum post-COVID-19 for health system strengthening	Infrastructure gaps in rural and under-resourced areas

6. *Strategic Objectives*

Objective 1:

To strengthen/institutionalize the infection prevention and control (IPC) program at all levels of the healthcare system

Rationale

The objective is to reinforce and institutionalize Infection Prevention and Control (IPC) programs across all levels of the health system, ensuring the consistent delivery of safe, high-quality health care and essential services. By integrating IPC structures, standards, and practices into the routine operations of health facilities, the program aims to reduce healthcare-associated infections, safeguard patients and health workers, and enhance overall health outcomes. Institutionalization will further guarantee sustainability through strengthened governance, adequately trained personnel, dedicated resources, and continuous monitoring across all tiers of service delivery.

Focus Areas

1. Advocacy, Strengthen leadership & multi-sectoral coordination between relevant partners and stakeholders at all levels
2. Review/formulate legislation to support IPC program, practices and accountability
3. Establishment/Notification of national, provincial/regional IPC units/cells with clear objectives, functions, scope of work and responsibilities
4. Notify/Update multi-sectoral / multi-disciplinary IPC steering committees, Technical Working Groups (TWG) and IPC Focal Persons at the National, Provincial/Regional and district level with clear roles, responsibilities and authority.
5. Notify/Update multi-disciplinary IPC committees, IPC teams and IPC Focal Persons at the Tertiary level healthcare facilities with clear roles, responsibilities and authority.
6. Notify/Update IPC Focal Persons at the Primary and Secondary level healthcare facilities with clear roles, responsibilities and authority, while notify/update the IPC team at the Secondary Healthcare facilities
7. To ensure the availability of dedicated and skilled HR for IPC at all levels.
8. Annual IPC Program review and development of IPC workplans/ improvement plan at all levels.
9. To ensure the availability of sustainable funds for IPC at all levels, the development of PC-1 and higher-level sensitization for the creation of IPC budget lines in healthcare facility annual budgets.

Objective 2:

To ensure the availability of updated IPC Guidance documents at the national, provincial/regional, district and health care facility level

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Rationale

Developing and disseminating standardized IPC guidance at both national and facility levels is essential to strengthen preparedness, establish structured IPC programs, and ensure compliance with WHO's minimum requirements.

Focus Areas

1. Build consensus, finalize/update, print, and disseminate National IPC guidelines and capacity building of HCWs at all levels.
2. Translate national IPC guidelines into HCF-level standardized SOPs and ensure availability at all levels.
3. Development & dissemination of necessary multilingual IEC material (posters, leaflets, brochures, etc./print & electronic/digital media)
4. Ensure periodic update of national IPC guidelines and SOPs (at least every 2-5 years) through review & adaptation of the latest IPC recommendations
5. Conduct targeted awareness sessions on IPC guidelines for senior managers, hospital administrators and decision-makers.
6. Liaise with the relevant health regulatory bodies to ensure adherence to IPC practice standards and participation in continuing professional education programs.
7. Develop/update legislation for Minimum Service Delivery Standards (MSDS) to ensure worker safety, patient care, and improved working conditions

Objective 3:

To establish and operationalize a standardized national surveillance system for healthcare-associated infections (HAIs)

Rationale

Healthcare-associated infections (HAIs) pose a serious threat to patient safety in Pakistan, where underreporting, weak surveillance, and fragmented data systems hinder effective control. WHO's IPC Core Components emphasizes the importance of robust HAI surveillance as a cornerstone of national IPC programs. The absence of a standardized HAI surveillance system limits the country's ability to detect trends, identify outbreaks, and respond promptly to them. Establishing a national HAI surveillance system will address this gap by enabling the collection of structured data, facilitating timely interventions, informing evidence-based policymaking, and aligning with Global Health Security.

Focus Areas

1. To strengthen the governance, leadership and coordination for the implementation of sustainable and Standardized Healthcare-Associated Infections (HAIs) surveillance and response system in Pakistan
2. To strengthen national and sub-national capacity for early detection, complete recording, timely reporting, regular analysis, response and feedback for healthcare-associated infections at all levels

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3. To strengthen national and provincial Public Health / clinical laboratories capacities to confirm and report healthcare-associated infections.
4. To develop sustainable HR capacity for HAI surveillance at all levels through regular capacity building and training
5. To strengthen the Information and Communication Technology (ICT) infrastructure, including a digital HAI surveillance system for improved data flow, data management, data analytics and data dissemination for action and feedback
6. To efficiently integrate the HAI surveillance system with AMR, fungal, Laboratory and IDSR systems at the national and provincial level
7. To strengthen the supervision, monitoring and evaluation system for the HAIs surveillance system
8. To build healthcare stakeholder coordination/collaborative approaches for the implementation of HAI surveillance and response

Objective 4:

To educate and train health care workers, patients and the community for evidence-based IPC practices

Rationale

A major barrier to effective IPC implementation in Pakistan is the shortage of trained IPC professionals across healthcare facilities, leading to inconsistent and inadequate practices. Strengthening the knowledge and skills of health care workers is therefore essential, with training tailored to the specific needs of their work settings. While some training will be delivered at the national level, the emphasis will be on developing in-service IPC expertise at the facility level. This will be supported through the wide dissemination of evidence-based guidelines, protocols, and learning materials. All educational programs will be regularly evaluated for effectiveness and updated in line with emerging evidence.

Focus Areas

1. High-level advocacy for creating posts of IPC professionals / Sanctioned new Establishment (SNE) creation with a career pathway
2. Development of a standardized IPC training curriculum aligned with the national guidelines for healthcare professionals
3. Conduct Pre-service, in-service and refresher IPC training at the healthcare facility for IPC Committees, teams, and Focal Persons.
4. Establishment of a National IPC Training & Certification Program, including e-learning in collaboration with academic institutions and regulatory bodies.
5. Integration of IPC modules into undergraduate and postgraduate medical, nursing, and allied health curricula.
6. Creation of a National IPC Workforce Dashboard to track training status, postings, and further capacity-building needs.
7. Promote and encourage healthcare facilities to plan and work with community organizations on IPC awareness and education

Objective 5:

Promote the utilization of multimodal strategies for implementing infection prevention and control activities

Rationale

The published evidence demonstrates that implementing IPC activities at the healthcare facility level through multimodal strategies effectively improves practices and reduces healthcare-associated infections (HAIs). Notable outcomes include increased hand hygiene compliance and reductions in CLABSI, VAP, and infections caused by MRSA and C. difficile. Key elements of multimodal strategies comprise system change, targeted education, awareness and communication, bundle-based interventions, promotion of a strong patient safety culture with leadership engagement, positive reinforcement, and strengthened accountability through monitoring and timely feedback.

