



Final report

Infection Prevention and Control Recovery Plans and Implementation: Guinea, Liberia, and Sierra Leone Inter-country Meeting

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Executive Summary

Infection prevention and control (IPC) has played a critical role in controlling the worst ever Ebola outbreak, which has affected West Africa since December 2013. Absence of basic IPC measures and infrastructure in both health care settings and the community was one of the key determinants of the unprecedented magnitude of this Ebola outbreak. Loss of precious health-care workers (HCWs) in all three affected countries was directly linked to IPC gaps and to a suboptimal implementation of standard precautions at the point of care. IPC is further hampered by the lack of access to clean water, sanitation and basic hygiene, which is of great concern in this region, as well as globally.

The first ever inter-country meeting on IPC and water, sanitation and hygiene (WASH) for Ebola-affected countries with widespread and intense transmission, included ministerial representatives, WHO country office, African Regional Office, and HQ teams, and partners from all three most affected countries. The meeting aimed to discuss the lessons learnt and progress achieved on IPC and WASH implementation during the response phase of the outbreak. Sharing, as well as discussing strategic plans and approaches for IPC and WASH improvement and monitoring in the context of early recovery and the journey to functional health systems also took place. In addition, the meeting's aim was to identify unified approaches and mechanisms for cross-country collaboration and knowledge exchange to promote effective sharing of lessons learnt and resources.

The meeting provided an unprecedented opportunity for sharing IPC and WASH experiences and lessons learnt. Dramatic progress, in terms both of IPC and WASH, was achieved during the response phase in all three countries. The meeting started a serious conversation on how best to ensure that these achievements can be consolidated, by moving from a vertical IPC/WASH Ebola approach to an integrated IPC/WASH programme approach for the prevention of all health care-associated infections and patient and HCWs safety, including and beyond Ebola virus disease (EVD). There was strong support for greater advocacy on IPC/WASH and agreement that the two are integrally linked, both being critical to safe health service delivery and requiring continuous major effort, funding and focus. Within the strategic plans for early recovery and the journey to functional health systems presented by the three countries, IPC and patient safety were recognized as the highest priority areas for urgent development. However, some concerns were expressed about the fact that country plans presented could be considered ambitious, and therefore a continuous commitment to establish basic IPC and WASH structures and to ensure sustainable improvement was emphasized. There was also a strong will expressed to shift towards adopting standardized IPC documents, guidelines and training curricula, to achieve consistency within and among countries; the importance of engaging communities was also recognized.

At the meeting conclusion there were a strong degree of agreement on the terrific added value of inter-country collaboration and clear support on the required next steps.

Key recommendations were agreed upon for consideration by the different actors involved in the next phase of work.

Recommendations for the three countries

- To establish common IPC/WASH minimum standards in line with international standards
- To identify an independent regulatory body responsible for the implementation of standards and accountability
- To secure a sustainable budget allocated specifically to IPC & WASH
- To develop a standardized incentive programme
- To develop common key IPC & WASH indicators and related definitions and scoring systems, and integrate these into the national lists of KPIs
- To establish a system for data collection, a platform for data sharing and a mechanism for linking to immediate action plans
- To develop mid- and long-term plans for IPC and WASH recovery and eventual integration into the health system:
 - IPC national and sub-national structure

- IPC/WASH minimum standard implementation packages
- Assessment and quality improvement system
- Training
- To continue to support improvement of IPC in the community including using social mobilization to develop appropriate messages

Recommendation for all participants

To establish and maintain mechanisms for inter-country meetings and communication, common activities, including areas for research

Immediate priority areas agreed by participants are presented in the box below.

- Develop medium- and long-term IPC and WASH strategic plans and secure specific funding;
- Establish common IPC and WASH minimum standards in line with international standards;
- Develop common IPC and WASH indicators;
- Develop harmonized professional curricula on IPC;
- Organize regular quarterly IPC inter-country meetings and establish an e-platform for inter-country information exchange;
- Define an implementation research agenda and establish a working group

Introduction

Preventing transmission from affected patients to the community and HCWs through the implementation of IPC standards and best practices has been one of the pillars of the response to the Ebola outbreak in West Africa. Indeed, the lack of adequate IPC and WASH infrastructures and supplies, as well as poor knowledge of the importance of all IPC measures has been recognized as one of the main factors determining the unprecedented magnitude of spread in the affected countries.

Within the strategic recovery plans developed by the governments of the three most affected countries, IPC and patient safety are among the highest priority areas for urgent development. Improving WASH, IPC infrastructure and supplies, and ultimately practices in health-care facilities is crucial, and will require major efforts and focus.

