World hand hygiene day 2023
Summary evaluation
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Acknowledgements

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The development of the report was coordinated by Claire Kilpatrick of the Department of Integrated Health Services, Universal Health Coverage and Life Course Division, who also led the writing. Benedetta Allegranzi, Guy Dub, Miranda (Mandy) Deeves, Paul Rogers, Julie Storr and Anthony Twyman of the Department of Integrated Health Services, Universal Health Coverage and Life Course Division contributed to the report.
Abbreviations and acronyms

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>AMR</td>
<td>antimicrobial resistance</td>
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<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
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<td>CSO</td>
<td>civil society organization</td>
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<td>DCO</td>
<td>Director’s Communication Office</td>
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<td>HCF</td>
<td>Health care facility</td>
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<td>HH</td>
<td>hand hygiene</td>
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<tr>
<td>GIPCN</td>
<td>Global infection prevention and control network</td>
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<tr>
<td>IPC</td>
<td>infection prevention and control</td>
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<tr>
<td>OECD</td>
<td>Organisation for Economic Co-operation and Development</td>
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<tr>
<td>PAHO</td>
<td>Pan American Health Organization</td>
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<tr>
<td>POPS</td>
<td>Private Organizations for Patient Safety</td>
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<tr>
<td>SM</td>
<td>social media</td>
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<tr>
<td>RD</td>
<td>Regional Director</td>
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<tr>
<td>TOC</td>
<td>Theory of Change</td>
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<td>WASH</td>
<td>water, sanitation and hygiene</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<tr>
<td>USA</td>
<td>United States of America</td>
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<td>WAAW</td>
<td>World AMR Awareness Week</td>
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<td>WHHD</td>
<td>World Hand Hygiene Day</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Executive summary

The World Health Organization’s (WHO) World Hand Hygiene Day (WHHD) 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.

After 15 years of WHHD, held every year on 5 May, there is much to be celebrated. Lessons from this evaluation, which primarily considers official WHO analytics, will be considered in order to enhance and sustain campaign engagement going forward.

A campaign theme, objectives, slogan and products were created and launched for WHHD 2023 – “accelerate action together”.

Overall campaign engagement in 2023

- **Overall, on social media**, the 2023 campaign had mixed results as it worked extremely well on LinkedIn, but underperformed on Twitter. On Instagram, the WHO target was nearly met. This year, the campaign achieved better results across all platforms than in 20221. The public, the target of WHO social media messaging, appears to be most engaged with straightforward messages such as when and how to clean hands. These results are worthy of consideration alongside the changing landscape of social media.

- **Overall country engagement across social media**, main media mentions (over 800 articles appeared around the campaign day), and campaign website visits (see below) was interesting in that the same small number of countries drove the campaign profile2. A list of peer organizations could be created (English, French and Spanish) in order to procure an improved analysis of stakeholder engagement in future years.

- **The main campaign webpage** is visited most in the pre-monitoring period (before 5 May) and still on the day itself. Other pages (links from the main campaign webpage) are not routinely visited. Consideration should be given to the role of the campaign webpages in providing a range of hand hygiene information, while being simple and easy to navigate.

- **The campaign video** was popular on YouTube. The WHO Director-General video, while not being as popular, also performed well compared to other WHO videos, but further analysis is needed to understand the role of a Director-General video going forward.

- **The role of the infection prevention and control (IPC) newsletter** as the main campaign communication route is not clear. The average percentage of recipients, opens and clicks were similar across all months from February to May. Further analysis is required in order to consider this route as a way to continually engage with the target audience(s).

1 See Section 2 (Official 2023 results and reflections) for an explanation of WHO social media indicator targets.
2 See Section 2 for a list of countries.
The campaign approach

- **A theory of change (TOC)** in part drove WHO IPC Hub activities (inputs, processes and outputs), which also involved the contributions of other experts who were invited to regular campaign meetings—activities were mainly consistent with previous years. A TOC and project management approach for use year on year is recommended to help focus activities and, importantly, to prompt consideration of the associated outcomes (not just inputs, processes and outputs). Associated project documentation should also continue to play a role in ensuring the efficient use of time and delivery of targeted outputs, while engaging the right expertise at the right times.

- **The number of campaign outputs (products)** issued in 2023 was slightly reduced from those initially planned (for example, four target audience posters instead of six). The short campaign video was intended for launch at the start of 2023, but was launched much later. It was perceived that the use of a short video to engage people from the outset of the campaign launch each year is a positive engagement approach, with a flow of a small number of products following on after this in order to achieve full engagement with identified target audiences through 5 May. This is again worthy of consideration going forward.

- **A small number of technical products** were also launched and promoted around 5 May, as in previous years. The role of technical products as part of the campaign activities should be considered going forward to understand how they engage the target audience(s). It is perceived that one key message/fact and a related product that tells a story can be the best way to achieve, for example, media engagement around the campaign day.

Health care facility registrations as a way to demonstrate sign-up to the campaign were not analysed in 2023. The role of this “community engagement” activity (since 2009) and other ways to acknowledge and visualise support for the campaign now require consideration.

Regarding outcomes, influences and relationships, overall, it is not fully clear how campaign activities achieve engagement and how all activities relate to associated outcomes (see TOC). A link between the campaign, what stakeholders do and overall technical progress (evidence for this, for example, global hand hygiene and IPC surveys and systematic reviews) should be considered in a timely manner going forward.

There are limitations to this evaluation. Notably, comparisons are challenging due to the retrospective nature of data/information gathering and changing approaches to the campaign and analytics used over the years. However, three areas featuring nine recommendations have been compiled to conclude this report.
In conclusion, the campaign continues to deliver a range of novel, targeted outputs and achieve engagement, including with organizations and people across different countries, thus demonstrating a degree of local ownership. To achieve its aim, the overall approach to WHHD will prevail, with future, enhanced evaluations recommended.

The three recommendation areas: communications approach to the campaign profile and media; dissemination and engagement; and the campaign management and products.

The focus of the nine recommendations: revisiting social media and media approaches; reviewing the campaign webpages; reviewing the role of the IPC Hub newsletter and postings; achieving peer organization engagement; an approach to acknowledging stakeholder engagement; exploring the role of influences and local ownership; consideration of the role of relationships with other programmes and campaigns; adopting the best approach to achieving outcomes in parallel with WHO campaign project management; and reviewing and ensuring the right campaign outputs.

As outlined in a chapter of “Hand hygiene: a handbook for medical professionals”, “a campaign needs a focus, time, planning, centralized and local commitment, leadership and resources” (1).

This holds true for 2024 onwards.
1. Introduction

1.1 Background

WHO’s World Hand Hygiene Day (WHHD) has now been marked for 15 years. Each year, a theme and slogan is announced and a targeted focus has helped to achieve each year’s overarching communication objective, supported by a number of WHO campaign outputs (products).

Aim of WHHD

The 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.

To promote improvements in hand hygiene in health care over time, in the lead up to WHHD, and the immediate period thereafter, WHO:

- **renews**, highlights and announces its support for this topic to regions, countries and health facilities to maintain the profile of hand hygiene and IPC;
- **promotes action and innovation** in the form of new products (for example, technical facts and tools) and by highlighting existing products.

Many of the past WHHD themes, slogans and products continue to be relevant.