Focus Areas

1. Promote the utilization of the WHO multimodal approach/strategy in IPC practices through the development and dissemination of thematized sample bundle frameworks.
2. Embed WHO multimodal strategies into IPC guidelines, policies and SOPs at the Healthcare facility level.
3. Ensure availability of essential IPC infrastructure and supplies at all points of care within the healthcare facility.
4. Ensure a regular, targeted, standardized IPC training program, including Multimodal Strategy at all levels for healthcare workers.
5. Establish routine monitoring, audit, and feedback mechanisms for hand hygiene, environmental cleaning, and HAI prevention practices.
6. Establishment of visual cue systems (reminders, posters, dashboards) within facilities to reinforce IPC practices and guidelines.
7. Foster a safety and accountability culture by strengthening IPC committees, leadership engagement, and staff recognition systems at the National and Provincial levels.

Objective 6:

Strengthen IPC Supportive supervision, monitoring and evaluation

Rationale

The monitoring and evaluation provide systematic information to assess the extent to which IPC-identified standards are being met, goals achieved, and activities performed as required, while also identifying areas requiring improvement. Regular facility evaluations ensure compliance with regulations and best practices, reinforce effective strategies, and foster a “monitoring and learning” culture. By documenting program impacts through defined indicators, stakeholders, including healthcare workers, can gauge their performance against set standards.

Focus Areas

1. To develop the capacity of healthcare facilities on IPC practice self-assessment using the recommended IPC assessment tools, including digital platforms

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2. To ensure the development and availability of the IPC monitoring and evaluation framework, assessment tools and reporting tools, including digital platforms at all levels.
3. To develop the IPC key performance indicators aligned with the IPC M&E Framework based on the recent assessments of healthcare facilities.
4. To develop and implement standardized IPC practices data collection tools at all healthcare facility levels.
5. To develop and implement a mechanism for IPC practices data collection, reporting, analysis, feedback, dissemination and integration with the Provincial and National DHIS-2-based IPC dashboard.
6. To develop the capacity of the notified IPC teams, IPC focal person at the healthcare facility for IPC data collection, reporting, analysis, feedback and supportive supervision.
7. To establish a reward or recognition mechanism for healthcare professionals, wards/units and healthcare facilities that demonstrate good IPC practice at the National and Provincial Levels.
8. Organize performance review meetings according to hierarchy aligned with the monitoring and evaluation framework to share ideas, innovations and development of quality improvement plans
9. To engage regulatory bodies, partners and relevant stakeholders for IPC monitoring, evaluation and supportive supervision at all levels.

Objective 7:

Strengthen the system to enhance built environment and equipment for IPC

Rationale

A safe built environment, appropriate materials, and reliable equipment are fundamental to effective Infection Prevention and Control (IPC) at the facility level. Well-designed infrastructure, such as adequate isolation rooms, functional ventilation, and designated decontamination areas, minimizes the risk of cross-infection. Access to appropriate materials and essential equipment ensures that healthcare workers can consistently apply IPC practices, maintain hygiene standards, and protect both patients and staff. Without these foundational elements, IPC measures cannot be effectively implemented and investing in facility design, materials, and equipment is critical for safeguarding health outcomes.

Focus Areas

1. To implement and strengthen the Water, Sanitation and Hygiene (WASH) program at all HCF levels.
2. To define national standards for IPC compliant building codes for all HCFs
3. To develop and implement SOPs for effective ventilation (natural, mechanical & AIIR) in HCFs
4. To ensure that each healthcare facility establishes and maintains a dedicated decontamination / sterilization unit for the safe and effective decontamination and reprocessing of medical devices.

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5. To ensure facilities provide adequate isolation rooms or a designated cohort room for patients with similar pathogens.
6. To develop/update the essential IPC supplies list (inventory system) with standardized specifications and quantifications at the HCF level.
7. To establish/strengthen a mechanism for proper healthcare waste management at HCFs in collaboration with relevant government bodies
8. Improve public awareness on high-priority IPC practices (e.g., hand hygiene, injection safety, etc.)
9. Update/develop module on hygiene practices for LHWs/CHWs
10. Train & Educate Community Health workers / inspectors / practitioners and others on basic IPC practices

Objective 8:

Promote occupational safety of healthcare workers in all healthcare facilities

Rationale

Promoting occupational safety of healthcare workers is vital to safeguarding their health, well-being, and productivity, while also ensuring uninterrupted delivery of quality care. Healthcare workers are frequently exposed to infectious agents, hazardous materials, and physical and psychological stressors; without adequate protection, these risks can lead to illness, injury, or burnout. Ensuring occupational safety through proper IPC measures, training, and provision of protective equipment not only protects staff but also strengthens the resilience of the health system and improves patient safety.

Focus Areas

1. To establish/strengthen an occupational health and safety program to protect the health, safety and well-being of workers in the health sector.
2. Develop and implement SOPs to control occupational infectious hazards & guide post-exposure management
3. Develop and establish systems of mandatory reporting & management of HCWs exposure to occupational infections
4. Conduct regular workplace risk assessments covering all hazards to define the effectiveness of environmental controls (e.g., Triage system, ventilation, sharp hazards, etc.)
5. Ensure availability of mandatory vaccines, including Hepatitis B (HBV) to all HCWs

Objective 9:

To ensure the management of workload, staffing and bed occupancy in healthcare facilities

Rationale

Effective management of workload, staffing, and bed occupancy is essential to maintaining quality care and preventing healthcare-associated infections. Balanced staffing levels reduce

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fatigue and errors, while regulated bed occupancy ensures adequate spacing and minimizes overcrowding, both of which are critical for implementing safe IPC practices and protecting patients and healthcare workers.

Focus Areas

1. To ensure safe staffing levels that match patient care needs and support effective implementation of IPC practices as per IPC Guidelines
2. To regulate bed occupancy by enforcing standard capacity limits, ensuring one patient per bed, adequate spacing between beds, and preventing overcrowding.
3. Develop facilities-based emergency preparedness and response plan for a health emergency.