The first ever inter-country meeting on IPC and WASH for Ebola-affected countries was held from 20-22 July 2015 in Monrovia, hosted by the Ministry of Health and Social Welfare of Liberia and facilitated by WHO. It brought together Ministry of Health delegations from Guinea, Liberia and Sierra Leone, WHO experts from Headquarters, the African Regional Office and the three country offices, as well as a number of external partners.

The main aims of the meeting were to share information on IPC and WASH practices during the emergency response phase of the EVD outbreak, as well as to identify best practices, tools and documents to guide next steps towards developing deeply rooted and sustainable IPC systems within the health-care facilities (HCFs) of all three countries.

The meeting objectives for the three countries were as follow:

- Agree on a global understanding of IPC and WASH as a foundation for planning, discuss progress achieved and current status of IPC and WASH
- Discuss the current status of IPC and WASH in health-care facilities in each country describing progress achieved so far during the response and transition phase
- Share the strategic plans for IPC and WASH improvement in the context of health systems recovery, for both the current early phase and the medium/long term
- Define immediate priorities and needs and medium-/long-term objectives

- Discuss plans for implementation and services and resources needed including roles and responsibilities
- Identify successful approaches according to lessons learnt so far including potential unified approaches and mechanisms for cross-country learning and collaboration, within the context of the WHO Ebola Strategy
- Agree on specific monitoring and evaluation strategies and common key performance indicators
- Establish a mechanism for continuous sharing of IPC documents, tools and progress reports
- Discuss mechanisms for routine supportive communication and sharing of lessons learnt
- Agree on a timeframe and coordination framework for next steps in support of national leaders and international partners

The following outputs were expected:

- Comprehensive meeting report on IPC and WASH achievements, strategic plans in the three countries, and next steps
- Common IPC and WASH standards, and indicators for implementation and monitoring in health-care facilities
- Common approaches and mechanisms for cross-country learning and collaboration, sharing of tools, documents and reports
- Concrete inter-country IPC and WASH activities for implementation

“Every outbreak brings an opportunity to improve health systems”

The meeting started with opening remarks provided by the WHO country representative, Dr Alex Gasasira, followed by the Honorable Minister for Health of Liberia, Dr Bernice Dahn. Participants were welcomed to the meeting, and it was noted that it is commonly said that every outbreak brings an opportunity to improve health systems - Ebola is now helping to improve IPC within the health-care delivery systems and thus lay the foundation for quality improvement in the health-care facilities of all three countries. It was noted that gaps in IPC contributed to the devastating Ebola outbreak. The governments of all three countries were commended for adopting strategies to close these gaps and stop transmission of the virus. During the response phase, focal points for IPC and WASH have been rolled out and are now a priority within countries' plans for building resilient health systems. Finally, it was highlighted that this meeting should contribute to learning and ultimately translating IPC technical plans into action beyond Ebola.

The urgent need for continued action: the risks of developing HAI are 2-20 times greater in developed versus developing countries

1. Global view and African perspective on IPC and WASH

The first session of the meeting was opened by Dr Benedetta Allegranzi, lead of the WHO HQ IPC programme, and Dr Margaret Montgomery, responsible for WASH at WHO HQ, who provided an overview on IPC and WASH at the global level; Dr Jean-Bosco Ndiokubwayo and Dr Magaran Bagayoko, from the WHO African Regional Office, followed by focusing on the African context. The scope of IPC challenges was addressed with global data presented on hospital acquired infections (HAI), highlighting the lack of data from the African continent. Achievements by the three countries during the widespread and intense transmission phase were, however, described in detail. This was followed by presentations on gaps and ideas for ways forward, as well as information on available WHO resources for technical support. All of the speakers emphasized that the current timing was crucial for IPC and WASH interventions to improve patient safety beyond Ebola, and that achievements in basic IPC standards had to be maintained and pursued. WHO

offered to provide technical support for capacity-building and strengthening core components of IPC and WASH programmes in the countries, through leveraging the three levels of the Organization and working across different sectors.

Summary of burden of disease information presented

A number of IPC challenges in low and middle-income countries were described. HAI is a global problem, affecting hundreds of millions of patients every year. Furthermore, the risk of getting infected in HCFs in a developing country is 2 to 20 times higher than in developed countries; for device-associated infection this risk is up to 19 times higher. Further, neonatal infection rates in developing countries are 3-20 times higher as compared to those in developed countries. In Africa, very high rates of surgical site infections (SSI) are observed as compared to other continents, and the overuse of injection along with unsafe injection practices are having a heavy toll on hepatitis B, hepatitis C, and HIV infections burden of disease worldwide.