Approach

- The overall approach to the campaign execution has been consistent since its launch in 2009 and the outputs for each year have been summarized.
- Although some aspects of the campaign itself have evolved, it retains its initial characteristics based on a foundation of evidence and science, engagement and coalition building, and annual reflections to learn from experiences and reach.
- Campaign fatigue is always considered.
- The preparation of campaign products is supported by consulting with key internal experts and external stakeholder groups, and by using a creative agency.
- The outputs are always featured on a dedicated campaign webpage, which is created each year.
- The WHO IPC Hub newsletter is the main communication route and features regular campaign updates. Targeted emails are also issued to IPC Hub stakeholders and, since 2013, official WHO communications and promotions have also taken place, that is, main WHO webpage feature stories and social media messaging.

Target audience and timeline

- The primary target audience has consistently been IPC focal points across all Member States in order to address hand hygiene improvement in health care facilities; activities to reach this audience have routinely commenced in January of each year.
- WHO IPC Hub communications are issued regularly from this time onwards, for example, monthly and more frequently closer to 5 May.
- In some years, additional target audiences have been highlighted, for example, civil society organizations (CSOs) were the focus in 2023.
- Official WHO communications are issued on 5 May itself, for example, through social media posts.
Evaluation

- Historically, evaluation has taken the form of internal discussions leading to short reports that have outlined the campaign activities and outputs to inform future years. Annual campaign indicators have not always been articulated prospectively.
- Engagement based on available data and insights have also been reviewed annually since 2013, for example, social media analytics.
- Reflections on the campaign have featured in publications in the early years. Notably, in 2017, current and future campaign features were reviewed, including recommendations for research in this area, which formed the basis of some of WHO’s research agenda in this field (work ongoing) (1).
- Importantly, annual campaign evaluation comparisons have been challenging due to the retrospective nature of data/information gathering and changing approaches to the campaign and analytics used.
- A link between the campaign, what stakeholders do and technical progress (evidence for this, for example, global surveys and systematic reviews) has been and continues to be considered and articulated at key moments.

1.2 Purpose and aim of this report

| Purpose | The purpose of this report is primarily to provide a short description of a range of 2023 campaign activities and to highlight the official WHO engagement results. |
| Aim | The aim is to support a learning agenda around the campaign activities to ensure continuous year-on-year success. To achieve this, the report aims to primarily drive internal WHO discussions on what is working, as far as possible, but also to share key takeaways with others involved in campaign activities. |

Other information presented in this report is complementary to the main official WHO analytics.

1.3 WHHD theory of change (TOC) 2023

A TOC was created as part of 2023 planning (Fig. 1). The aim of the TOC was to outline and drive all campaign activity and inform reflections and evaluation. Use of a TOC (or logic model) is an established method to support planning of activities and outputs and helps to consider the outputs alongside proposed outcomes, and the short and long term impacts of projects and programmes, particularly campaigns.

1.4 A summary of 2023 campaign activities

WHO recommends that campaign evaluation should focus on five broad areas: a) were communication activities completed? (activities/inputs); b) were the required numbers and types of products developed? (outputs); c) did audiences take recommended actions or demonstrate new awareness/skills? (outcomes); d) were health goals achieved? (impact). Such evaluation actions can and have supported reflection with the aim to inform recommendations for future years.

SAVE LIVES: Clean Your Hands, WHHD - 5 May 2023 TOC

<table>
<thead>
<tr>
<th>Input</th>
<th>Process</th>
<th>Output</th>
<th>Short-term outcome</th>
<th>Long-term outcome</th>
<th>Impact</th>
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<tbody>
<tr>
<td>Engage design expertise</td>
<td>Media release, WHO main page(s)</td>
<td>Evidence of a coordinated WHO, and other partner effort (and therefore harmonization), e.g. consensus on outputs and delivery of cascade messaging</td>
<td>HH campaign as a campaign of choice every year - long term supporters (not one off) - the belief that it is always important</td>
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<tr>
<td>Engage WHO colleagues</td>
<td>x online products, e.g. posters targeted at healthcare</td>
<td>Evidence of 2023 campaign input in support of the campaign evaluation: 1. Global health care engagement - registration numbers 2. «sales stats» - website analytics 3. «Brand mentions» - web features (stakeholder map)</td>
<td>Increased access to hand hygiene agents, promotional materials, and enhanced behaviours and practices (at all levels in healthcare)</td>
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<tr>
<td>Engage CSO</td>
<td>1 advocacy slideset</td>
<td>1 WHO YouTube video</td>
<td>Enhanced HH role in health care and in the public domain, as part of preventing infectious diseases</td>
<td></td>
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<tr>
<td>Review and agree idea for evaluation</td>
<td>Comms, social media</td>
<td>Case studies/stories</td>
<td>Campaign engagement and activities in a large selection of countries in each region in support of the goal, without WHO HQ activity (besides stating it is an annual day) - an «annual buzz»</td>
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<tr>
<td>Bring people together to discuss, review and approve (approx. weekly sub group meetings)</td>
<td>WHO RD memos</td>
<td>New stakeholder list</td>
<td>Safe, quality care in all health care settings - People protected by HH and IPC measures</td>
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<tr>
<td>Develop and disseminate campaign plan and timeline of work</td>
<td>1 WHO YouTube video</td>
<td>Associated technical products, with key facts</td>
<td>Services available</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop product content and review and discuss</td>
<td>Case studies/stories</td>
<td>Academic publications</td>
<td>Infections avoided</td>
<td></td>
<td></td>
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<tr>
<td>Update/create stakeholder list and undertake regular comms (as per plan)</td>
<td>New stakeholder list</td>
<td>Webinar(s)</td>
<td></td>
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<tr>
<td>Plan for key message use across different documents and platforms</td>
<td>Associated technical products, with key facts</td>
<td>Updated HCFs registration map</td>
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<td></td>
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<tr>
<td>Prepare and populate campaign web pages</td>
<td>Evaluation report</td>
<td>Stakeholders activity map?</td>
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</tr>
</tbody>
</table>

Campaign sub group time - IPC team members
Comms time and expertise
Campaign sub team - other WHO internal expertise - time
Campaign sub team - external CSO expertise / time
Designer - contract and time
Media team - time
Translators expertise - time
Web launch expertise - time
Secure funding for non IPC team aspects of work

Evidence of 2023 campaign input in support of the campaign evaluation: 1. Global health care engagement - registration numbers 2. «sales stats» - website analytics 3. «Brand mentions» - web features (stakeholder map)
4. Global reach - social stats/ «buzz»
5. Global reach & engagement - video analytics

Evidence of 2023 campaign learning, with recommendations for future years:
Evidence of HH actions embedded in existing CSO (and others) materials for future years
### 1.4.1 Processes and inputs in 2023

An internal WHO team with a range of expertise (all part-time on the project) and a dedicated budget were established to deliver on activities from October 2022 through 5 May 2023 and beyond.

- Members of the team were from the WHO IPC Hub, water, sanitation and hygiene, quality of care and communications. A creative agency was also contracted.
- The internal campaign team met on at least a weekly basis (virtually) from October 2022.
- Roles and responsibilities were distributed across the team and aimed at supporting the development of the concept, as well as the development and approval of campaign products (outputs). WHO communications’ expertise was responsible for the final social media messaging.
- Campaign project documentation was used to drive meetings, virtual discussions, deadlines and final approvals, with timeline progress maintained and meeting notes archived for reference.
- Expertise to facilitate the translation of materials was also organized and achieved, as was support for webpage development and launch.
- For 2023, a communications brief was created as part of the process to be used to inform the release of relevant information as part of high-level, official WHO messaging in parallel to a planned product launch by the IPC Hub (see Annex 1).
- Global collaborations and consultations included engagement with external stakeholders occurring on a periodic basis, for example the global IPC network (GIPCN), Private Organizations for Patient Safety (POPS), and CSOs (see further information in Annex 2).
- The importance of teamwork cannot be underestimated. WHHD 2023 was a team effort and the established processes and interactions, which often reflect the culture, undoubtedly contributed to the successful delivery of the campaign outputs and engagement.