Objective 10:

To strengthen Multisectoral Collaboration for IPC and AMR Containment

Rationale

Strengthening multisectoral collaboration for IPC and AMR containment is critical, as antimicrobial resistance is a complex, cross-cutting challenge that extends beyond the health sector. Human health, animal health, agriculture, and the environment all contribute to the emergence and spread of resistant pathogens, making a One Health approach essential. Effective collaboration ensures coordinated policies, shared data, joint surveillance, and harmonized interventions, which together enhance the capacity to prevent infections, contain resistance, and protect both public health and livelihoods. Without strong multisectoral action, isolated efforts risk being fragmented and less impactful, undermining national and global health security.

Focus Areas

1. To establish effective coordination mechanisms between health, agriculture, veterinary, environment/climate change, and other relevant sectors for IPC, WASH and AMR containment.
2. To promote joint planning, policy development, and implementation of strategies addressing IPC and AMR across all sectors.
3. To enhance information sharing, surveillance, and reporting systems between sectors for timely detection and response to IPC and AMR threats.
4. To build capacity and awareness among stakeholders in different sectors on their roles and responsibilities in IPC and AMR containment.
5. To align national efforts with global frameworks and standards for a unified, One Health approach to IPC and AMR containment

7. Strategic Delivery Plan 2025-2030

Strategic Objectives	Deliverables	Means of verification	Timeline	Responsibility
<u>Objective 1:</u> To strengthen/institutionalize the infection prevention and control (IPC) program at all levels of the healthcare system	1. Advocacy, Strengthen leadership & multi-sectoral coordination between relevant partners and stakeholders at all levels	<ul style="list-style-type: none"> Minutes of meeting Policy documents Records of training Allocation of resources 	2025-2030	<ul style="list-style-type: none"> MoNHSR&C NIH Ministry of Health (Provincial) Provincial Health Departments Development Partners
	2. Review/formulate legislation to support IPC program, practices and accountability	<ul style="list-style-type: none"> Availability of legislation for IPC Program 	2025-2030	<ul style="list-style-type: none"> MoNHSR&C Ministry of Law and Justice NIH Ministry of Health (Provincial) Provincial Health Departments IPC SCs and TWGs
	3. Establishment/Notification of national, provincial/regional IPC units/cells with clear objectives, functions, scope of work and responsibilities	<ul style="list-style-type: none"> Notifications of IPC Units/cells at all levels 	2026	<ul style="list-style-type: none"> MoNHSR&C NIH Ministry of Health (Provincial) Provincial Health Departments
	4. Notify/Update multi-sectoral / multi-disciplinary IPC steering committees, Technical Working Groups (TWG) and IPC Focal	<ul style="list-style-type: none"> Notifications of IPC Steering Committees Technical Working Groups and IPC Focal 	2025	<ul style="list-style-type: none"> MoNHSR&C NIH Ministry of Health (Provincial) Provincial Health Departments

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Strategic Objectives	Deliverables	Means of verification	Timeline	Responsibility
	Persons at the National, Provincial/Regional and district level with clear roles, responsibilities and authority.	Persons at National, Provincial/Regional and District Levels		
	5. Notify/Update multi-disciplinary IPC committees, IPC teams and IPC Focal Persons at the Tertiary level healthcare facilities with clear roles, responsibilities and authority.	<ul style="list-style-type: none"> • Notifications of IPC Committees, IPC teams and IPC Focal Persons at Tertiary level healthcare facilities 	2025	<ul style="list-style-type: none"> • MoNHSR&C • NIH • Ministry of Health (Provincial) • Provincial Health Departments • Hospital administrations
	6. Notify/Update IPC Focal Persons at the Primary and Secondary level healthcare facilities with clear roles, responsibilities and authority, while notify/update the IPC team at the Secondary Healthcare facilities	<ul style="list-style-type: none"> • Notifications of IPC Focal Persons at Primary and Secondary level healthcare facilities 	2026	<ul style="list-style-type: none"> • MoNHSR&C • NIH • Ministry of Health (Provincial) • Provincial Health Departments • District Health Office
	7. To ensure the availability of dedicated and skilled HR for IPC at all levels.	<ul style="list-style-type: none"> • Record of IPC posts at all levels • Record of capacity building trainings, workshops • Record of IPC Certified Professionals 	2025-2030	<ul style="list-style-type: none"> • MoNHSR&C • NIH • Ministry of Health (Provincial) • Provincial Health Departments • IPC SCs and TWGs • PMDC and PNC

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Strategic Objectives	Deliverables	Means of verification	Timeline	Responsibility
	8. Annual IPC Program review and development of IPC workplans/ improvement plan at all levels.	<ul style="list-style-type: none"> • Minutes of annual IPC review meeting • Availability IPC workplans at all levels 	2025-2030	<ul style="list-style-type: none"> • MoNHSR&C • NIH • Ministry of Health (Provincial) • Provincial Health Departments • IPC SCs and TWGs • Development Partners Other stakeholders
	9. To ensure the availability of sustainable funds for IPC at all levels, the development of PC-1 and higher-level sensitization for the creation of IPC budget lines in healthcare facility annual budgets.	<ul style="list-style-type: none"> • Record of allocation of budget for IPC • Record of approved PC-1 for IPC • Yearly Estimation of IPC related Budget, including IEC Material at all levels 	2025-2030	<ul style="list-style-type: none"> • MoNHSR&C • Mo P&D • Mo Finance • NIH • Ministry of Health (Provincial) • Provincial Health Departments • IPC SCs and TWGs

