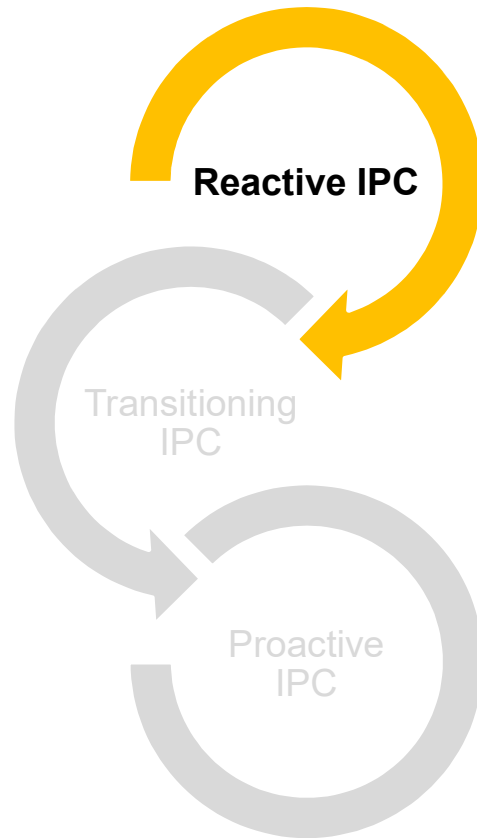


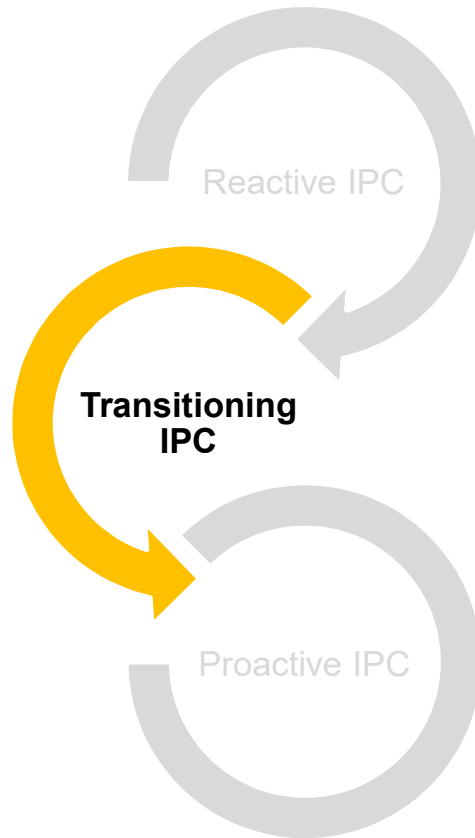
# Infection Prevention and Control and Outbreak Response: Integrating reactive and proactive approaches