### 1.4.2 Campaign outputs (products) in 2023

The mainstay of team activities tends to be organizing, developing, reviewing and approving the campaign outputs (products), together with a contracted creative company.

The following products were created and launched in the lead up to and on 5 May 2023 (all materials can be found [here](#)).

| Focus          | • a TOC;                                                                 |
|               | • a theme, slogan and related image and objectives;                      |
| Poster-related | • four target audience campaign promotional posters in all six official  |
|               |   languages of the United Nations;                                      |
|               | • a poster maker;                                                       |
| Video         | • a short animated video;                                               |
|               | • a video message from the WHO Director-General;                        |
| Social media  | • social media cards and messages for official WHO use and use by        |
|               |   partners and stakeholders;                                            |
| Web-related   | • a web banner;                                                         |
|               | • selfie board;                                                         |
|               | • launch and maintenance of a dedicated 2023 campaign webpage;          |
“How to” materials
- a campaign guide targeted at stakeholder organizations in particular;
- a case study template for stakeholder organizations;

Other advocacy materials
- an advocacy slide set;
- hand hygiene café activity instructions (focused on the 5 Moments, the targeted message for health and care workers);

New information and repurposing legacy materials
- new facts and figures (web-based);
- a table with information on already available resources linked to the campaign calls to action;

Technical products (hand hygiene)
- summary of the 2023 hand hygiene research priorities;
- link to a new 5 Moments serious game4 (for testing).

Main dissemination routes for campaign products

Newsletter. The IPC Hub uses its newsletter to push the campaign messages. As in previous years, this formed the mainstay of stakeholder communications in 2023.

Emails. These are a regular mode of communication and were sent periodically to stakeholders. Importantly, virtual meetings were held to specifically engage the support of CSOs, POPS and GIPCN.

Global online sessions. Two global sessions (webinar and teleclass) were delivered on 5 May itself in English and one session in French – recordings can be found here and here.

Social media messaging, managed by the WHO Director’s Communication Office (DCO), also plays a role to some extent in the overall campaign engagement as it drives web traffic.

A note on campaign outputs, outcomes and related impact

To date, the campaign evaluation has not addressed changes in knowledge, attitudes or behaviours of our target audience. According to the TOC, the health impact would result in safe, quality care for all people across the world. WHO recognizes that such health impacts are usually the result of multiple interventions by different groups and institutions over time and difficult to attribute to a single agency’s intervention or campaign, but specific hand hygiene and IPC global surveys do give the IPC Hub some indication of the campaign effect.

1.4.3 Agreeing the campaign engagement indicators for 2023

After a number of meetings, five indicators were considered realistic, informative and possible in 2023 to determine the campaign engagement. Decisions on these indicators involved advice from monitoring, evaluation and learning colleagues within WHO. The five indicators were:
- media presence
- social media analytics
- webpage google analytics

4 Serious games (also called applied games) are interactive games that allow players to carry out activities that enable them to practice skills and achieve aspects beyond simply enjoying a leisure activity.


• YouTube video views and analysis of time spent watching videos
• newsletter analytics (IPC Hub-generated activity).

1.4.4 The approach to data collection

Official, routine WHO data collection approaches were used by relevant staff (primarily in DCO and the media teams).

Three monitoring periods were agreed upon.

**Pre-monitoring period**
20 April – 1 May 2023 (baseline or start of trend/input measurement); excludes WHO social media.

**Central monitoring period**
2–8 May 2023.

**Post-monitoring period**
9–22 May (phase 1: output measurements); excludes WHO social media (phase 3).
23 May – 4 September (phase 2: outcome and impact measurements).

This evaluation was not fully informed by a prospective plan and much of the reflections, together with the main official engagement results, were informed by drawing on experiences of this campaign and others over many years.

2. Official 2023 results and reflections

2.1 Social media

**X (previously known as Twitter).** 8 WHO posts, 15 million impressions, with 2633 engagements: 856 retweets and 1641 likes.

**Instagram.** 1 WHO post, 835 000 impressions, 635 000 users reached, 18 427 engagements: 811 saves and 18 142 likes.

**LinkedIn.** 1 WHO post, 246 000 impressions, 3209 engagements, 728 shares, 2427 likes.

In summary, the Twitter and Instagram posts did not meet WHO targets\(^5\) (similar to 2022). The LinkedIn post, reaching 728 shares is up on the 2022 300 shares, was considered as underperformance; only one data point was provided post-5 May.

In comparison to World AMR Awareness Week (WAAW) 2022:
• cards for WAAW were tweeted 10 times, reaching 1.26 million impressions, 2602 engagements, 687 retweets and 1529 likes;
• LinkedIn posts were published twice and reached 182 556 impressions, 2503 engagements, 305 shares and 2084 likes;
• Instagram was not used for WAAW.

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\(^5\) Key indicators of WHO success: Twitter – 2-4 million impressions per day; Instagram – at least 20 000 likes per post; LinkedIn – earning at least 300 shares per post.
Sentiment analysis

- X – overall negative sentiment (noted as those who dismiss hand hygiene and hence replies seemed to skew the results).
- Instagram – overall positive sentiment.
- LinkedIn – overall positive sentiment.

Overall, in terms of sentiment, the campaign hashtag triggered 54% of positive sentiment, but the campaign social media presence had mixed results as mentioned. The following should be considered:

- the social media team carousel was considered a benefiting factor for reach, but there was definitely a lack of eye-catching creatives appealing to the public (create stand-alone tiles, including those that are Facebook friendly?);
- there is a particular interest in how and when to clean hands (graphics used a number of years ago to promote these two aspects could be used again?);
- messages are still perhaps not clear enough for public social media use (for example, “love the 5 Moments” works, but “lead the way” does not) (storytelling and immediate understanding by all audiences is important).

Demographics

- Users from the United States of America (USA) drove this campaign as most mentions originated in this country.
  - High traffic from the USA was thought to be due to several influential voices and United Nations agencies tweeting about this topic, including the United Nations Children's Fund (UNICEF), UNICEF’s Executive Director, US Centers for Disease Control and Protection, World Bank Water, US Agency for International Development (USAID) Global Health, Pan American Health Organization (PAHO)/WHO Office for Barbados and the Eastern Caribbean Countries, health care professionals, and medical organizations based in that country.
- The other top countries included India, Spain, and the United Kingdom of Great Britain and Northern Ireland (similar to media feedback).
  - High traffic from Spain was likely due to the Ministry of Health and some medical organizations tweeting about the day. However, they did not use WHO messages or campaign materials.

Of note, the WHO Director-General's unique tweet on 5 May, linking to his video, had 207.8k views as of 19 June 2023 (in comparison, the Director-General's World Donor Day tweet, which takes place in June) had 108.5k views as of 19 June 2023. Official WHO analysis of this is still awaited.

Of additional note, the overall WHO TikTok engagement has declined and is potentially due to the serious nature of WHO posts and the demographic of TikTok users. However, a dynamic, attractive TikTok hand hygiene video going forward may be useful!

Competing global issues when considering social media

In terms of other “world” awareness and health days, WHHD competes with the International Day of the Midwife.

In terms of global events, the ongoing conflict in Ukraine and COVID-19 continue to influence the ability to capture the attention of the media.

Indeed, the landscape is changing for social media and further consideration of the way forward for hand hygiene in health care is necessary.
2.2 Media presence

Basic descriptive information around one data point (post-5 May) was provided. “Around 807 mentions in the media on World Hand Hygiene Day, with headlines on activities in various countries to celebrate the day, the importance of hand washing, etc. Top countries publishing content on the World Hand Hygiene Day included China, India, Italy, Spain and the USA.”