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Strategic Objectives	Deliverables	Means of verification	Timeline	Responsibility
Objective 2: To ensure the availability of updated IPC Guidance documents at the national, provincial/regional, district and health care facility level	1. Build consensus, finalize/update, print, and disseminate National IPC guidelines and capacity building of HCWs at all levels.	<ul style="list-style-type: none"> Record of dissemination of National IPC Guidelines Availability of national IPC Guidelines at all levels Record of training on IPC Guidelines 	2025-2030	<ul style="list-style-type: none"> MoNHSR&C NIH Ministry of Health (Provincial) Provincial Health Departments IPC SCs and TWGs Development Partners
	2. Translate national IPC guidelines into HCF-level standardized SOPs and ensure availability at all levels.	<ul style="list-style-type: none"> Copies of IPC SOPs, Distribution logs, and verification reports confirming availability of SoPs at HCF across all levels. 	2025-2026	<ul style="list-style-type: none"> MoNHSR&C NIH Ministry of Health (Provincial) Provincial Health Departments IPC SCs and TWGs HCF IPC Focal Persons Development Partners
	3. Development & dissemination of necessary multilingual IEC material (posters, leaflets, brochures, etc./print & electronic/digital media)	<ul style="list-style-type: none"> Record of IEC materials developed Record of distribution Review of financial documents 	2025-2026	<ul style="list-style-type: none"> MoNHSR&C NIH Ministry of Health (Provincial) Provincial Health Departments IPC SCs and TWGs HCF IPC Focal Persons Development Partners
	4. Ensure periodic update of national IPC guidelines and SOPs (at least every 2-5 years)	<ul style="list-style-type: none"> Availability of updated National IPC Guidelines and SOPs 	2030	<ul style="list-style-type: none"> MoNHSR&C NIH Ministry of Health (Provincial) Provincial Health Departments

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Strategic Objectives	Deliverables	Means of verification	Timeline	Responsibility
	through review & adaptation of the latest IPC recommendations			<ul style="list-style-type: none"> • IPC SCs and TWGs • Development Partners
	5. Conduct targeted awareness sessions on IPC guidelines for senior managers, hospital administrators and decision-makers.	<ul style="list-style-type: none"> • Record of advocacy/capacity building workshops/meetings for senior managers and decision makers 	2025-2030	<ul style="list-style-type: none"> • MoNHSR&C • NIH • Ministry of Health (Provincial) • Provincial Health Departments • IPC SCs and TWGs • Development Partners
	6. Liasise with the relevant health regulatory bodies to ensure adherence to IPC practice standards and participation in continuing professional education programs.	<ul style="list-style-type: none"> • Memoranda of understanding (MoUs) • Record of official correspondence with regulatory bodies 	2025-2030	<ul style="list-style-type: none"> • MoNHSR&C • Ministry of Health (Provincial) • Provincial Health Departments • NIH • HRAs (Islamabad and Provincial) • PMDC and PNC • IPC SCs and TWGs
	7. Develop/update legislation for Minimum Service Delivery Standards (MSDS) to ensure worker safety, patient care, and improved working conditions	<ul style="list-style-type: none"> • MSDS legislation updated • IPC Guidelines/SOPs updated accordingly 	2025 - 2030	<ul style="list-style-type: none"> • MoNHSR&C • Ministry of Health (Provincial) • Provincial Health Departments • NIH • HRAs (Islamabad and Provincial) • IPC SCs and TWGs

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Strategic Objectives	Deliverables	Means of verification	Timeline	Responsibility
Objective 3: To establish and operationalize a standardized national surveillance system for healthcare-associated infections (HAIs)	<p>1. To strengthen the governance, leadership and coordination for the implementation of sustainable and Standardized Healthcare-Associated Infections (HAIs) surveillance and response system in Pakistan</p>	<ul style="list-style-type: none"> Availability of the National HAI Surveillance Strategic Plan Availability of HAI Surveillance Implementation Guidelines 	2025	<ul style="list-style-type: none"> MoNHSR&C Ministry of Health (Provincial) Provincial Health Departments NIH IPC SCs and TWGs HCFs IPC Focal Persons Development Partners
	<p>2. To strengthen national and sub-national capacity for early detection, complete recording, timely reporting, regular analysis, response and feedback for healthcare-associated infections at all levels</p>	<ul style="list-style-type: none"> Training records Surveillance data reports Analysis dashboards Response/Action reports 	2025-2030	<ul style="list-style-type: none"> MoNHSR&C Ministry of Health (Provincial) Provincial Health Departments NIH IPC SCs and TWGs HCFs IPC focal Persons Development Partners
	<p>3. To strengthen national and provincial Public Health / clinical laboratories capacities to confirm and report healthcare-associated infections.</p>	<ul style="list-style-type: none"> Record of Laboratories with provision of equipment, supplies, training and HR Laboratory accreditation / ISO certification Quality assurance reports Availability of HAI Lab-based Surveillance data. 	2025-2030	<ul style="list-style-type: none"> MoNHSR&C Ministry of Health (Provincial) Provincial Health Departments NIH IPC SCs and TWGs PHRLs HCFs IPC focal Persons Development Partners

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Strategic Objectives	Deliverables	Means of verification	Timeline	Responsibility
	4. To develop sustainable HR capacity for HAI surveillance at all levels through regular capacity building and training	<ul style="list-style-type: none"> Record of Capacity Building, workshops and trainings 	2025-2030	<ul style="list-style-type: none"> MoNHSR&C Ministry of Health (Provincial) Provincial Health Departments NIH IPC SCs and TWGs HCFs IPC focal Persons Development Partners
	5. To strengthen the Information and Communication Technology (ICT) infrastructure, including a digital HAI surveillance system for improved data flow, data management, data analytics and data dissemination for action and feedback	<ul style="list-style-type: none"> Implementation of the digital HAI Surveillance system Record of IT Equipment Supplied for HAI Surveillance 	2025-2030	<ul style="list-style-type: none"> MoNHSR&C Mo IT Ministry of Health (Provincial) Provincial Health Departments NIH HRA (ICT and Provinces) IPC SCs and TWGs HCFs IPC focal Persons Development Partners
	6. To efficiently integrate the HAI surveillance system with AMR, fungal, Laboratory and IDSR systems at the national and provincial level	<ul style="list-style-type: none"> Availability of HAI data at the National Surveillance Dashboard 	2025-2030	<ul style="list-style-type: none"> MoNHSR&C Ministry of Health (Provincial) Provincial Health Departments NIH IPC SCs and TWGs HCFs IPC focal Persons Development Partners