**Dr Stacey Mearns**  
Senior Health Advisor, IRC



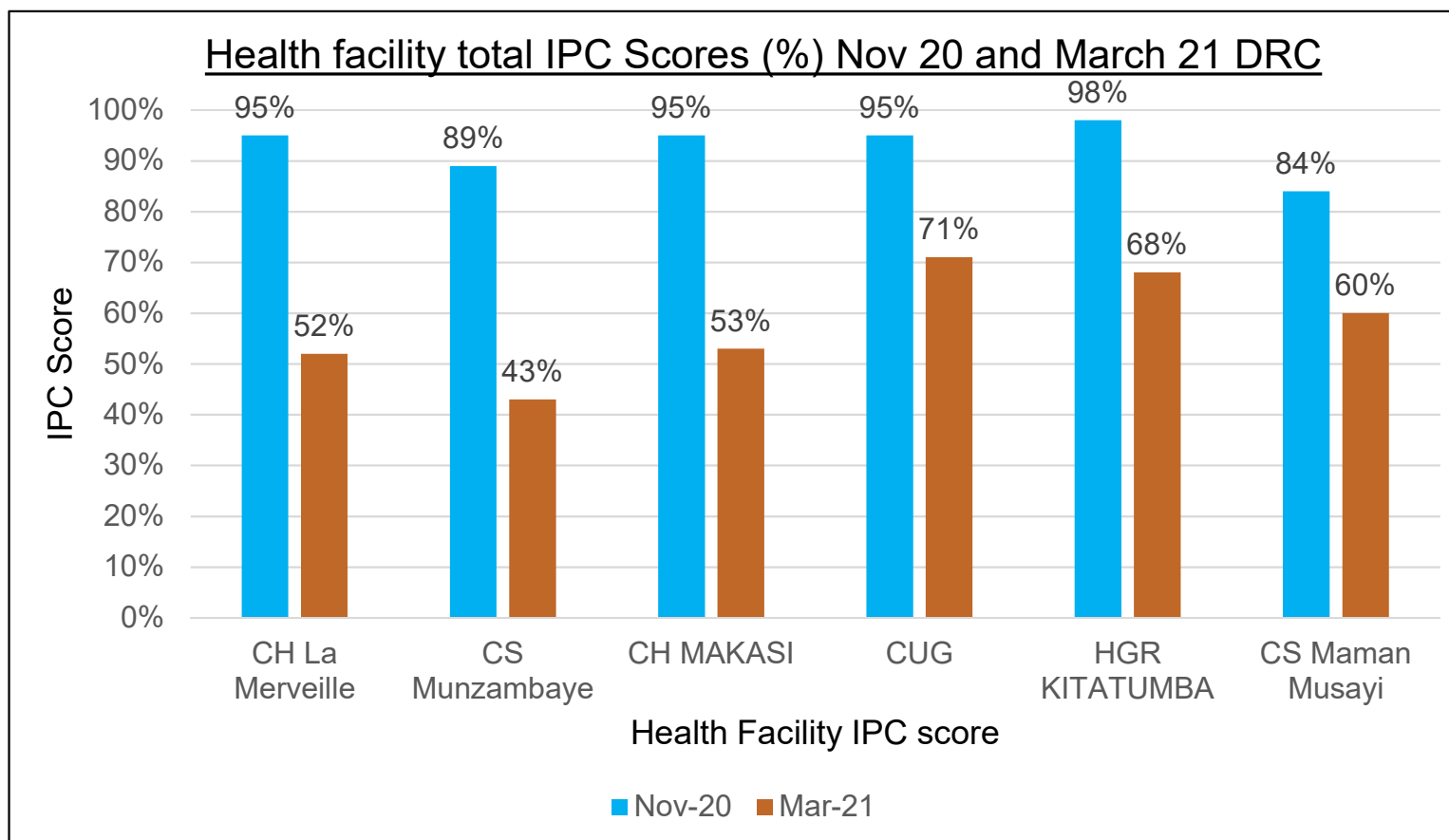
- What is the most effective approach?
- Collaboration and coordination
- Early standardization
- Moving beyond a vertical disease based approach
- How can we adjust our approach in the emergency to promote sustainability?

# What is needed to capitalize on IPC gains made during outbreaks?



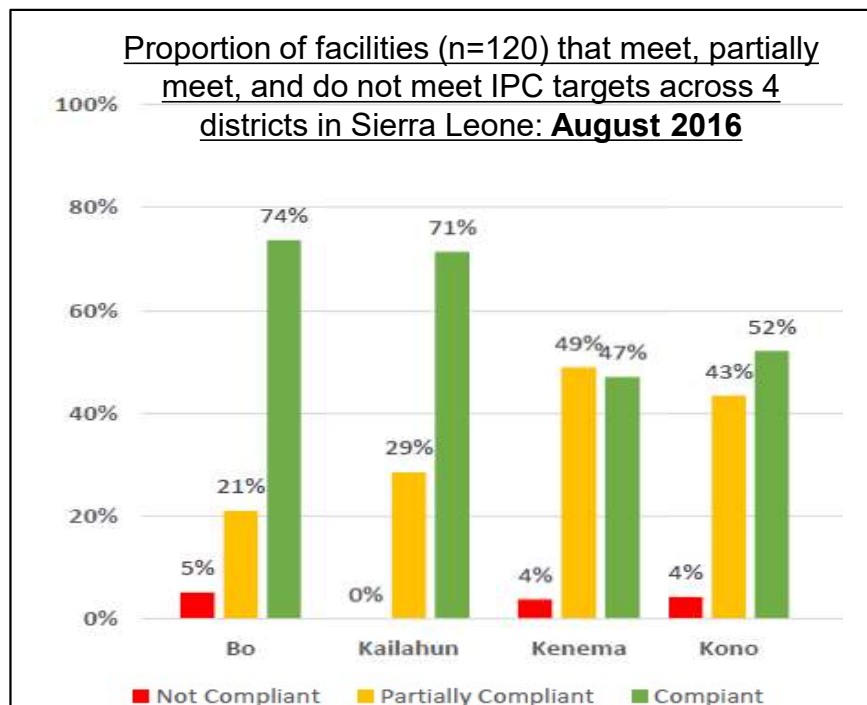
- Evolution
- Government leadership and ownership
- Donor support and investment