For WAAW, 2098 mentions in the media were achieved over the period of 18-24 November 2022.

2.3 Google analytics for campaign webpage

In summary, certain countries are very active in seeking information on the webpages and this is likely affected by the English landing page. The main webpage is more popular in the lead up to 5 May.

• Demographics:
  – pre-monitoring, the average visitor was female from the United Kingdom of Great Britain and Northern Ireland (25-34 age bracket); people from India and the USA were also frequent visitors;
  – in the central monitoring phase, the average visitor was female from India (25-34 age bracket);
  – in the post-monitoring phase, the average visitor was female from Malaysia (25-34 age bracket).

• Access:
  – desktop access to the webpages is the most common approach (no mobile-specific version exists);
  – access to the webpage seems to be organic – google searches are most common;
  – access to the webpage decreases post-campaign.

• Visit and bounce rates – pre-, central and post-monitoring phases:
  – in the pre-monitoring phase, the bounce rate6 was 15.4% and the number of visitors was 16.7k, which was up from the previous 12 days;
  – in the central monitoring phase, it was 20.4% and the number of visitors was 30.7k;
  – in the post-monitoring phase, it was 23.3% and the number of visitors was 6.2k.

The bounce rate for other WHO campaigns is not known. No comparison can be made to WAAW as their analysis was measured in views from September to December 2022 and they compared these views to 2021 and 2020. It is accepted that a bounce rate will likely go up around a campaign day as people are already well organised.

Overall, there was an increase in visits around the campaign time. However, these were only really to the main campaign page, which warrants reflection with regards to the overall aim of the campaign in engaging people to take hand hygiene action, as well the timeliness of information to drive them to other improvement tools.

An interesting reflection is that the countries influencing media, social media and webpage usage are similar. Additionally, the fact that google trends continue to grow each year and search terms such as the 5 Moments continue to be popular shows that the campaign continues to be considered as active.

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6 Bounce rate is the percentage of visitors that leave immediately after having been directed to a page. A high bounce rate indicates that the user did not find what they were looking for. The lower the bounce rate the better. The industry standard considers a bounce rate of concern when it is over 20 and up to 70%.
2.4 Campaign YouTube video

WHHD 2023: Accelerate action together - YouTube (as at June 2023):
- views total: 14.2k
- average view duration: 1min 14 seconds
- percentage viewed halfway: 135% (noting people watch more than once)
- drop off: end 110%
- likes: 142
- dislikes: 10.

Unofficial information from YouTube includes information that the video had received 14k views and 145 likes as at 19 June 2023. For comparison, as at 19 June:
- Unite for Safety - Clean Your Hands (WHHD video 2022): 10k views and 170 likes;
- Clean care for all - it’s in your hands! (WHHD video 2019): 16k views and 6 likes;
- in terms of other campaigns, Medication Without Harm (World Patient Safety Day video 2022): 4.3k views and 60 likes.

2.5 WHO Director-General YouTube video

Illustrated Director-General’s message: WHO Director-General message on WHHD 2023: Accelerate action together - YouTube (as at June 2023):
- views total: 2.2k
- average view duration: 0.43
- percentage viewed halfway: 39%
- drop off: end 23%
- likes: 76
- dislikes: 23.

Unofficial information from YouTube includes information that there had been 2.2k views and 79 likes of the Director-General’s video as at 19 June 2023. In comparison, on a similar time frame, the World No Tobacco Day Director-General video had 2.9k views and 75 likes, and “Mpox is no longer a Public Health Emergency of International Concern” Director-General video had 2.2k views.

For the campaign video created in 2022, there were 3800+ views in 9 months of posting, although it is not comparable in its style.

Overall video learning
- The retention percentages of the campaign video are so high due to repeated viewings from the same account and demonstrates high interest by some people. Repeated views may also trigger new views on the other channels by other audiences.
- According to the data, the Director-General’s video message is less “popular” than the campaign video. Given that the Director-General is a great influencer on social media, it would be good to further understand why his video message did not get a similar uptake on YouTube. Further analysis is also required to understand the difference between the popularity of the Director-General’s tweet linking to the video and the video itself. Going forward, it would be helpful to look at the Director-
General’s video messages for other campaigns.

- It makes more sense to analyse the performance trend of campaign videos, that is, to compare videos of different campaigns, compare a WHO campaign video with the partner’s campaign video, or to compare the WHHD campaign videos over the past five years (2019-2023).
- Inclusion of videos in a playlist on the subject will obtain better popularity.
- When prioritizing the campaign assets, if time and budget allow, always take a good quality campaign video into consideration.

No comparisons can be made to WAAW as their analysis was focused on influencers.

2.6 Newsletter (IPC Hub-generated activity)

- Newsletter analytics include the average percentage of recipients, opens and clicks being similar for each month from February–May.
- Further comparison is required to understand who accesses the newsletter and in which periods they find campaign information and links to products most helpful.

Annex 2 presents a description of other partner engagement highlights, outside of the WHO official engagement analytics.

3. Additional reflections

After 15 years of the campaign, it is still important for the IPC Hub to have the right inputs, processes and outputs to keep the profile alive and to continue to push to achieve both outcomes and impact over time, together with other interventions that support IPC. The official WHO analytics and results presented here are just one part of understanding the campaign. Annex 2 provides some more insights on additional IPC Hub engagement activities.

It is also important to continue to aim for “local ownership” of hand hygiene activities using the right media at the right time. Some campaigns encourage local ownership by having a region or country lead on the campaign activities each year (with just some headquarter support with profile raising).

Examples of how some campaign days are run/organized and their webpages:


People like to create their own local ideas and the campaign can continue to consider a co-creation approach, in order that the campaign speaks to people’s priorities year on year. This also relates to a targeted focus for campaign products and a simple ease of access and navigation to them to keep people motivated to prepare and act locally around the campaign day. Having people stay engaged in the campaign, including on the WHO webpages, and helping them find other links/tools continues to be important not only to maintain the profile, but also overall hand hygiene improvement throughout the year.
Additionally, insights from marketing expertise was considered during the campaign period. This resulted in the following complementary reflections, which primarily reflect internal WHO processes:

- use an official email service provider for sending mass emails, if possible;
- ensure that 360-degree brand integrity is met, including by requesting a design asset pack from the creative company to be used for IPC Hub communications;
- start exploring the concept of developing a customer relationship management system for the IPC Hub, which can be used to enhance WHHD messages and the launch of other products;
- consider building a list of, and engaging, online influencers to increase online reach;
- explore how to collect data on people engaging in the campaign;
- further explore the best options for an internal or external webpage to act as a central point to better feature photographs, highlight end user engagement and collect user data;
- consider providing trackable links to peer organizations to identify their efforts in promoting the campaign with tools such as Campaign URL Builder (manually) or ideally, Advanced Google Tag Manager Techniques (automatically), and the options to publish a secondary signup page/form for new peer organizations to join as promoters of the campaign;
- create deep links from the webpages to products stored in the WHO background software package (Canto) to better track usage of all campaign outputs;
- explore if a first party data tracking system can be integrated to better understand what products are being used and by whom;
- explore how user-generated content has impacted or influenced other WHO campaigns and how this can be more embedded into the overall campaign strategy;
- explore how simple tools/products, such as the selfie board or stickers, can be created and customised to facilitate end users in both engaging with and promoting the campaign (including on social media, for example, stickers/avatars).

