

Improving Hand Hygiene in Facilities with Limited Water Supply: the Cameroon Experience

Nkwan Jacob Gobte, Cameroon

Objectives

- To share knowledge/experience
- To stimulate discussion

Outline

- Background
- Introduction to WASH
- Hand hygiene
- Improvement phases and strategies
- Local ABHR production and delivery systems
- Challenges/way forward
- Conclusion

Background of CBC Health Services



Basic facts about IPC/WASH Services

- Foundation of quality care
- Often limited or lacking in most countries and facilities
- Lack of IPC/WASH services compromises the ability to prevent and control infections.
- Thus, increasing the risk for HAIs, maternal and neonatal infection/mortality

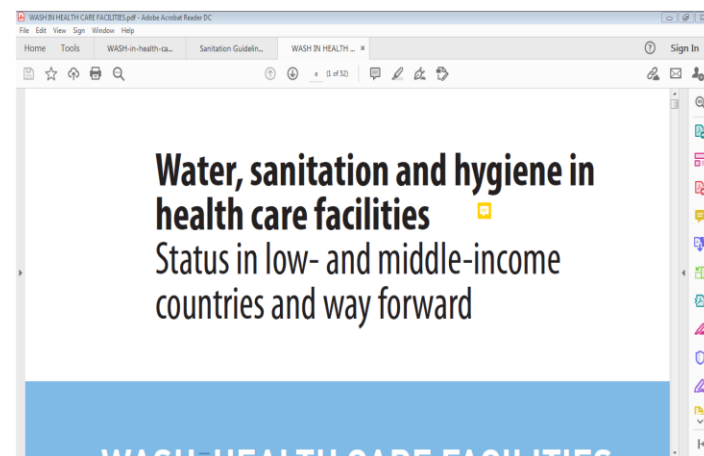
Importance of IPC/WASH

- Guarantees the safety and the quality of care
- Promotes human dignity and well-being (WHO DG)
- Reduces HAIs and maternal and newborn deaths
- Reduces the need for antibiotics, thus preventing

AMR

Status of IPC/WASH (1)

- 1.5b and 2b people use health facilities without water and toilet, respectively
- 38% of health care facilities do not have an improved water source,
- 19% do not have improved sanitation
- 35% do not have water and soap for hand washing.



Status of IPC/WASH (2)

(Water quality and quantity)

- 1 in 4 health care facilities in sub-Saharan Africa have no water service
- Where available, is of poor quality
- Treatment systems often lacking



Global targets for IPC/WASH (2020-2030)

- **By 2022, 60% of all health care facilities globally and in each SDG region have at least basic WASH services**
- By 2025, 80% have basic WASH services
- By 2030, 100% have basic WASH services.

The status of IPC/WASH in Cameroon

- Same as for other countries and regions
- IPC/WASH services are limited
- Water quantity is limited in most facilities
- Water quality is poor



Why hand hygiene

- The most important strategy to prevent infections
- Improves the quality of care
- Reduces HAIs, and the need for antibiotics
- Prevents AMR

Hand hygiene systems



Drivers for improvement

- Commitment
- General awareness of the need to improve
- Existence of IPC/WASH program & team
- Good management systems
- Creativity/innovation



Phase one: Initiation (2002-2012)

- Started local ABHR production in BBH
- Piloted in 4 facilities from Jan-Apr 2012
- Scaled up to > 37 facilities from Dec 2012
- System wide in 2020

How did we do it

WHO Framework for Hand Hygiene...



Multimodal hand hygiene improvement strategy

Developed at HUG and adopted by WHO in 2010

Five key improvement areas and an
assessment tool

Emphasizes five moments for hand
hygiene

Improvement strategies(2)

- Embedded on WHO framework
- Multimodal
- Intentional and purposeful
- Systematic
 - Baseline assessment
 - Implementation
 - Follow up
- Target the system, not individuals
- Public sensitization and demonstrations
- Training

Part 1: Address or tools to support implementation

In other words, the WHO multimodal improvement strategy addresses these five areas:



Commitment

- Written
- Public
- Involve leaders and staff at all levels



Phase two: Implementation (2017-2020)