# What happens if we stop IPC support when outbreaks finish?

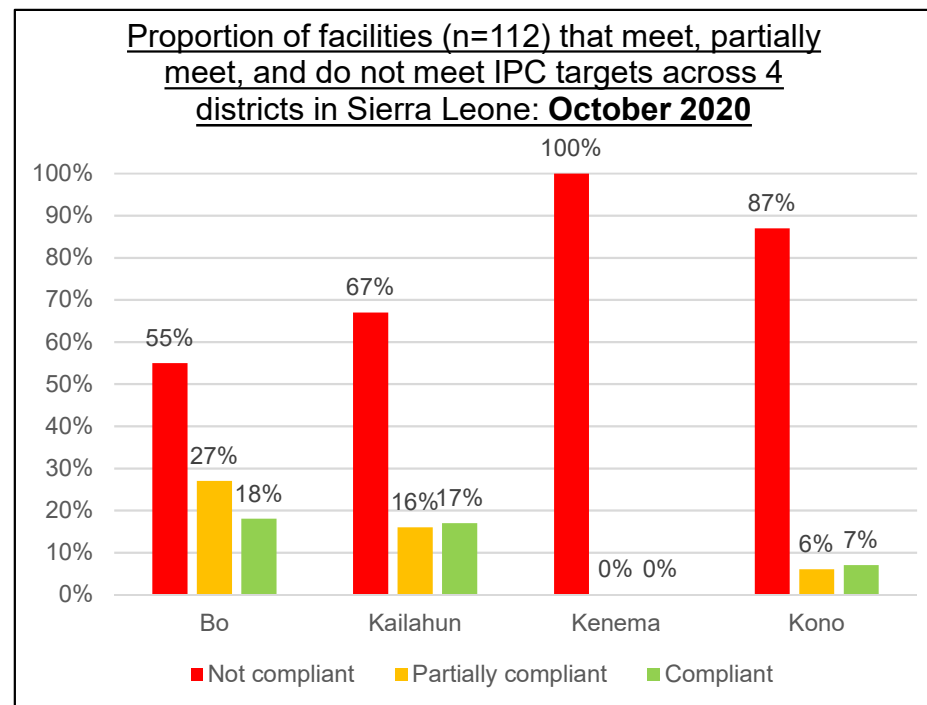


# When we do transition IPC support after outbreaks, how long are these gains sustained?

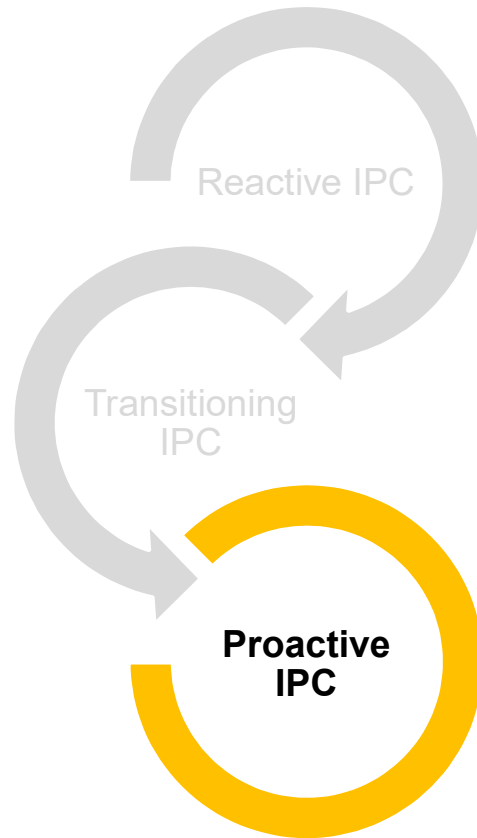
Graph 1



Graph 2

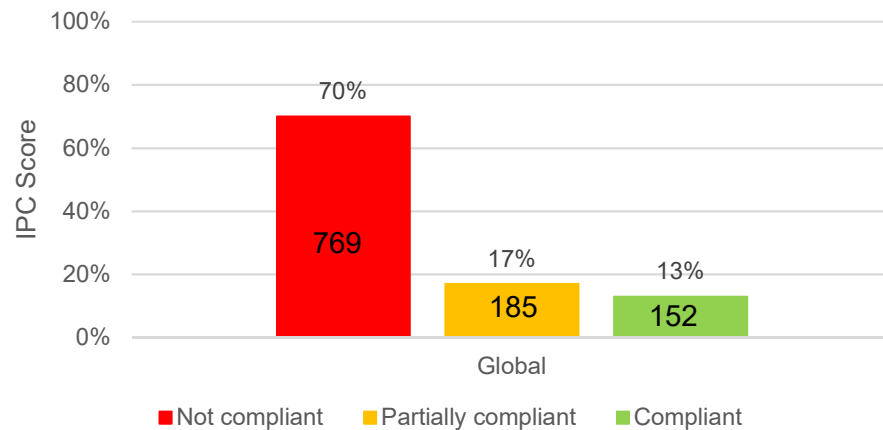


## Proactive IPC

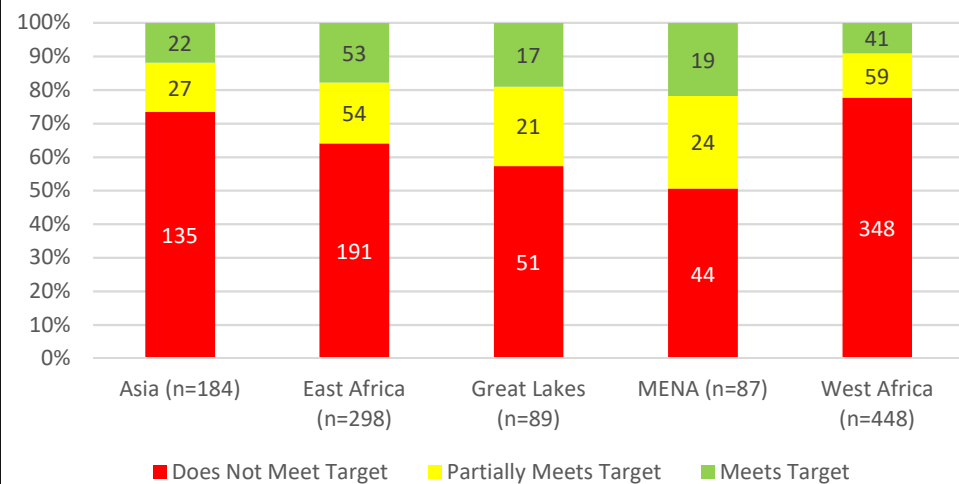


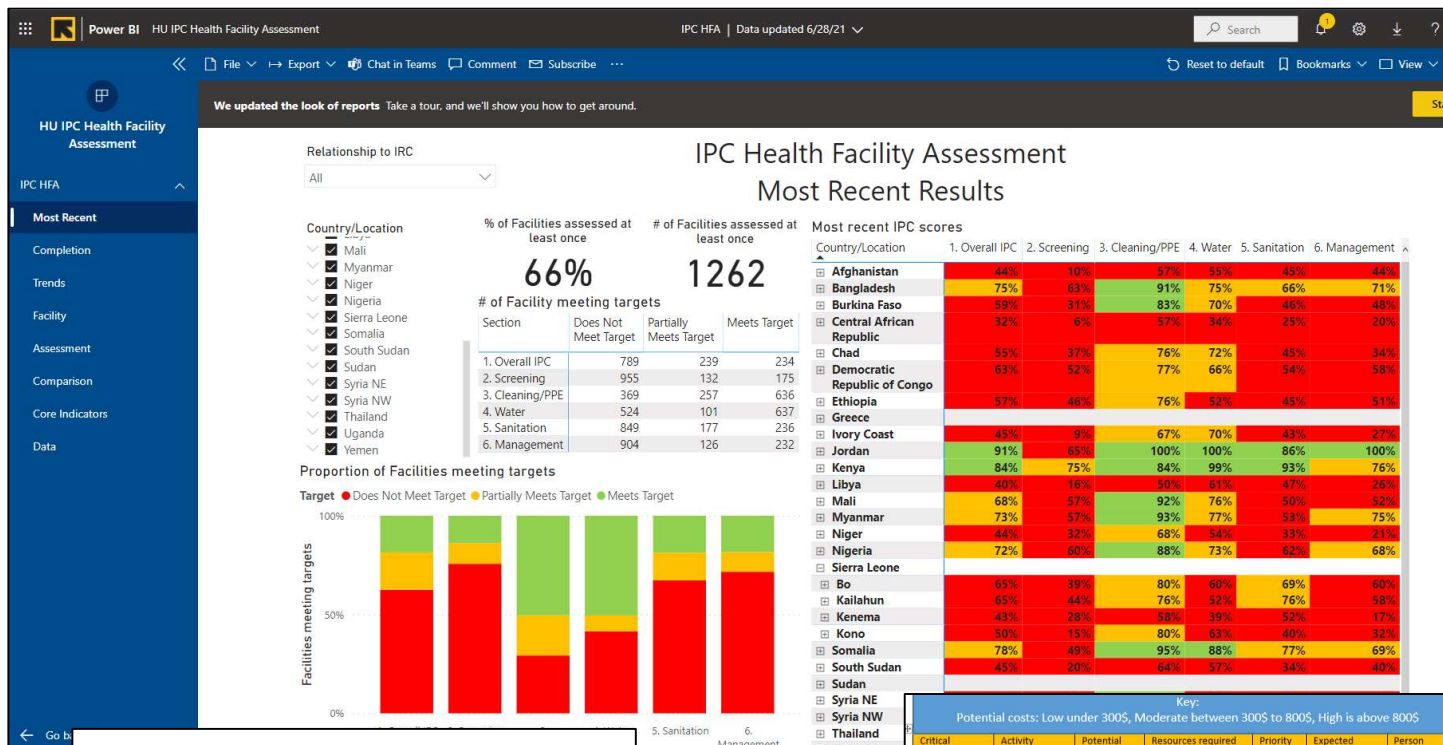
- Supporting health systems to respond to emergencies and deliver safe routine healthcare
- Protecting health workers and patients is central to building a resilient health system

Proportion of facilities that meet, partially meet, and do not meet IPC targets (n=1106)



Overall IPC Assessment Results, by Region (n=1106)





### IPC Prioritization Framework-Guideline

#### IPC in Health Facilities Special Project

In light of COVID-19 pandemic alongside reports of wide scale noncompliance of minimum WASH IPC standards in health facilities the IRC prioritized a special project to ensure IPC improvements are rigorously assessed, gaps clearly identified, improvements made as well as monitored in all countries where IRC health programming occurs.

Results of the IRCs initial IPC baseline survey conducted in 1,1106 health facilities from 28<sup>th</sup> August to 17<sup>th</sup> December 2020<sup>3</sup> has revealed that the majority of the HF require a substantial amount of inputs and activities to bring them up to minimum standard expected by the IRC. The number of standards not met in these Health Facilities may be overwhelming leaving many of the Health programs unable to know where they should start with improvement activities.