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Strategic Objectives	Deliverables	Means of verification	Timeline	Responsibility
	7. To strengthen the supervision, monitoring and evaluation system for the HAIs surveillance system	<ul style="list-style-type: none"> • Supervision checklists • Monitoring and evaluation reports • Documented feedback/action plans for improving the HAI surveillance system 	2025-2030	<ul style="list-style-type: none"> • MoNHSR&C • Ministry of Health (Provincial) • Provincial Health Departments • NIH • HRA (ICT and Provinces) • IPC SCs and TWGs • HCFs IPC focal Persons
	8. To build healthcare stakeholder coordination/collaborative approaches for the implementation of HAI surveillance and response	<ul style="list-style-type: none"> • Records of stakeholder meetings • Record of joint activities for HAI surveillance and response. 	2025-2030	<ul style="list-style-type: none"> • MoNHSR&C • Ministry of Health (Provincial) • Provincial Health Departments • NIH • HRA (ICT and Provinces) • IPC SCs and TWGs • HCFs IPC focal Persons • Development Partners

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Strategic Objectives	Deliverables	Means of verification	Timeline	Responsibility
Objective 4: To educate and train health care workers, patients and the community for evidence-based IPC practices	1. High-level advocacy for creating posts of IPC professionals / Sanctioned new Establishment (SNE) creation with a career pathway	<ul style="list-style-type: none"> • Government notifications/orders • Approved service structure documents • Records of created IPC professional posts 	2025-2030	<ul style="list-style-type: none"> • MoNHSR&C • Mo Finance • S&GAD • Ministry of Health (Provincial) • Provincial Health Departments • NIH • IPC SCs and TWGs
	2. Development of a standardized IPC training curriculum aligned with the national guidelines for healthcare professionals	<ul style="list-style-type: none"> • Availability of standardized IPC Training Curriculum 	2025-2026	<ul style="list-style-type: none"> • MoNHSR&C • Ministry of Health (Provincial) • Provincial Health Departments • NIH • IPC SCs and TWGs • HCFs IPC focal Persons • Development Partners
	3. Conduct Pre-service, in-service and refresher IPC training at the healthcare facility for IPC Committees, teams, and Focal Persons.	<ul style="list-style-type: none"> • Annual training schedules • Attendance records • Training completion reports • Record of training in TIMS 	2025-2030	<ul style="list-style-type: none"> • MoNHSR&C • Ministry of Health (Provincial) • Provincial Health Departments • NIH • IPC SCs and TWGs • HCFs IPC focal Persons • Development Partners
	4. Establishment of a National IPC Training & Certification Program, including e-learning in collaboration with academic	<ul style="list-style-type: none"> • Availability of IPC Certified Program • Availability of e-learning modules for IPC 	2025-2030	<ul style="list-style-type: none"> • MoNHSR&C • Ministry of Health (Provincial) • Provincial Health Departments • NIH • IPC SCs and TWGs

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Strategic Objectives	Deliverables	Means of verification	Timeline	Responsibility
	institutions and regulatory bodies.			<ul style="list-style-type: none"> • PMDC, PNC, PGMI and CPSP • Development Partners
	5. Integration of IPC modules into undergraduate and postgraduate medical, nursing, and allied health curricula.	<ul style="list-style-type: none"> • IPC modules incorporation in the Medical and Nursing academic curriculum 	2025-2030	<ul style="list-style-type: none"> • MoNHSR&C • Ministry of Health (Provincial) • Provincial Health Departments • NIH • IPC SCs and TWGs • PMDC and PNC • Allied Health Professionals Council • Development Partners
	6. Creation of a National IPC Workforce Dashboard to track training status, postings, and further capacity-building needs.	<ul style="list-style-type: none"> • National IPC Dashboard developed • Record of training and HR 	2025-2030	<ul style="list-style-type: none"> • MoNHSR&C • Ministry of Health (Provincial) • Provincial Health Departments • NIH • IPC SCs and TWGs • HCFs IPC focal Persons • Development Partners
	7. Promote and encourage health care facilities to plan and work with community organizations on IPC awareness and education	<ul style="list-style-type: none"> • Record of Community awareness sessions 	2025-2030	<ul style="list-style-type: none"> • MoNHSR&C • Ministry of Health (Provincial) • Provincial Health Departments • NIH • IPC SCs and TWGs • LHWs and CMWs • HCFs IPC focal Persons • Development Partners

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Strategic Objectives	Deliverables	Means of verification	Timeline	Responsibility
Objective 5: Promote the utilization of the WHO multimodal strategies for implementing infection prevention and control activities	1. Promote the utilization of the WHO multimodal approach/strategy in IPC practices through the development and dissemination of thematized sample bundle frameworks.	<ul style="list-style-type: none"> Facility-level reports on their implementation in IPC practices. 	2025-2030	<ul style="list-style-type: none"> MoNHSR&C Ministry of Health (Provincial) Provincial Health Departments NIH IPC SCs and TWGs HCFs IPC focal Persons Development Partners
	2. Embed WHO multimodal strategies into IPC guidelines, policies and SOPs at the Healthcare facility level.	<ul style="list-style-type: none"> Availability of IPC guidelines, SOPs considering WHO multimodal strategies 	2025-2030	<ul style="list-style-type: none"> MoNHSR&C Ministry of Health (Provincial) Provincial Health Departments NIH IPC SCs and TWGs HCFs IPC focal Persons Development Partners
	3. Ensure availability of essential IPC infrastructure and supplies at all points of care within the healthcare facility.	<ul style="list-style-type: none"> Record of essential IPC supplies and infrastructure 	2025-2030	<ul style="list-style-type: none"> MoNHSR&C Ministry of Health (Provincial) Provincial Health Departments NIH IPC SCs and TWGs HCFs IPC focal Persons Development Partners
	4. Ensure a regular, targeted, standardized IPC training program, including Multimodal Strategy at all levels for healthcare workers.	<ul style="list-style-type: none"> Record of trainings 	2025-2030	<ul style="list-style-type: none"> MoNHSR&C Ministry of Health (Provincial) Provincial Health Departments NIH IPC SCs and TWGs