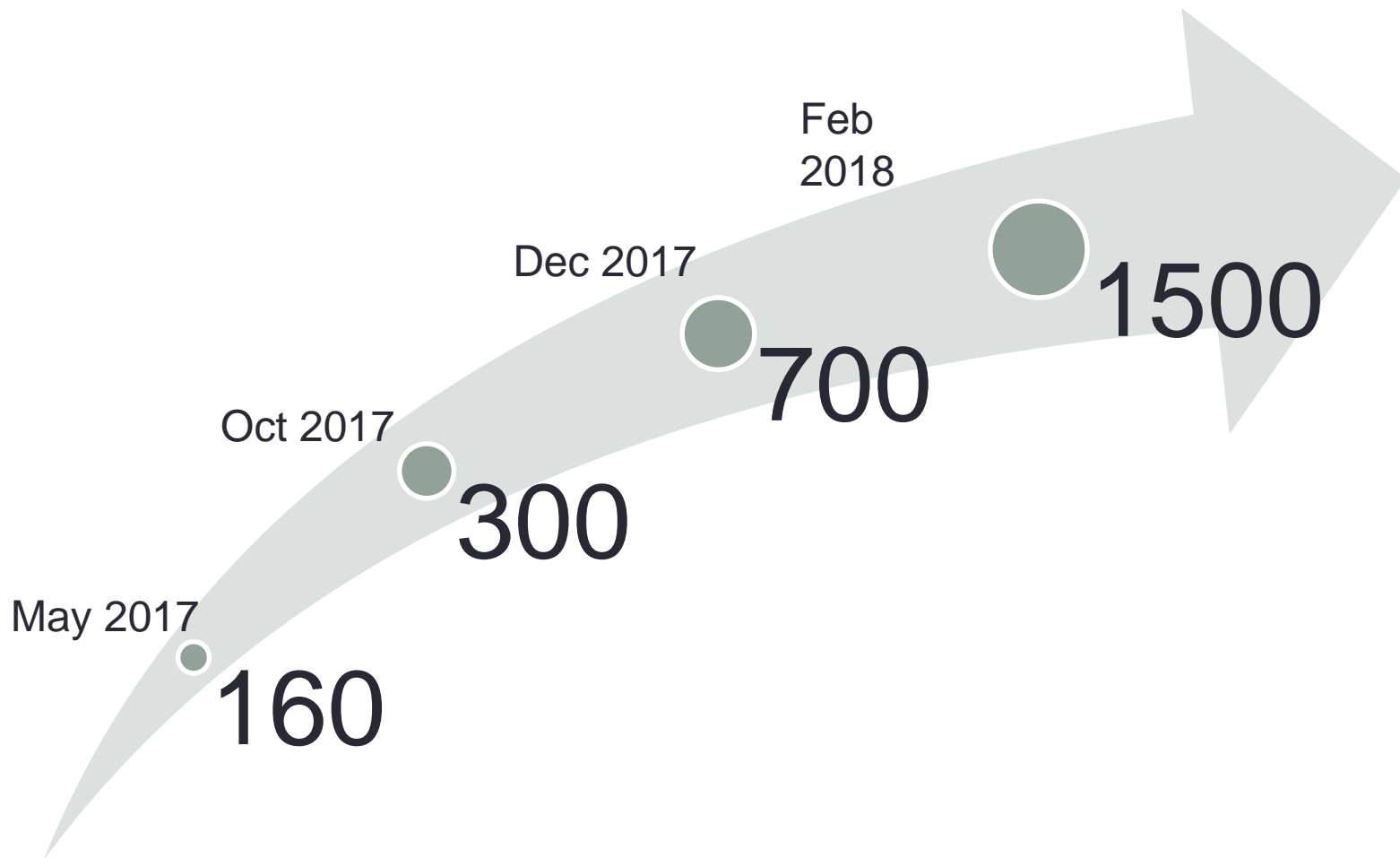
- Baseline assessment in May 2017
- Training , public promotion and sensitization
- Follow up assessment in Oct 2017
- Continuation



Training



Number of Hand rub points



Phase three: Covid 19 period, 2020 (Technological explosion)



Phase three: Covid 19 period, 2020 (Technological expulsion)