Key messages gleaned from emails and discussions with WHO DCO highlighted points such as the number and type of campaign and technical products required for successful, targeted messaging each year. It is thought that a small number of products can achieve engagement, including when they clearly tell a story that is relatable to a number of audiences, provide a clear single fact, and also have a link to other popular topics, such as AMR and patient safety. The timeliness of both messages and product launches has also been highlighted as important, for example, a video at the start of the campaign year to achieve initial engagement, based on DCO experiences.

Therefore, to compliment the executive summary and official WHO results, the recommendations in this report take on board the additional reflections and insights.
4. Recommendations and takeaway messages

4.1 Communications approach to the campaign profile and media

4.1.1 Social media and media

Revisit the approach to using different social media platforms early in campaign planning.
   – Engage the right creative agency/dedicated expertise to deliver on WHO social media team needs.

Revisit the target of the tiles and messages early in campaign planning.
   – Explore how to tell a story that is relatable to a number of audiences - provide a clear single message or fact that is eye-catching – consider focusing again on how and when to clean hands.

Consider links to other initiatives, for example, AMR and patient safety, which have good profiles and reach.

4.1.2 Campaign webpages

Review the options for simple, ease of access and navigation to all hand hygiene resources, particularly through the structure of the main campaign page which is most visited.
   – Further explore the best options for a webpage to act as a central point to better feature photographs (internal or external) to highlight end user engagement and collect user data (local ownership/creation feature).

4.1.3 IPC Hub newsletter/postings

Review the effectiveness of the newsletter as the main mode of campaign communications.
   – Explore other newsletters and how they are performing/ reaching people.
   – Explore other communication options and how they compare to a newsletter.

Consider the potential for an updated, comprehensive database that includes all those signed up to the campaign and all stakeholder groups to ensure that all communications are streamlined.
   – Start exploring the concept of developing a customer relationship management system for the IPC Hub, which can be used to enhance WHHD messages and the launch of other products.

Explore the issue of one key message that will lead to action (at key moments in the campaign trajectory).
   – Explore groupings of stakeholders.
   – Decide on timely messages, such as what needs to be organized and communicated in advance (by stakeholders) versus (for example) social stickers that can be sent and readied the day before 5 May.

Ensure that all communications are well “branded” to highlight a clear linkage to the campaign, including an official email server provider for sending mass emails.

Explore the impact of journal publications each year in reaching our target audiences.
4.2 Dissemination and engagement

4.2.1 Peer organizations

Create a comprehensive organization list from the outset (English, French and Spanish) so that the analysis of engagement is clearer.

- Consider providing trackable links to peer organizations to identify their efforts in promoting the campaign with tools like Campaign URL Builder (manually) or, ideally, Advanced Google Tag Manager Techniques (automatically), and the options to publish a secondary sign-up page/form for new peer organizations to join as promoters of the campaign.
- Ensure that the objectives of the campaign year are referred to and assessed during peer/stakeholder organization engagement (for better evaluation reporting).

4.2.2 Stakeholder acknowledgements

Review the registrations (sign-up) process and what is fit for purpose going forward.

- Explore how to collect data and visualize stakeholder engagement in order to acknowledge commitment to the campaign.

4.2.3 Influences and local ownership

Re-consider the role of one global influencer and/or regional influences and WHO ambassadors who can promote the campaign – build a list.

Explore the link between the campaign, what stakeholders do and their technical progress (that is, the evidence for this, for example, global survey results), while considering local ownership and additional hand hygiene improvement initiatives (or embedding of hand hygiene in IPC initiatives) in between each campaign day in order to support and demonstrate outcomes and impact over time.

4.2.4 Relationships

Consider the feasibility of aligning with other campaign evaluations/outcomes to be able to better articulate the impact over time.

4.3 The campaign management and products

4.3.1 Project management and outcomes

- Create and use project documentation including an action checklist that will engage and ensure efficient internal processes, including the right flow of activities and timeliness of a product launch. This is important so that the final products can reach both the IPC Hub stakeholder audiences in a timely manner and also to fulfil official WHO DCO processes and deadlines.
- Create a communications brief to guide all campaign steps.
- Create separate streams of work for 1) campaign materials, 2) strategic campaign/marketing thinking and branding, and 3) impactful social media, including creative agency inputs to get the best advice.
- Maintain a clear timeline with roles and responsibilities and engage everyone involved in its use.
- Engage expertise from the web team/DCO at key, outlined moments, especially when last-minute actions are needed.
- Explore different options for timely translations and avoid changes to text once translations have been done.
- Release a calendar of asset launch plans – update the current campaign toolkit.
Conduct enhanced campaign evaluations with clear indicators and processes going forward.
- Include the use of a survey to further understand the use and perception of the current campaign products (with WHO monitoring, evaluation and learning colleagues).
- Create deep links from the webpages to products stored in the WHO background software package (Canto) to better track usage of all campaign output, including how to better understand regional activity.
- Explore if a first party data tracking system can be integrated to better understand what products are being used and by whom.

Develop/co-create a new TOC that best reflects the vision and aims of WHHD and keep revisiting this throughout campaign planning and evaluation – link this with the forthcoming IPC global action plan TOC.
- Consider the focus of the campaign in relation to outcomes (see TOC) to support IPC overall going forward.
- This could be linked to the forthcoming global action plan on IPC and how the campaign can be leveraged for success, while such a move could have considerable resource implications.

Explore how other campaigns work, including user-generated content and how it has impacted or influenced other WHO campaigns, and how this can be more embedded into the overall campaign strategy.

4.3.2 Outputs

Use an attractive, short video to engage people from the outset of the annual campaign launch.

Consider the number of campaign products in order to achieve the best engagement, to maintain a focus on local ownership, and to allow time for WHO headquarters marketing activities to ensure a world class, campaign marketing experience.
- Co-create products with select peer organizations – understand other peoples’ priorities.

Explore how tools like the selfie board or other low-cost “simple to customise” products work with end users in both engaging with (incentivising) and promoting the campaign (including on social media, for example, stickers/avatars).
- Ask a sample of critical friends.
- Explore a “name” for those engaged in the campaign to maintain campaign identity and profile.

Agree on the use of technical products to be used to support the campaign, for example, a single (new) fact to form the basis of the (public facing/media) messaging and place an emphasis on storytelling.

A webinar/teleclass to be explored as a sufficient and timely output to communicate on the campaign assets in order to inspire future action.
5. Conclusion

WHO’s WHHD has been successfully marked for 15 years. The overall approach to the campaign execution has been consistent since its launch in 2009.

The overall results of the WHO 2023 campaign evaluation showed that it was again successful in its trajectory, including on social media, mainstream media and website access statistics, even though social media campaign messages had mixed results. It worked extremely well on LinkedIn, but underperformed on Twitter (now X). On Instagram, the WHO target was almost met. In 2023, the campaign achieved better results across all platforms than in 2022, but this landscape is constantly changing. Country engagement was evident from 5 May webinar registrations, the faces of the campaign micro-site posts and promotion of the campaign by leading organizations, including those who are part of the GIPCN and POPS.

The campaign video has already received over 17k views. The public, the target of WHO social media messaging, appears to be most engaged with straightforward messages such as when and how to clean hands. Additionally, the review of other campaign activities, including targeted stakeholder products and project management, means that the evaluation results are worthy of consideration to inform future years, while the overall approach will prevail. Evaluation of the campaign continues to be important.

### Aim of WHHD

The 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.

**WHO will continue to:**

- **renew** and highlight its support for this IPC topic to regions, countries and health facilities in order to maintain the profile of hand hygiene and IPC by making announcements;
- **promote action and innovation** in the form of new products (for example, technical facts and tools) and by highlighting existing products.

