

EXHIBIT B

The 2030 World Sepsis Declaration 1/5



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Despite huge strides in improving awareness and delivery of care since the 2012 **World Sepsis Declaration**, sepsis remains one of the most common and least-recognized illnesses in both the developed and developing world. Sepsis arises when the body's response to an infection injures its own tissues and organs. It may lead to shock, multiple organ failure, disability and death, especially if not recognized early and treated promptly. The Global Burden of Disease Sepsis Report published in January 2020 estimated that 49 million patients suffer sepsis every year, with 11 million of those dying. This burden is significantly higher than the number of lives lost to cancer or coronary disease. Sepsis can affect anyone as a consequence of infection, but globally young children suffer most.

Eighty-five percent of people affected reside in low- and middle-income countries (LMICs). However, whilst the incidence of sepsis in LMICs is similar to that in high-income countries (HICs), reduced access to infection prevention strategies and resilient healthcare systems in LMICs results in significantly poorer outcomes. Young people in LMICs are disproportionately affected with resultant socioeconomic impact – half of the burden of sepsis in resource-poor countries (25 million cases per year), and many lives lost, occur in children under 5 years of age. Moreover, the last decade has seen a worrying increase in the number of episodes reported in women during or immediately following pregnancy.

Worldwide, a person dies from sepsis every 2.8 seconds. If we are to deliver on the UN Sustainable Development Goal (SDG) 3 for Good Health and Well-Being¹ (most particularly those targets around reduction of maternal, child, and neonatal mortality and non-communicable disease burden as well as the target to achieve universal, accessible health coverage), it is now imperative that we address the burden of sepsis in both HICs and LMICs.

Despite its remarkable incidence, sepsis is practically unknown to the public.

In 2017, the World Health Assembly adopted a **Resolution on Sepsis**² following a proposal drafted by the Global Sepsis Alliance and supported by a number of member states. The Resolution recognized sepsis as a global threat and issued a call to all United Nations member states to develop and implement national action plans to improve the prevention, diagnosis and treatment of sepsis. However, progress in implementing national plans has been slow. Even in rich countries, where sepsis accounts for more lives lost than breast cancer, bowel cancer, and

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prostate cancer combined, there are few coordinated efforts to address this. The Resolution acknowledged that sepsis, as a syndromic response to infection, is the final common pathway to death from most infectious diseases worldwide. Sepsis often presents as the clinical deterioration or complication of common and preventable infections such as influenza (the flu), respiratory, intra-abdominal or urinary tract infections, or those of wounds and skin. Sepsis is more likely to develop in patients with chronic and non-communicable diseases.

The public health threat from sepsis coexists with appropriate public, political, and media attention to the threat of antimicrobial resistance (AMR). The two threats are inextricably linked. AMR highlights the importance of infection prevention, including the importance of the provision of clean water, sanitation and hygiene, and vigorous vaccination programs; but also underscores the importance of robust and considered approaches to the recognition and management of sepsis.

Reasons for the high incidence of sepsis are diverse. In the aging populations in HICs, the increasing prevalence of non-communicable diseases such as diabetes which contribute to as many as half of all cases and increasing complexity of care in all age groups are key contributors. In the developing world malnutrition, poverty, and lack of access to vaccines and timely treatment all contribute to a disproportionate number of deaths. In all countries, AMR and new virulent microorganisms play an important role.

In order to ensure the necessary multi-agency, global response to address the burden of the huge numbers of episodes and deaths from sepsis, we – the **Global Sepsis Alliance** – issue this common call to worldwide action.

We ask all relevant stakeholders, by committing to the 6 key targets set out below, to implement necessary priority actions through a coordinated and resourced approach. We further call on each country to formalize a national action plan intended to deliver these targets by 2030.

Despite great will at a national level, it is recognized that to effect transformational change, leadership of global agencies including the WHO and United Nations will also be required, through incorporation into existing global health strategies and resource allocation.

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Key Targets to Be Achieved by 2030

- **The Global Incidence of Sepsis Will Decrease Through Strategies to Prevent Infection**

By 2030, the incidence of sepsis will have decreased from the 677 episodes per 100,000 population per year reported in the Global Burden of Disease report on sepsis to fewer than 500 episodes per 100,000 per year; through the promotion of practices of good general hygiene and hand washing in all healthcare settings, clean childbirth, improvements in sanitation, nutrition and delivery of clean water and through vaccination programs for at risk patient populations.

- **Governments Will Ensure that the Three Pillars of Infection Management Be Considered Jointly at the Policy Level**

By 2030, 50% of governments across all countries, including HICs and LMICs, will have instituted a National Action Plan on infection management. The three pillars include – infection prevention, antimicrobial stewardship, and the urgent recognition and management of sepsis. Agencies should advocate for these pillars in order to adopt a holistic approach to infection management.

- **Sepsis Survival Will Increase for Children (Including Neonates) and Adults in All Countries Through the Promotion and Adoption of Early Recognition Systems and Standardized Emergency Treatment**

By 2030, at least two-thirds of acute health systems and community and primary care organizations in participating countries will support this Declaration and at least 90% will have incorporated routine sepsis screening into the care of the acutely ill patient.

By 2030, sustainable delivery systems will be in place to ensure that effective sepsis control programs are available in all countries. All high-income countries and at least 50% of LMICs will be monitoring time taken for patients with sepsis to receive the most important basic interventions including appropriate antimicrobials.

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By 2030, survival rates from sepsis for children (including neonates) and adults will have improved by a further 20% from their levels in 2020. This will be monitored and demonstrated through the establishment of regional and national sepsis registries, and through knowledge sharing facilitated by WHO Regional Offices and other agencies.

- **Access to Appropriate Rehabilitation Services Will Have Improved for All Patients Worldwide**

By 2030, all high-income member countries and at least 20% of LMICs will have set standards and established resources for the provision of follow-up care following discharge from hospital of patients who suffer from long term consequences of sepsis which include cognitive, psychological, and physical disability.

- **Public and Professional Understanding and Awareness of Sepsis Will Improve**

By 2030, sepsis will have become a household word and synonymous with the need for emergency intervention. The general public will better understand what the early warning signs of sepsis are. Families' expectations of delivery of care will have risen such that delays are routinely questioned. In high income countries, at least 80% of the population will be able to define sepsis as a response to infection demanding urgent intervention. Further, there will be an appreciation that approximately 40% of those who survive sepsis suffer at least one life-changing consequence, be this physical, cognitive or psychological, and accommodation made for the provision of support at all levels of difficulties.

By 2030, all member countries will have established learning needs for sepsis among health professionals and ensured the inclusion of training on sepsis prevention, and sepsis as a medical emergency in all relevant undergraduate and postgraduate curricula.

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- **The Measurement of the Global Burden of Sepsis and the Impact of Sepsis Control and Management Interventions Will Have Improved Significantly**

By 2030, at least 50% of HICs and at least 20% of LMICs will have established voluntary or mandated sepsis data sets which are consistent with and complementary to the data requirements of the international community, helping to cement sepsis as a prevalent health problem demanding significant attention. These will, as a minimum standard, use coding data validated by point prevalence studies. By 2030, at least 20% of high-income countries will routinely undertake automated, clinician-validated review of electronic health records and patient records in order to link clinical variables and interventions to outcomes. From 2020 and continued through 2030, sepsis should have been routinely included in the annual Global Burden of Disease reports, and this sea change should have been reflected in the next iteration of the International Classification of Diseases coding. The international community will be working toward the establishment of an international sepsis interoperable data set.

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¹ <https://www.un.org/sustainabledevelopment/health/>

² http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_R7-en.pdf