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Strategic Objectives	Deliverables	Means of verification	Timeline	Responsibility
	5. Establish routine monitoring, audit, and feedback mechanisms for hand hygiene, environmental cleaning, and HAI prevention practices.	<ul style="list-style-type: none"> • Data on hand hygiene, environmental cleaning and other IPC practices 	2025-2030	<ul style="list-style-type: none"> • HCFs IPC focal Persons • Development Partners <ul style="list-style-type: none"> • MoNHSR&C • Ministry of Health (Provincial) • Provincial Health Departments • NIH • IPC SCs and TWGs • HCFs IPC focal Persons • Development Partners
	6. Establishment of visual cue systems (reminders, posters, dashboards) within facilities to reinforce IPC practices and guidelines.	<ul style="list-style-type: none"> • Availability of visual cues in HCFs 	2025-2030	<ul style="list-style-type: none"> • MoNHSR&C • Ministry of Health (Provincial) • Provincial Health Departments • NIH • IPC SCs and TWGs • HCFs IPC focal Persons <p>Development Partners</p>
	7. Foster a safety and accountability culture by strengthening IPC committees, leadership engagement, and staff recognition systems at the National and Provincial levels.	<ul style="list-style-type: none"> • Data on safety and accountability 	2025-2030	<ul style="list-style-type: none"> • MoNHSR&C • Ministry of Health (Provincial) • Provincial Health Departments • NIH • IPC SCs and TWGs <p>HCFs IPC focal Persons</p>

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Strategic Objectives	Deliverables	Means of verification	Timeline	Responsibility
<u>Objective 6:</u> Strengthen IPC Supportive supervision, monitoring and evaluation	1. To develop the capacity of healthcare facilities on IPC practice self-assessment using the recommended IPC assessment tools, including digital platforms	<ul style="list-style-type: none"> Record of training on IPC assessment tools Record of IPC Assessments 	2025-2030	<ul style="list-style-type: none"> MoNHSR&C Ministry of Health (Provincial) Provincial Health Departments NIH IPC SCs and TWGs HCFs IPC focal Persons Development Partners
	2. To ensure the development and availability of the IPC monitoring and evaluation framework, assessment tools and reporting tools, including digital platforms at all levels.	<ul style="list-style-type: none"> IPC M&E Framework developed 	2025-2026	<ul style="list-style-type: none"> MoNHSR&C Ministry of Health (Provincial) Provincial Health Departments NIH IHRA IPC SCs and TWGs HCFs IPC focal Persons Development Partners
	3. To develop the IPC key performance indicators aligned with the IPC M&E Framework based on the recent assessments of healthcare facilities.	<ul style="list-style-type: none"> KPIs Developed 	2025-2026	<ul style="list-style-type: none"> MoNHSR&C Ministry of Health (Provincial) Provincial Health Departments NIH IHRA IPC SCs and TWGs HCFs IPC focal Persons Development Partners
	4. To develop and implement standardized IPC practices data	<ul style="list-style-type: none"> Standardized IPC data collection tools developed 	2025-2026	<ul style="list-style-type: none"> MoNHSR&C Ministry of Health (Provincial) Provincial Health Departments

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Strategic Objectives	Deliverables	Means of verification	Timeline	Responsibility
	collection tools at all healthcare facility levels.			<ul style="list-style-type: none"> • NIH • IHRA • IPC SCs and TWGs • HCFs IPC focal Persons • Development Partners
	5. To develop and implement a mechanism for IPC practices data collection, reporting, analysis, feedback, dissemination and integration with the Provincial and National DHIS-2-based IPC dashboard.	<ul style="list-style-type: none"> • Availability of IPC Practices data in the National IPC Dashboard 	2025-2030	<ul style="list-style-type: none"> • MoNHSR&C • Ministry of Health (Provincial) • Provincial Health Departments • NIH • IPC SCs and TWGs • HCFs IPC focal Persons • Development Partners
	6. To develop the capacity of the notified IPC teams, IPC focal person at the healthcare facility for IPC data collection, reporting, analysis, feedback and supportive supervision.	<ul style="list-style-type: none"> • Record of training on IPC practices, data reporting, TIMS data 	2025-2030	<ul style="list-style-type: none"> • MoNHSR&C • Ministry of Health (Provincial) • Provincial Health Departments • NIH • IPC SCs and TWGs • HCFs IPC focal Persons • Development Partners
	7. To establish a reward or recognition mechanism for healthcare professionals, wards/units and healthcare facilities that demonstrate good	<ul style="list-style-type: none"> • Availability of awards / recognitions at HCFs 	2025-2030	<ul style="list-style-type: none"> • MoNHSR&C • Ministry of Health (Provincial) • Provincial Health Departments • NIH • IPC SCs and TWGs • HCFs IPC focal Persons

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Strategic Objectives	Deliverables	Means of verification	Timeline	Responsibility
	IPC practice at the National and Provincial Levels.			<ul style="list-style-type: none"> • Development Partners
	8. Organize performance review meetings according to hierarchy aligned with the monitoring and evaluation framework to share ideas, innovations and development of quality improvement plans	<ul style="list-style-type: none"> • Record of performance review meeting and developed improvement plans at the HCF level 	2025-2030	<ul style="list-style-type: none"> • MoNHSR&C • Ministry of Health (Provincial) • Provincial Health Departments • NIH • IPC SCs and TWGs • HCFs IPC focal Persons • Development Partners
	9. To engage regulatory bodies, partners and relevant stakeholders for IPC monitoring, evaluation and supportive supervision at all levels.	<ul style="list-style-type: none"> • Sharing of IPC data with relevant stakeholders 	2025-2030	<ul style="list-style-type: none"> • MoNHSR&C • Ministry of Health (Provincial) • Provincial Health Departments • NIH • HRA (ICT and Provinces) • IPC SCs and TWGs • HCFs IPC focal Persons • Development Partners

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Strategic Objectives	Deliverables	Means of verification	Timeline	Responsibility
Objective 7: Strengthen the system to enhance built environment and equipment for IPC	1. To implement and strengthen the Water, Sanitation and Hygiene (WASH) program at all HCF levels.	<ul style="list-style-type: none"> Record of WASH Standards implementation 	2025-2030	<ul style="list-style-type: none"> MoNHSR&C Ministry of Health (Provincial) Provincial Health Departments NIH IPC SCs and TWGs HCFs IPC focal Persons Development Partners
	2. To define national standards for IPC compliant building codes for all HCFs	<ul style="list-style-type: none"> National standard for IPC Compliant Code for HCFs developed 	2025-2030	<ul style="list-style-type: none"> MoNHSR&C Ministry of Health (Provincial) Provincial Health Departments PWD and PEC NIH IPC SCs and TWGs Development Partners
	3. To develop and implement SOPs for effective ventilation (natural, mechanical & AIIR) in HCFs	<ul style="list-style-type: none"> SoPs for effective ventilation have been developed and implemented 	2025-2030	<ul style="list-style-type: none"> MoNHSR&C Ministry of Health (Provincial) Provincial Health Departments NIH IPC SCs and TWGs HCFs IPC focal Persons Development Partners
	4. To ensure that each healthcare facility establishes and maintains a dedicated decontamination / sterilization unit for the safe and effective	<ul style="list-style-type: none"> Dedicated decontamination / sterilization units established in HCFs 	2025-2030	<ul style="list-style-type: none"> MoNHSR&C Ministry of Health (Provincial) Provincial Health Departments NIH IPC SCs and TWGs