*Many of the past WHHD themes, slogans and products continue to be relevant.*

Further, a link between the campaign, what stakeholders do and overall technical progress (evidence for hand hygiene improvement, for example, global hand hygiene and IPC surveys and systematic reviews) should continue to be considered in a timely manner.

There are limitations to this evaluation. Notably, comparisons are challenging due to the retrospective nature of data/information gathering and changing approaches to the campaign and analytics used over the years. However, while formal evaluation information is not fully available for every year, anecdotally it is clear that the campaign has reach and engages the target audience(s) year on year. Each year a theme, slogan and a targeted range of campaign products should allow for a focus in order to continue to achieve the aims and objectives.
References


Annex 1. 5 May 2023 communications brief

World Hand Hygiene Day 5 May 2023 communications brief

Campaign aim

*Bring people together and accelerate hand hygiene action at the point of care in health care to contribute to a reduction in health care-associated infections and the achievement of safer, quality health care for all.*

Background

- 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. On this day, WHO renews its support to countries and health facilities and promotes innovation to achieve improvements in hand hygiene practices in health care.
- Health care-associated infections are among the most frequent adverse events occurring in the context of health service delivery. These infections, many of which are caused by multidrug-resistant organisms, harm patients, visitors and health workers and place a significant burden on health systems. In Europe alone, some 9 million health care-associated infections occur every year in acute and long-term care facilities.
- WHO believes that no one receiving or providing health care should be exposed to the risk of being harmed by a preventable infection. Hand hygiene and cleanliness provide dignity and are a sign of respect to those who are seeking care and facilitate the work of those delivering it.
- Preventing an infection and its spread can have huge benefits in reducing human suffering and loss of lives and producing economic advantages. Good IPC programmes, including good hand hygiene and other cost-effective practices, can reduce health care-associated infections by up to 70% *(2)*.
- Hand hygiene saves millions of lives every year when performed at the right time in health care.

2023 Campaign context

- In 2023, WHO celebrated the 15th year of the campaign led by WHO and supported by WHO Collaborating centre on infection prevention and control and antimicrobial resistance based at Geneva University Hospitals (Switzerland).
- The 2023 *SAVE LIVES: Clean Your Hands* campaign comes at a critical time when countries across the world need to accelerate the implementation of lessons from the COVID-19 pandemic and increase investments to close gaps in IPC, including hand hygiene.
- The global IPC strategy *(3)* was adopted at the Seventy-sixth World Health Assembly in May 2023 and will provide Member States with strategic directions to achieve measurable improvements and to substantially reduce the ongoing risk of health care-associated infections (including those that exhibit AMR) and limit infectious disease outbreaks by 2030.

Single overarching communications outcome

In 2023, governments, health workers and administrators, CSOs, members of the GIPCN and other stakeholders are engaged and empowered to accelerate progress on hand hygiene and IPC at the point of care at the global, national and community levels.
Key messages

- Many countries are demonstrating strong engagement and advancements in scaling-up actions to put in place the minimum requirements and core components of IPC programmes. Sustaining and further expanding this progress in the long term is a critical need that requires urgent attention and investments.

- **WHO and other key players strongly support this progress.** Together, we can accelerate progress on preventing health care-associated infections and build a culture of safety and quality in which hand hygiene improvement is given high priority. Hand hygiene is not a luxury, it is a smart investment that saves lives and money.

- **CSOs and GIPCN members** are driven by their passion, values and strong social justice agendas, often in close proximity to the communities they serve. CSOs can spearhead and accelerate change at local, national and international levels. For their part, GIPCN members are strongly engaged in implementing IPC measures, advancing the science, and building the knowledge for a more effective protection of patients and health workers from harm of avoidable infections. WHO is calling on both entities to engage with the campaign and accelerate progress to achieve effective hand hygiene at the point of care.

Audiences and calls to action

<table>
<thead>
<tr>
<th>Target audience and call to action</th>
<th>Supporting messages</th>
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| Health workers Love the 5 Moments | - Health care-associated infections are preventable. Cleaning hands at the right time, every time, means safe, quality health care for all.  
- The **WHO 5 Moments** help health and care workers to understand when to practice hand hygiene. Benefits of the approach:  
  a) simplifies when to perform hand hygiene in a range of settings;  
  b) logically integrates hand hygiene action into the workflow of busy health workers;  
  c) easy to remember  
  d) encourages a consistent approach for training, monitoring and reminders;  
  e) makes hand hygiene applicable in a streamlined way across any care setting.  
- Practice the 5 Moments **every time**, it saves lives. Consistent commitment to the 5 Moments by health and care workers could **reduce the spread** of infectious diseases in health care settings by up to 50% \(^2\).  
- Only together do we keep patients safe throughout the health care journey – clean hands at the right time, every time, accelerates action towards a safer health care environment. |

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\(^7\) Please visit the WHHD 2023 campaign website for ideas and suggestions
| Policy makers | • Hand hygiene is **not a luxury**, it is a smart **investment** that **saves lives** and money:  
  a) **up to 50%** of health care-associated infections can be reduced by investing into recommended IPC practices and following the core components for IPC *(2)*;  
  b) improving hand hygiene in health care is the “best buy”.  
  c) investing in IPC and hand hygiene is highly cost-effective and yields a seven-fold return (on average).  
• Improve **IPC training and education**: mandate professional development to ensure knowledge and best practices of hand hygiene in your entire workforce.  
• **Strengthen IPC programmes and infrastructures** at national and facility level: commit to making the investments required to improve and maintain hygiene services in your country. |
| ------ | ------ |
| IPC practitioners | • Hand hygiene **prevents infections**, helps **combat AMR** and **saves millions of lives** every year when performed at the right time in health care. It is a minimum requirement for every health facility in the world.  
• Save lives **by promoting the 5 Moments for hand hygiene** and supporting your colleagues to achieve excellence in hand hygiene practices. This can **help prevent 1 in 10 avoidable deaths** from health care-associated infections *(2)*.  
• Let your colleagues know about the **new WHO game** “My 5 Moments for Hand Hygiene: The Game”, and **organize activities to celebrate WHHD** at your facility (see suggestions on the campaign website). |
| People who access care | • Infections acquired in health care are **avoidable**. Clean hands protect you and your health care team.  
• **Keep learnings from the COVID-19 pandemic** in mind: protect yourself and others from infection by cleaning your hands.  
• **Be interested in your own care**, talk to health workers about the importance of clean hands. Safe health care involves good communication.  
• Being part of the WHO hand hygiene campaign and movement helps to protect yourself and others from infection. **Clean hands save lives.** |

**Communication products and assets**

- **Campaign website** and **assets** in the six official United Nations languages *(2023 image/logo, campaign video, target audience-specific posters, social media tiles)* – available for downloads.
- **Campaign toolkit for partners** *(with assets and ideas how to engage with the campaign, including holding a hand hygiene café, poster maker, etc.)* is being finalized and will be available for downloads on the WHHD 2023 webpage.
- **Social media**: hashtags #HandHygiene and #CleanHands; the social media pack is being finalized and will be shared with the WHO regional offices.
- **Director-General’s video message** will be released on the actual day.
- **Departmental news** release/s will be published on 5 May.
Technical products/events

- **Global webinar on 5 May**, with key partners (including the International Confederation of Midwives, International Federation of Medical Students’ Associations, World Council of Nurses, World Medical Association and WaterAid) to discuss the value of hand hygiene and IPC for their work.
- **New WHO game**: My Five Moments: The Game (WHO Academy launch).
- **IPC newsletter**.
- **Technical documents and tools**:
  - summary of hand hygiene research priorities list;
  - new IPC assessment tools, including for primary care facilities;
  - prevention of surgical site infection package for primary care settings;
  - experiences of alcohol-based handrub local production.