Summary of Water, hygiene and sanitation background information presented

WASH is fundamental to IPC activities, to quality of care in HCFs, and to best hygiene practices in communities. Before Ebola, most HCFs and many communities had inadequate WASH services. This situation persists to this day, putting communities at risk of not only Ebola, but a host of other communicable diseases, not to mention the adverse consequences regarding dignity, forgone economic opportunities and inefficiencies in providing health services. Globally, 38% of HCFs have no access to water services, in Sub-Saharan Africa the figure is 42% and the situation is similarly poor in the three Ebola affected countries. When lack of reliability and safety are taken into account, this figure jumps to nearly 60%. Waste management is not available for 40% of HCFs in Africa. Regarding IPC standards, the reuse of gloves, including for surgery, as well as a very low compliance with hand hygiene practices are a big concern.

Understanding the extent of the problem related to the lack of IPC and WASH in the African Region is hampered by inadequate data.

Summary of background information on IPC in the affected countries presented

During the ongoing EVD outbreak, over 800 HCWs were infected because of serious gaps in IPC at the point of patient care in the three affected countries. Gaps ranged from a lack of infrastructure to support IPC standards (electric power, running water, etc...) in hospitals and other health-care settings, to unsafe IPC practices, such as unsafe injections, poor sterilization of used equipment, inadequate disposal of medical waste, to soiled linen and clothing, and poor hygiene practices such as inadequate decontamination of floors and surfaces, and low compliance with hand hygiene.

Achievements, gaps and perspectives

The wide range of resources to aid patient and health worker safety developed during the Ebola response was acknowledged. It was highlighted that there is now a need to shift towards adopting or developing standardized IPC documents and guidelines at the national level. Additionally, the importance of achieving consistency within and among agencies with regards to IPC guidance and recommendations was highlighted. Tools and guidelines on injection, blood safety and hand hygiene developed by WHO and partners could be adopted and adapted to the national context for implementation.

Recent achievements in basic IPC standards in the three countries were acknowledged; in particular hand hygiene action, environmental cleanliness, use of reminders and checklists being readily available on the walls of some hospitals. It was mentioned that monthly improvements on average IPC scores have been observed over recent months, and that these recently achieved standards need to be pursued and reinforced in the three countries.

During the emergency response, fear factors lead to mixed messages being put out, such as misplaced focus on IPC and/or to incorrect IPC practices; e.g. the issue around the PPE 'obsession' was mentioned and the importance of how PPE is used rather than the type of PPE being chosen - it was emphasized that international recommendations should be promoted and applied. Another example related to the excessive use of spraying with chlorine and the damage it may have caused to health workers and other carers, visitors, etc.

IPC is a broad concept and the focus should be on embedding standard precautions for all patients at all times, including patient triage and isolation; hand hygiene; environmental cleaning and disinfection; cleaning and disinfection of patient care equipment; waste disposal; injection safety and prevention of sharps injuries; laboratory safety; safe management of dead bodies; and management of exposure risk and accidents. Special emphasis was given to hand hygiene (HH) and related gaps in achieving standards and WHO recommendations, e.g. overuse of chlorine, inappropriate techniques, lack of quality control etc. It was emphasized that in the end, improving standards in HH has proved to be effective and protected HCWs and patients from getting infected by Ebola and other HAI. The local production of alcohol-based handrub in Liberia, achieved during the height of the Ebola outbreak, was then described as an inexpensive and sustainable way to improve HH practices in the region.

WHO's focus will continue over the next two years, on supporting and consolidating HH improvements, including through the SAVE LIVES: Clean Your Hands global annual campaign, and with the support of colleagues in Africa who have started their supporting 'Make Africa Orange' campaign. Two initiatives supporting patient safety in Africa - the African Partnerships for Patient Safety (APPS), and the Inter-country Support Team (IST) based in the Regional Office, have played an important role and the IST could actively support future facilitation in countries. The aim is to move from a vertical IPC Ebola approach to an integrated IPC programme approach for the prevention of all health care infections, which goes beyond Ebola. Additionally, nations have been mobilized and supported through ministerial pledges to reduce HAI (including in Sierra Leone and Liberia), by performing HH campaigns at national or sub-national levels, by sharing experiences and available surveillance data, and by using WHO strategies and guidelines.

Intensive IPC preparedness activities have been focusing on 17 countries considered at high risk for Ebola, using a checklist composed of different elements ranging from coordination, to case management, up to logistics, for assessing the level of implementation. Consolidated preparedness updates are made available through the WHO Ebola Portal via an interactive EVD Preparedness dashboard (<http://apps.who.int/ebola/preparedness/map>).