Therefore the main purpose of this IPC Prioritization Framework is to provide Health Technical Advisors, Country Health Coordinator and Managers who participated in the IPC in Health Facilities project with guidance on which IPC standards must be prioritized and dealt with as a matter of urgency in order to improve overall IPC standards within health facilities.

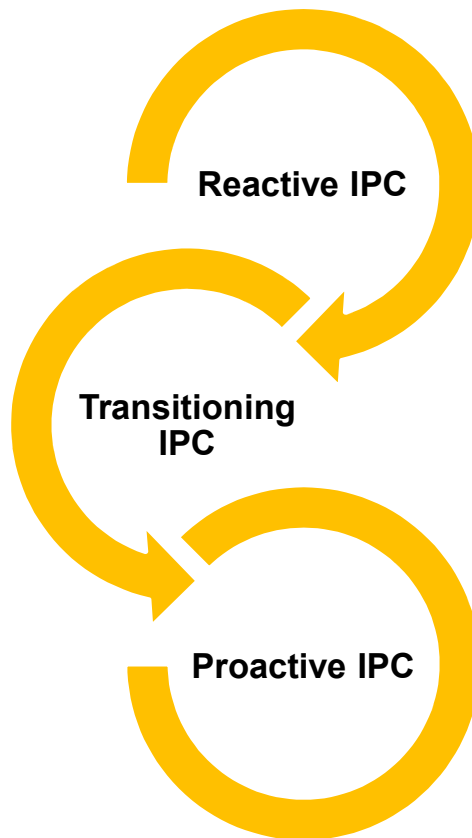
In addition, the IPC Prioritization Framework will provide guidance on where and how Environmental Health (EH) Technical Advisors, Country EH Coordinators and Managers can support Health Programs in realizing the critical IPC standards as well as where additional in-country EH IPC staff are required.

Although the main purpose of the Framework is to guide countries that

Key: Potential costs: Low under 300\$, Moderate between 300\$ to 800\$, High is above 800\$

Critical Standard	Activity	Potential costs	Resources required	Priority Actions	Expected Timeframe for completion	Person Responsible
Water Supply	Chlorination of all water within the health facility	Low for up to 3 months	Procurement of chlorine granules, special PPE (gauntlets, boots, heavy duty apron and eye protection, mixing containers and plastic stirrer, pooltester - comparator for chlorine and pH identification, training of health staff	1	Within 2 weeks	EH IPC Coordinator or manager
	Daily Chlorine testing of water within the Health Facility	Low	Pooltester consumables (DPD No.1 and phenol red tablets), notebook-recording book, pen	1	Within 2 weeks	EH IPC Coordinator or manager
	Increase water storage capacity	Moderate to high	Engineer assessment and design, contract for installation, oversight of contractor	2	Within 2 months	EH IPC Coordinator or manager
Clinical Waste Management	In-depth assessment for improvement of waste zone in HF	Low (partial salary of WASH IPC coordinator)	Engineer assessment and design,	1	Within 2 weeks	EH IPC Coordinator or manager
	New or improved waste zone installed	high	Engineer to oversee tendering and award of contract for installation, as well as oversee contractors work	1	Within 3 weeks of awarding the contract	EH IPC Coordinator or manager and Supply Chain
	Provision of color coded or clearly marked waste bins in all consultation rooms	Low to moderate	Bins with tight fitting lids and appropriate bin liners, also color coded where possible. Provision of approved sharps containers in all	1	Within 2 weeks	Health Coordinator





- IPC cannot be something we only do during outbreaks
- Proactive approaches to IPC, critical piece for quality
- When disaster strikes, we need to get the reactive approaches right
- Incorporate sustainability from outset, and ensure commitment and resources to transition support
- Need for operational research
  - *Which IPC elements are considered foundational and need to be achieved before others? Which approaches have catalytic results? How do barriers change if reactive versus proactive IPC? What are the key factors that result in sustained impacts?*