Resources

- **Policy**
  - **Global infection prevention and control strategy** presented to the Seventy-sixth World Health Assembly (and adopted) in May 2023 (3);
  - **Maintaining infection prevention and control measures for COVID-19 in health care facilities**, WHO policy brief, September 2022 (see other COVID-19 policy briefs here);
  - **Resource considerations for investing in hand hygiene improvement in health care facilities** (May 2021) and one-page summary.

- **Reports**
  - **Global report on infection prevention and control** (first ever), May 2022 and executive summary (2);
  - **Hand hygiene for all initiative**: improving access and behaviour in health care facilities, current evidence, identifying gaps and future directions (October 2020) (4).

- **Technical**
  - Tools and resources webpage, including the resources targeted at those who access care;
  - Webinars and newsletters;
  - **Core components for infection prevention and control programmes** (2016);
  - **Minimum requirements for infection prevention and control programmes** (2019);
  - **5 Moments for Hand Hygiene** (5 Moments posters come in a range of formats suitable for different settings and procedures).

- **Take action, get involved**
  - **2023 campaign website**;
  - Campaign advocacy toolkit (2016);
  - Plan your own campaign (ideas from World Patient Safety Day 2022).

- **Media and multimedia**
  - **WHO launches first ever global report on infection prevention and control** (reveals that good IPC programmes can reduce health care-associated infections by 70%), 6 May 2022 (2);
  - **Science in 5: minimize infection at health care facilities**, October 2022;
  - **Hand hygiene multimodal improvement strategy** video;
  - **What is quality care?** - animated video;
  - **Health care without avoidable infections - peoples’ lives depend on it** - animated video.
• Training and capacity building
  – Standard precautions: hand hygiene (OpenWHO);
  – WASH in health care facilities – hand hygiene technical module;
  – WHO hand hygiene training videos;
  – New England Journal of Medicine video article explains the 5 Moments.

• Messaging
  – Past WHHD messages (many still relevant);
  – Key facts and figures (use scientific evidence to raise awareness about hand hygiene in your messages and presentations);
  – Campaign advocacy toolkit (2016).

Facts, evidence, numbers, examples, and statistics to support messaging

High-level messaging (2)
  • Infection and AMR spread in health care settings leads to an incalculable burden in terms of human suffering, health impact and economic losses. Preventing infection and its spread can have huge benefits in reducing this impact and producing economic advantages.
  • No one receiving or providing health care should be exposed to the risk of being harmed by preventable infections.
  • Hygiene and cleanliness provide dignity and are a sign of respect to those who are seeking care and facilitate the work of those delivering it.
  • Five reasons to invest in IPC: 1) ensures quality of care and patient and health worker safety; 2) directly improves key health outcomes and saves lives; 3) reduces health care costs and out-of-pocket expenses; 4) consists of proven strategies and implementation aids; 5) scalable and adaptable to the local context.
  • Hand hygiene saves millions of lives every year when performed correctly and at the right time during health care delivery. It is relevant to all health workers, patients and their families at every single health care encounter.
  • Hand hygiene is not a luxury, it is a minimum requirement for every health facility in the world.
  • To avoid infections, use alcohol-based handrub or wash hands with soap and water – there are solutions even where the infrastructure and resources are limited.
  • Health workers, patients and visitors should be able to access hand hygiene infrastructure and products where care is provided. Commitment to water supply, soap, clean towels and alcohol-based handrub means clean, safe hands.

Burden of health care-associated infections (2)
  • Health care-associated infections are among the most frequent adverse events occurring in the context of health service delivery – they harm patients, visitors and health workers and place a significant burden on health systems, including the associated increased costs.
  • Of every 100 patients in acute-care hospitals, 7 patients in high-income countries and 15 in low- and middle-income countries will acquire at least one health care-associated infection during their hospital stay.
  • The impact of health care-associated infections and AMR on people's lives is incalculable. Over 24% of patients affected by health care-associated sepsis and 52.3% of those patients treated in an intensive care unit die each year. Deaths are increased two- to threefold when infections are resistant to antimicrobials.
  • Of every 100 patients in acute-care hospitals, 7 patients in high-income countries and 15 patients in low- and middle-income countries will acquire at least one health care-associated infection during their hospital stay. On average, 1 in every 10 affected patients will die from their health care-associated infection.
• People in intensive care and newborns are particularly at risk. Approximately 1 in 4 hospital-treated sepsis cases and almost one-half of all cases of sepsis with organ dysfunction treated in adult intensive care units are health care-associated.

• The risk of health care-associated infections can cause anxiety and suffering in patients and the costs extend not only from financial, but also to psychological and emotional distress.

• Reduced rates of health care-associated infections = reduced patient and family suffering, reduced need for hospitalization and treatment = financial savings + a reduced societal impact of illness + reduced AMR.

**Health worker behaviour and country capacities (2)**

- High-income countries are more likely to be progressing their IPC work and are eight times more likely to have a more advanced IPC implementation status than low-income countries. Indeed, little improvement was seen between 2018 and 2021 in the implementation of IPC national programmes in low-income countries, despite increased attention being paid generally to IPC due to the COVID-19 pandemic.

- Approximately 70% of health care workers do not routinely practice hand hygiene (even though studies have shown that it achieves a reduction in health care-associated infections).

- Among 166 surveyed countries, approximately 1 in 10 do not have a national IPC programme or operational plan and 1 in 4 has a programme, but not fully implemented. Only 38% (mostly high-income countries) have a national IPC programme implemented nationwide (2021-22 data).

- Only 16% of health care facilities met all minimum requirements for IPC programmes (none in low-income countries) - 2019 WHO global survey.

- Workplace campaigns are an effective, low-cost way to enhance the image of hand hygiene to key audiences.

- In 2016, WHO issued a set of recommendations on the core components of effective infection prevention and control programmes (5). The six core components recommended at the national level are: 1) IPC programmes; 2) IPC guidelines; 3) IPC training and education; 4) health care-associated infections surveillance; 5) multimodal strategies for IPC interventions; and 6) IPC monitoring and evaluation. These core components also apply at the facility level, together with an additional two core components: 7) appropriate workload, staffing and bed occupancy; and 8) the built environment, materials, and equipment.

**Benefit of investing in IPC/hand hygiene (2)**

- Good IPC programmes - good hand hygiene and other cost-effective practices - can reduce HAIs by up to 70%.

- Compelling evidence demonstrates that IPC interventions can achieve a significant reduction in the rates of HAIs in the range of 35–70%.

- IPC interventions are massively cost beneficial both in monetary terms and in the prevention of infection – resulting in reduced human suffering, morbidity and mortality.

- IPC interventions are highly cost-effective in reducing infections and AMR in health care; the “best buy” that provides a high return on investment.

- With 50% of health care facilities in the least developed countries lacking an even basic water supply, it is important to invest in IPC (6). Investing in WASH services in health care facilities would incur only modest funding (3% of current government health spending in the least developed countries), and they would result in large gains that extend beyond preventing infections to an increased uptake of services, increased staff morale, and improved efficiency in delivering health services.