It was concluded that there is a serious need for reliable data on IPC and HAI in the African Region. This could be achieved through intensified surveillance supported by basic tools and resources, such as evidence-based strategies, strengthened health information and surveillance systems, trained qualified human resources, and the provision of logistical services. It was further emphasized that sensitization on IPC changes at the level of individual health-care workers, organizations, as well as at the level of health-care systems, and communities is needed. Implementation of simple measures such as improvement in hygiene conditions will reduce HAI.

Emphasis on the WASH dimension

Dr M. Montgomery emphasized that access to safe drinking water, sanitation, and hygiene for all is fundamental to health, well-being, and poverty eradication. Realizing this goal will be fundamental in reaching the Sustainable Development Goals (SDG), in particular goal six which focuses on WASH.

WHO has historical strengths in WASH. Its Guidelines for Drinking-water Quality have typically informed national standard setting in countries around the world. WHO, together with UNICEF, has regularly tracked progress towards achieving the Millennium Development Goals (MDG) targets on WASH. More recently, WHO has focused on the safe management and use of sanitation and waste water, WASH in health facilities, and on preparing countries for the water-related sustainable development goals.

WHO is currently focusing on four dimensions of WASH:

- **strengthening wash monitoring systems** at national levels through the WHO/UNICEF Joint Monitoring Programme (JMP) for Safe Water Supply and Sanitation, UN-Water Global Analysis and Assessment of Sanitation and Drinking Water (GLAAS), tracking of financial information in the WASH sector (TrackFin) initiatives and the Global Expanded Monitoring Initiative (GEMI);

- **supporting the safe management of drinking water** by developing guidelines, including Water Safety Planning, Household water treatment guidelines, and regulations through RegNet;
- **supporting national programming on sanitation** through technical assistance, scaling up Sanitation Safety Planning sanitation and health guidelines, safe use of waste water and recreational water guidelines;
- **mainstreaming wash in health programming, and health-care facilities** including mainstreaming WASH into nutrition, NTDs, maternal, child and newborn health, and WASH and health-care waste in health facilities.

During the Ebola response, WHO has supported technical advice and guidance through two Question & Answer sessions on WASH and health-care waste, which summarized the best available evidence regarding Ebola virus survival in the environment. In short, given its enveloped nature, the virus is not likely to survive long on surfaces (less than 2 days) nor in faecal matter (3 log reduction in 7 days or less). Furthermore, the large majority of infectious and symptomatic patients do not shed the Ebola virus in their stools or urine. Thus, extra measures are not required. Rather, good WASH practices should be adhered to in line with WHO environmental health standards in HCFs (e.g. sufficient supplies of safe water, water storage, safe health-care waste management and destruction, safe management of faecal matter, etc).

WHO and UNICEF have established a global initiative with the goal of providing WASH services in all HCFs in all settings by 2030. Currently, WASH in HCFs in the African Region, with regards to drinking water and sanitation coverage, varies widely from country to country. Coverage for drinking water ranges from 19% - 93%, for sanitation from 70% - 98%, and for hygiene from 73% - 97%.

Current global efforts are focused on advocacy and leadership, monitoring, research and evidence, and facility-based improvements. Again, it was emphasized that WHO is eager to engage with the governments of Ebola-affected countries on longer-term development work to improve WASH in HCFs, as well as on the complementary work on improving WASH in communities. This will necessitate strong partnerships with key organizations such as UNICEF, as well as NGOs, academia and civil society.

The African Region's overview focused on how to further mainstream the WASH dimension in IPC and on how to improve the availability of reliable data. Currently the main sources of quality data are the World Bank Service Delivery Indicators (SDI), the WHO Service Availability and Readiness Assessment (SARA), the USAID Service Provision Assessment (SPA), and the Global Analysis and Assessment of Sanitation and Drinking Water (GLAAS) report. Main indicators include availability of an improved water source, latrines, and soap for hand-washing, sterilization equipment, and adequate disposal systems for hazardous waste, disinfection, and sharps boxes. Furthermore, the need to integrate IPC assessment with WASH activities in existing health system assessments was highlighted; e.g. basic amenities and standard precautions are among IPC components of service readiness included in SARA. Standard precautions require WASH resources in order to meet standards.

The Libreville Declaration signed by both Ministers of Health and of the Environment from all African countries, was recalled as a unique opportunity and policy base for building a strong inter-sectoral collaboration to address environment-related health issues and for building a resilient post-Ebola health system.

Given the very wide range of issues to be tackled, recovery efforts should focus on those areas that offer the

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