Local ABHR Production



Started in BBH
in 2003



Piloted from Jan
–April 2012



Scaled up in
Dec 2012



Centralized

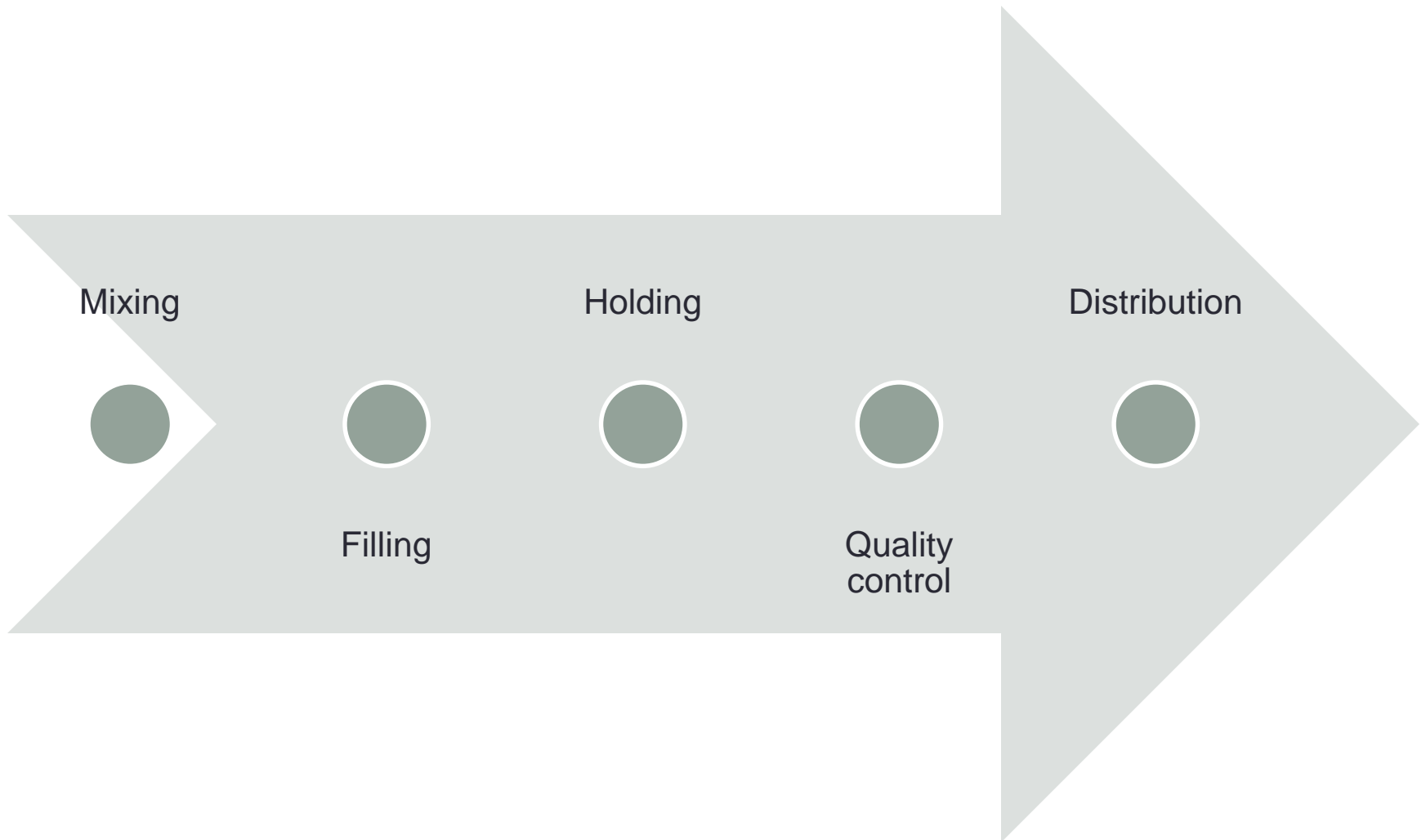


100% manual

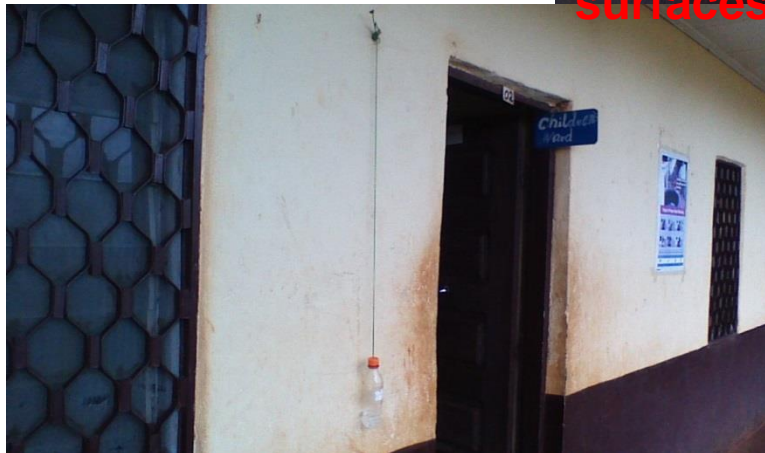


Import raw
materials

Production processes



ABHR Dispensing systems



Challenges

- Low production capacity
- Delivery problems
- Cost of raw materials
- Lack of appropriate equipment
- No funding

Way forward

- Identify appropriate partners
- Network and learn from others
- Mechanization/automation production processes

Conclusion

- Hand hygiene remains the most important step to prevent infections
- Although water supply is limited, improvement is still possible and necessary at all levels
- Multimodal strategy is strongly recommended
- Commitment, creativity and innovation are vital
- ABHR is strongly recommended
- Local production is key

References

- WHO, (2015). *Water, sanitation and hygiene in health care facilities: status in low and middle income countries and way forward*. Available at http://apps.who.int/iris/bitstream/10665/154588/1/9789241508476_eng.pdf. Retrieved on July 04, 2017