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Strategic Objectives	Deliverables	Means of verification	Timeline	Responsibility
	decontamination and reprocessing of medical devices.			<ul style="list-style-type: none"> • HCFs IPC focal Persons • Development Partners
	5. To ensure facilities provide adequate isolation rooms or a designated cohort room for patients with similar pathogens.	<ul style="list-style-type: none"> • Recommended and sufficient isolation rooms are available in HCFs 	2025-2030	<ul style="list-style-type: none"> • MoNHSR&C • Ministry of Health (Provincial) • Provincial Health Departments • NIH • IPC SCs and TWGs • HCFs IPC focal Persons • Development Partners
	6. To develop/update the essential IPC supplies list (inventory system) with standardized specifications and quantifications at the HCF level.	<ul style="list-style-type: none"> • The list of required IPC essential supplies is available • Annual quantification of IPC supplies available 	Yearly	<ul style="list-style-type: none"> • MoNHSR&C • Ministry of Health (Provincial) • Provincial Health Departments • NIH • IPC SCs and TWGs • HCFs IPC focal Persons • Development Partners
	7. To establish/strengthen a mechanism for proper healthcare waste management at HCFs in collaboration with relevant government bodies	<ul style="list-style-type: none"> • Healthcare waste management system at HCFs established as per IPC guidelines 	2025-2030	<ul style="list-style-type: none"> • MoNHSR&C • Ministry of Health (Provincial) • Provincial Health Departments • NIH • EPA • IPC SCs and TWGs • HCFs IPC focal Persons • Development Partners

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Strategic Objectives	Deliverables	Means of verification	Timeline	Responsibility
	8. Improve public awareness on high-priority IPC practices (e.g., hand hygiene, injection safety, etc.)	<ul style="list-style-type: none"> Record of awareness activities on priority IPC practices 	Yearly	<ul style="list-style-type: none"> MoNHSR&C Ministry of Health (Provincial) Provincial Health Departments NIH IPC SCs and TWGs HCFs IPC focal Persons Development Partners
	9. Update/develop module on hygiene practices for LHWs/CHWs	<ul style="list-style-type: none"> Updated basic curriculum on hygiene is available 	2025-2030	<ul style="list-style-type: none"> MoNHSR&C Ministry of Health (Provincial) Provincial Health Departments NIH IPC SCs and TWGs Development Partners
	10. Train & Educate Community Health workers/inspectors/practitioners and others on basic IPC practices	<ul style="list-style-type: none"> Record of training 	Yearly	<ul style="list-style-type: none"> MoNHSR&C Ministry of Health (Provincial) Provincial Health Departments NIH IPC SCs and TWGs HCFs IPC focal Persons Development Partners

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Strategic Objectives	Deliverables	Means of verification	Timeline	Responsibility
Objective 8: Promote occupational safety of healthcare workers in all healthcare facilities	1. To establish/strengthen an occupational health and safety program to protect the health, safety and well-being of workers in the health sector.	<ul style="list-style-type: none"> Occupational health and safety program for HCFs established 	2025-2027	<ul style="list-style-type: none"> MoNHSR&C Ministry of Health (Provincial) Provincial Health Departments NIH HRA (ICT and Provinces) Mo HRD IPC SCs and TWGs HCFs IPC focal Persons Development Partners
	2. Develop and implement SOPs to control occupational infectious hazards & guide post-exposure management	<ul style="list-style-type: none"> SoPs developed and available at HCFs 	2025-2027	<ul style="list-style-type: none"> MoNHSR&C Ministry of Health (Provincial) Provincial Health Departments NIH HRA (ICT and Provinces) Mo HRD IPC SCs and TWGs HCFs IPC focal Persons Development Partners
	3. Develop and establish systems of mandatory reporting & management of HCWs exposure to occupational infections	<ul style="list-style-type: none"> Data on incident reporting is available 	Yearly	<ul style="list-style-type: none"> MoNHSR&C Ministry of Health (Provincial) Provincial Health Departments NIH HRA (ICT and Provinces) Mo HRD IPC SCs and TWGs HCFs IPC focal Persons

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Strategic Objectives	Deliverables	Means of verification	Timeline	Responsibility
	4. Conduct regular workplace risk assessments covering all hazards to define the effectiveness of environmental controls (e.g., Triage system, ventilation, sharp hazards, etc.)	<ul style="list-style-type: none"> Record of risk assessments 	Yearly	<ul style="list-style-type: none"> Development Partners MoNHSR&C Ministry of Health (Provincial) Provincial Health Departments NIH HRA (ICT and Provinces) Mo HRD IPC SCs and TWGs HCFs IPC focal Persons Development Partners
	5. Ensure availability of mandatory vaccines, including Hepatitis B (HBV) to all HCWs	<ul style="list-style-type: none"> Data on vaccine stock is available 	Yearly	<ul style="list-style-type: none"> MoNHSR&C Ministry of Health (Provincial) Provincial Health Departments NIH HRA (ICT and Provinces) Mo HRD IPC SCs and TWGs HCFs IPC focal Persons Development Partners

