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NURSES TOGETHER: A FORCE FOR GLOBAL HEALTH

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Regional Infection Prevention and Control (IPC) Updates

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Since 2020, the Pacific Community (SPC) has been working with Pacific Island Countries and Territories (PICTs) to support IPC focal points with COVID-19 support and develop IPC capacity and programs at both the national and facility level. Over that time, significant progress has been made in a number of countries, including appointment of IPC Focal Points and the development of national guidelines and operational plans for IPC.

Globally, there is a lack of implementation of the core components of IPC programs. This is impacted further by a lack of data available at the regional level to track progress on the implementation and achievement of WHO's minimum requirements. Nursing plays a key role as IPC focal points in the PICTs responsible for IPC program implementation. Additionally, as senior leaders, we should ensure that our IPC focal points are provided with ongoing commitment to IPC education and empower them with authority to ensure effectiveness of the IPC program at the national and facility level.

1. BACKGROUND

The World Health Organization (WHO) recommends that all member countries should implement the minimum requirements for IPC which includes a functional national and healthcare facility level IPC programme, national IPC guidelines, IPC education and training, Healthcare Associated Infection (HAI) surveillance, multimodal strategies, monitoring/audit of IPC practices and feedback, and supporting the built environment, materials and equipment for IPC [1].

The 2022 WHO Global Report on IPC provides a situational analysis of the status of IPC programs globally, and highlights lack of implementation of the minimum requirements for IPC worldwide. The data in this report has very low representation of LICs/MICs, and no representation of with Pacific Island Countries and Territories (PICTs) [1], reflecting the lack of data available on IPC across the region.

Since 2021, the Pacific Community (SPC) has been working with PICTs to develop IPC programs and capacity at both the national and facility level. Our aim is for PICTs to have functional IPC programs which are essential to strengthening national capacity to respond to outbreaks and health emergencies and prevent AMR. The collection of data and monitoring of progress toward the achievement of minimum requirement forms an essential component of this work.

2. PROGRESS AND ACHIEVEMENTS

2.1 PICTS IPC Assessment Survey

In summary, the IPC assessment survey highlighted that as of April 2023, PICTs indicated having a number of the core components required of IPC programs in place. Though significant progress continues to be made, there are also some ongoing gaps and challenges faced in most PICTs. Notably:

- Less than half of PICTs surveyed (40%) have an allocated budget for IPC from the Ministry of Health.
- Only 20% of PICTs surveyed have annual mandatory in-service training provided to health care workers (however 53% reported non-mandatory annual training).

- Though 60% of the PICTs surveyed have HAI as a defined component of their national IPC program, capacity for, and implementation of, surveillance for HAI in PICTs remains limited. Less than half of the surveyed PICTs reported monitoring infections in vulnerable populations (40%) and healthcare workers (40%).
- 80% of PICTS reported that they carry out monitoring/audits of IPC practices, however, only 20% reported monitoring across all key processes and indicators indicated in the survey, with varying levels of monitoring activity across PICTs.

2.2 Pacific Public Health Surveillance Infection Control Network (PICNet) Meeting

The PICNet meeting was held 24-26 May 2023, at Nadi Fiji with seventeen (17) PICT member countries represented. The meeting was held in acknowledgement of the central role that IPC plays in health workers' protection, patient safety, combating Antimicrobial Resistance (AMR) and in outbreak preparedness, readiness and response to infectious diseases.

As this was the first PICNet meeting since 2006, the meeting statement was updated to: *Pacific Island* governments realise and acknowledge the importance of IPC, recognising the vital role of IPC in supporting quality of care, preventing antimicrobial resistance, and contributing to universal health care for all Pacific people.

Key recommendations from the meeting include the development of a Regional IPC Monitoring Dashboard that will allow countries to visualise their progress towards the minimum requirements for IPC, as well as continued support national IPC programs, education, and the publication and use of data in research.

2.3 IPC program Activities

Key IPC program activities conducted and supported by SPC throughout 2023:

- In collaboration with the Australian College of Infection Prevention and Control (ACIPC),
 10 IPC focal points are undertaking the Foundations of Infection Prevention and Control course online.
- Supported and updated national IPC Guidelines for 2 PICTs.

- Supported the development of national operational IPC plans for 3 PICTs.
- In addition to the 32 IPC focal points who had already been trained, 33 IPC liaisons and focal points from 12 PICTs have been trained as Gold Standard Hand Hygiene auditors.
- Trained 3 PICTs on the standardized methodology to carry out surveillance for Surgical Site Infection (SSI).
- Developed and trained IPC focal points from 4 PICTs on standardized methodology to carry out surveillance for healthcare associated (HAI) bloodstream infections.

3. CHALLENGES

- Translation of National IPC Guidelines into practice, including difficulty in adapting or contextualising IPC guidelines.
- A lack of IPC leadership, including limited investment for, and availability of, IPC resources both human and financial.
- Insufficient monitoring, evaluation and feedback on key IPC practices and indicators, including hand hygiene, SSI and HAI.
- Strengthening multimodal strategies (system change, training and education, monitoring and feedback, reminders and communications, and culture change for effective and sustainable implementation of IPC interventions.

4. FUTURE DIRECTIONS

4.1 Recommendations for governments:

4.1.1 Development of a Regional IPC Monitoring Dashboard that will allow countries to visualise their progress towards the minimum requirements for IPC. It is hoped that with the ability to visualise data and monitor the status of IPC core competencies, PICTs will be motivated to strengthen their national IPC programs and deliver on IPC targets.

- 4.1.2 Support to IPC programmes with development and implementation of annual plans and dedicated budgets at the national and facility level, to ensure the sustainability of IPC and WASH infrastructure and resources.
- 4.1.3 Advocacy and support to ensure all PICTs prioritise the IPC minimum requirements including a political commitment to the development of policies that address financing, legal frameworks and accreditation systems for IPC.
- 4.1.4 IPC capacity-building and training for the development of IPC expertise in both clinical and public health settings.
- 4.1.5 Support for the development of systems to monitor, report and act including HAI surveillance and monitoring of IPC indicators.
- 4.2 Recommendations for development partners:
- 4.2.1 Support and fund IPC education and research.
- 4.2.2 Support mentoring initiatives and capacity building attachments.
- 4.2.3 Development of a Regional IPC Monitoring Dashboard.

5. REFERENCES

1. WHO, 2022, Global Report on Infection, Prevention and Control. Geneva: World Health Organization. Retrieved from https://www.who.int/publications/i/item/9789240051164