

Infection, Prevention and Control and Outbreak Response: Moving beyond a reactive to a proactive approach

29th June 2021

Q&A

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Q1) To what extent do you think the shift from reactive to proactive approaches applies equally to non-humanitarian settings - i.e it is universally relevant?

Dr Stacey Mearns, Senior Technical Advisor, Emergency Health International Rescue Committee: If we think of proactive approaches to IPC being centered on the integration of IPC into the health system, across the full spectrum of health service delivery, and present at all times. Thus meaning we are valuing the importance and role of IPC as a critical piece of healthcare quality and thus constantly ensuring it is present and improving, rather than waiting for an outbreak of disaster to strike. Then this, as an ideal and concept, is certainly universally relevant across settings. Where we would see differences between humanitarian and non-humanitarian settings would be how we achieve this and the challenges in doing so. I think the extent to which proactive approaches to IPC can be taken is linked to the status and strength of the health system. It is very hard to take a proactive approach and ensure effective and sustained results in weak health systems. Not impossible, but does require innovation and challenging how we think and approach it. The pre-existing status of the health system is one thing that will be different between humanitarian and non-humanitarian settings. As a result, I think this is where we get stuck in the rut of continuous reactive approaches when disaster strikes, more so in humanitarian settings.

Q2) Do these stakeholders also include those living in the affected area? [referring to “Key Message 2: Establish achievable, agreed upon IPC outcomes with stakeholders”]

Amy Elizabeth Barrera, Consultant, Resolve to Save Lives, South Africa: All stakeholders, especially those in the endemic area, need to be aligned with other stakeholders in terms of their greatest interests.

Q3) The last speaker talked about the importance of improving IPC in primary health care facilities. In Africa most people used traditional (herbal medicine) for their primary health care needs and hence visit these facilities more often for such needs. Is there a way we can help improve IPC with regards to these facilities and their practitioners?

Amy Elizabeth Barrera, Consultant, Resolve to Save Lives, South Africa: Great question! The truth is that IPC practices and principles apply to many contexts, including those work environments of modern traditional healers. If they are working out of an office/healthcare facility/some area outside their homes, then ideally, IPC policies that have been established for health settings would apply. The challenge is that many countries don't have IPC policies writ large, let alone a set of standards for modern healers. Thus, investing in IPC policies, standards, etc. for any individual providing a health service is important. The second challenge is to ensure that our modern traditional healers have an understanding of IPC and its significance. Thus, sensitising these leaders to IPC is also important. Third, having a monitoring and evaluation mechanisms for these services is important as well to ensure that no HCAs are occurring within these settings as well.