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Strategic Objectives	Deliverables	Means of verification	Timeline	Responsibility
<p><u>Objective 9:</u> To ensure the management of workload, staffing and bed occupancy in healthcare facilities</p>	<p>1. To ensure safe staffing levels that match patient care needs and support effective implementation of IPC practices as per IPC Guidelines</p>	<ul style="list-style-type: none"> • Staffing rosters, HR records • Supervision reports demonstrating alignment of staffing levels with patient care needs and IPC requirements. 	2025-2030	<ul style="list-style-type: none"> • MoNHSR&C • Ministry of Health (Provincial) • Provincial Health Departments • NIH • HRA (ICT and Provinces) • IPC SCs and TWGs • HCFs IPC focal Persons • Development Partners
	<p>2. To regulate bed occupancy by enforcing standard capacity limits, ensuring one patient per bed, adequate spacing between beds, and preventing overcrowding.</p>	<ul style="list-style-type: none"> • Bed occupancy records • Ward inspection reports • Record of monitoring checklists confirming adherence to standard capacity limits, one patient per bed, and required bed spacing. 	Yearly	<ul style="list-style-type: none"> • MoNHSR&C • Ministry of Health (Provincial) • Provincial Health Departments • NIH • HRA (ICT and Provinces) • IPC SCs and TWGs • HCFs IPC focal Persons • Development Partners
	<p>3. Develop facilities-based emergency preparedness and response plan for a health emergency.</p>	<ul style="list-style-type: none"> • Approved emergency preparedness and response plans • Simulation/drill reports • Records of facility-level training and implementation. 	Yearly	<ul style="list-style-type: none"> • MoNHSR&C • Ministry of Health (Provincial) • Provincial Health Departments • NIH • HRA (ICT and Provinces) • IPC SCs and TWGs • HCFs IPC focal Persons • Development Partners

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Strategic Objectives	Deliverables	Means of verification	Timeline	Responsibility
Objective 10: To strengthen Multisectoral Collaboration for IPC and AMR Containment	1. To establish effective coordination mechanisms between health, agriculture, veterinary, environment/climate change, and other relevant sectors for IPC, WASH and AMR containment.	<ul style="list-style-type: none"> Official notifications of coordination bodies Meeting minutes MoUs developed between health, agriculture, veterinary, environment, and other relevant sectors. 	2025-2030	<ul style="list-style-type: none"> MoNHSR&C Ministry of Health (Provincial) Provincial Health Departments NIH Agriculture, Environment, Veterinary Ministries/ Departments IPC SCs and TWGs Development Partners
	2. To promote joint planning, policy development, and implementation of strategies addressing IPC and AMR across all sectors.	<ul style="list-style-type: none"> Multisectoral reports and records of coordinated implementation activities across sectors. 	2025-2030	<ul style="list-style-type: none"> MoNHSR&C Ministry of Health (Provincial) Provincial Health Departments NIH Agriculture, Environment, Veterinary Ministries/ Departments IPC SCs and TWGs Development Partners
	3. To enhance information sharing, surveillance, and reporting systems between sectors for timely detection and response to IPC and AMR threats.	<ul style="list-style-type: none"> Data-sharing agreements Documented alerts or responses to IPC and AMR threats. 	2025-2030	<ul style="list-style-type: none"> MoNHSR&C Ministry of Health (Provincial) Provincial Health Departments NIH Agriculture, Environment, Veterinary Ministries/ Departments

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Strategic Objectives	Deliverables	Means of verification	Timeline	Responsibility
	4. To build capacity and awareness among stakeholders in different sectors on their roles and responsibilities in IPC and AMR containment.	<ul style="list-style-type: none"> Training reports, workshop attendance records, and awareness materials distributed to stakeholders across sectors. 	2025-2030	<ul style="list-style-type: none"> IPC SCs and TWGs Development Partners
	5. To align national efforts with global frameworks and standards for a unified, One Health approach to IPC and AMR containment	<ul style="list-style-type: none"> One Health initiative is implemented for IPC and AMR containment. 	2025-2030	<ul style="list-style-type: none"> MoNHSR&C Ministry of Health (Provincial) Provincial Health Departments NIH Agriculture, Environment, Veterinary Ministries/ Departments IPC SCs and TWGs Development Partners

8. Conclusion

The Pakistan National IPC Strategic Plan 2025–2030 represents a comprehensive and forward-looking framework to institutionalize infection prevention and control as a cornerstone of quality health care and health security. Rooted in evidence, aligned with international commitments, and shaped through national consensus, this plan provides a clear vision for reducing healthcare-associated infections, addressing antimicrobial resistance, and safeguarding both patients and healthcare workers. It emphasizes equity, accountability, innovation, and resilience, while situating IPC at the heart of the country's preparedness for current and emerging health threats.

By setting out strategic objectives and measurable deliverables, the plan provides a pathway for transforming IPC from fragmented practices into a harmonized, sustainable, and system-wide standard. Its success will rely on strong leadership from the Ministry of National Health Services, Regulations and Coordination, active engagement of provincial health departments, and close collaboration with partners and stakeholders. Through this unified effort, Pakistan reaffirms its commitment to building a safer, more responsive, and resilient healthcare system for its population over the next five years and beyond.

9. For Policymakers

The Pakistan National IPC Strategic Plan 2025–2030 calls for unwavering political commitment and sustained investment to embed infection prevention and control as a national health priority. Policy makers at both federal and provincial levels must ensure that IPC is integrated into broader health sector reforms, adequately financed, and monitored through evidence-based mechanisms. The plan provides a strategic direction, but its impact will depend on timely policy decisions, alignment with NAPHS 2024–2028, and the endorsement of costed action plans to operationalize interventions. By prioritizing IPC, policy makers can safeguard lives, strengthen health security, and build public trust in the health system.

10. For Donors and Development Partners

The Pakistan National IPC Strategic Plan 2025–2030 offers a clear roadmap for strengthening infection prevention and control systems, aligned with global health security priorities and the Sustainable Development Goals. Donors and development partners are invited to support this national vision by providing technical expertise, financial resources, and capacity-building assistance that complement government efforts. Strategic investments in IPC will not only reduce healthcare-associated infections and antimicrobial resistance but also contribute to resilient health systems capable of responding to emergencies. Partnership and coordinated action will be critical to ensure that the objectives of this plan translate into measurable improvements in patient safety and national health security.

11. For HCWs and Facility Managers

The Pakistan National IPC Strategic Plan 2025–2030 places healthcare workers and facility managers at the forefront of its implementation, recognizing their critical role in translating policy into practice. Their commitment to adhering to IPC standards, fostering a culture of patient safety, and ensuring consistent application of protocols will determine the success of this plan. Facility managers must prioritize resources, training, and supportive supervision, while healthcare workers must champion accountability and continuous improvement in daily practices. Together, they form the backbone of resilient healthcare delivery, protecting patients, staff, and communities from preventable infections.

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