**COVID-19 and epidemic examples/learning**

- The COVID-19 pandemic and the recent Ebola outbreaks show the cost of inaction on IPC – a devastating spread of infection and a massive societal impact that extends far beyond health care.
Annex 2. Other IPC Hub activities and reach, and partner and stakeholder highlights

Journal announcements achieved

• Infection Control and Hospital Epidemiology (7)
• International Journal of Infection Control (8)
• Journal of Hospital Infection (9)

WHO 5 May webinar participant feedback (provided by Project ECHO)

• On 5 May, the ECHO webinar overall attracted 416 participants.
• Nurses, doctors and "others" made up the majority of attendees.
• “Excellent and informative sessions. Thank you.”

CSOs/other society/network engagement - summary and examples

The 2023 campaign had a focus on engaging CSOs, but also reaching other established networks. A campaign guide for CSOs was created, but issued for use to all stakeholders.

Inputs

• In summary, targeted campaign communications via emails and newsletters to a list of CSOs, as well as GIPCN members, were undertaken on at least seven occasions, with a frequency of at least monthly. Communication increased in April, in the last three weeks leading up to WHHD. In total, three virtual meetings were held in the period January–May 2023: March 14 (CSOs), March 21 (GIPCN), April 18 (combined GIPCN and CSOs).
• Fifty-seven CSOs were invited to learn about the WHHD campaign, discuss IPC and hand hygiene activities led by CSOs, and explore ways in which we can work together to ensure progress on hand hygiene improvement. The campaign theme, objectives and assets were presented, followed by discussion about how to get involved. Specifically, they were asked about the key issues and challenges they face in supporting organizations in improving IPC/hand hygiene, opportunities to address these with the campaign resources, products that were of value to support campaign implementation, and optimum communication routes to engage stakeholders.
• A case study template was created and provided in 2023 to encourage stories and was promoted through virtual meetings and email communications. These were published on the campaign
webpages as it is clear from the results of this report that resources held on pages other than the main page may not be routinely accessed. This case study template was specifically uploaded to the campaign Canto page and therefore the number of downloads are not available for evaluation this year.

Feedback

- **Photos and general descriptions of campaign activities** were received and feedback received via email and during the virtual meetings indicated that the email banner was also an asset of interest. Feedback from the International Red Cross and Doctors with Africa (CUAMM) indicate that the poster maker is frequently used. In addition, CUAMM provided a case study response, outlining how they (at headquarters) called upon the leaders and project managers of the hospitals and health centres of the eight sub-Saharan countries where they are currently engaged to join the campaign by doing actions as suggested in the WHHD 5 May documents. Apart from signing up to the campaign, their primary actions were focused on the “Love the 5 Moments” at meetings, the hand hygiene café, education and training sessions, a radio talk (in one case), and self-made posters.

- Seven CSOs were particularly **engaged in discussions** as demonstrated by responses to emails and feedback about what they were doing in support of WHHD. These were the International Confederation of Midwives, International Council of Nurses, WaterAid, the World Medical Association and the Uganda National Health Consumers’ Organization. Some examples and feedback statements sent from two CSOs and other organizations have been gathered and reviewed by WHO.

- In April, and again in the week leading up to WHHD (2–5 May), several website searches were completed. A targeted website search was performed on 2 May by searching google for each of the 57 CSOs, as well as GIPCN member organization websites, for hand hygiene mentions. From 3–5 May, google searches were performed using the general term “hand hygiene”, with the tools function set for the timeframe of the past week. In summary, based on this website search, resulting in 25 **specific examples**, it was shown that the web banner and campaign posters seem to be popular. In the future, an approach to these searches can be reviewed.

- **The campaign objectives were in part met** through CSO engagement. The objectives were to foster collaboration and working together with people and organizations towards the common goal of minimizing the risk of infections and the development of AMR in health care, and to strengthen and empower communities of actors in health care to accelerate action to improve hand hygiene and IPC at the point of care. Objectives were minimally met and is worthy of reflection with regards to specific objectives going forward and the reality of true campaign engagement. However, based on commitments to use campaign assets internally within organizations and commitments from new organizations to engage in the campaign starting in 2023 and moving forward, awareness-raising among this group has at least started and could be further fostered in future years.

- **Lessons learned from this engagement exercise: a summary**
  1. Awareness of the campaign and engagement of this stakeholder group has been raised and the relationship could be fostered in future years until promotion of WHHD is recognized year on year as an opportunity to cascade messages on IPC to their stakeholders and members.
  2. Efforts to engage CSOs in the campaign were linked to input into the global strategy for 2023 and were therefore considered an efficient and effective use of time and resources. In future years, more targeted communication and engagement efforts should be considered.
  3. Co-creation of campaign assets will be useful going forward (as was suggested for 2023 but not fully realised) as CSOs may have different perceptions than other routine campaign stakeholder organizations, based on the level of engagement noted this year. For example, a co-created draft press release may be useful.
Face of the campaign (website)

- **Access and products used.** These faces were posted on an external (to WHO) photo wall, using the campaign posters and other locally produced materials. The majority of users who used the “official” PowerPoint template used the webpage (submission by form or email) to publish. The possibility of participating by sending an email is often preferred. This suggests that many participants do not have a social networking account. The publication of videos is increasing.

- **Demographics.** The faces included many engaged in the campaign at the health care facility level and in other organizations. Session numbers were highest from India, the United Arab Emirates, the United Kingdom of Great Britain and Northern Ireland, and the USA (similar again to official WHO findings).

- **Overall engagement.** There was a slight drop in participation in 2023, but overall the posts were considered to be successful once again. This drop might be explained by the fact that fewer people took part on Twitter this year and instead they preferred to use Instagram on this occasion.

- **Bounce rate and quality of posts.** The bounce rate for the webpage was 31.4%. Fewer posts from commercial entities or advertisements were counted this year as filtering of the mentions was more effective (reflecting the changing landscape of social media).

- **Additional information.** Together with this “Faces” report, an unofficial “mentions” and social media report was performed (these data are not comparable to WHO data and should not be shared as WHO findings). Of note, TikTok seems to be on the decline, but this could be due to the fact that the social network does not allow posts to be retrieved by the social listening tool. It is interesting to observe how companies have the day on their online calendars and this seems to have increased each year.

- **In summary.** Unsurprisingly, there was an overall spike around 5 May, again indicating a buzz around the actual campaign day.

WHO regional examples

- Two regions have web features that were linked from the main headquarters campaign page. All regions posted social media messages.

POPS brief summary

Three virtual meetings were held with the POPS group in January, March and April 2023. During these meetings, the campaign theme, objectives and products were presented, followed by discussion about how to get involved. Participating companies’ feedback was gathered.

Around 5 May, POPS company web features and social media posts were captured opportunistically and featured in the 5 May webinar and teleclass. Many of these featured WHO messages and materials and also unique adaptations to engage local customers. Post-5 May, feedback was provided from some POPS company at a meeting in June 2023.

“Campaign assets for 2023 were excellent and engaging, but some classics (5 Moments, how to handwash, how to handrub) are always good to retain.”

“It is clear this campaign is improving each year and is great.”

“Thanks to the team for keeping this campaign alive.”

“The branding and assets for 2023 worked really well.”
Non-official United Nations language translations were also provided by POPS companies, as is the case each year. A full list is still to be compiled.

*An important takeaway note from POPS feedback is that people do like to be part of the campaign and create their own materials.*

**Campaign registrations**

Importantly, as part of the campaign since 2009, health care facility registrations, demonstrating “sign-up” and commitment to the campaign, have increased year on year, mainly around the time of the campaign. Health care facilities can sign up and show their commitment any time [here](#). This system of engagement is considered symbolic, but it is also time-consuming. In brief, it needs to be reviewed going forward as recent updates to health care facility numbers have not been made and a clear way to visualise campaign engagement with both health care facilities and other stakeholder organizations is important in maintaining the profile of the campaign.