

INFECTION PREVENTION AND CONTROL AT THE IRC

Infection prevention and control (IPC) is a basic practical, evidence-based approach preventing patients and health workers from being harmed by avoidable infections. Effective IPC requires constant action at all levels of the health system, including policymakers, facility managers, health workers and those who access health services. IPC is unique in the field of patient safety and quality of care, as it is universally relevant to every health worker and patient, at every health care interaction. Defective IPC causes harm and can kill. **Without effective IPC**, it is impossible to achieve quality health care delivery. Long term focus on IPC, with generation of data for decision making, contributes to better quality service delivery and patient outcomes.

Effective IPC measures prevent up to 70% of health care associated infections. Global data estimates that:

- **1.4 million people** are affected by healthcare associated infections annually;
- in low- and middle-income countries (LMIC), **1 in 10 patients** gets an infection while receiving care;
- up to **90% of health care workers** do not wash their hands in some health facilities;
- **50-70% of injections** are unsafe in LMIC countries.

Evidence shows that IPC interventions are highly cost-effective in reducing infections and antimicrobial resistance (AMR) in health care settings, providing a high return of investments. Improving hand hygiene in health care settings could save approximately US\$ 16.5 in health care expenditure for every US\$ invested.

Apart from ensuring our clients are safe, maintaining minimum standards for IPC is a duty of care issue for the IRC toward our health staff. No one receiving or providing health care should be exposed to the risk of being harmed by preventable infections.

IPC is a key priority in IRC's Health Strategy, which will be implemented through 2027. Achieving this vision will make health facilities safer, more prepared for future disease outbreaks and ensure those seeking or receiving health care are protected from infections. It will equally contribute globally to slowing down AMR.

The IRC has developed a system for strengthening and monitoring IPC. In 2020, the IRC adapted the **WHO-UNICEF WASH-FIT tool** for humanitarian contexts, to assess a number of minimum IPC standards, with the goal to improve IPC standards and practices across all IRC-supported health care facilities to at least 80% of IPC minimum standards by 2027.



Left: Anastasie demonstrates how to properly wash her hands at a handwashing station set up as part of the IRC Cameroon's program's adaptation to COVID-19.

IPC is key for health facilities to maintain resilience during disease outbreaks. IPC resilience can only be achieved through strong health facilities that are part of a strong health system. This requires strengthening leadership and coordination at the district, facility, and community level, focusing on healthcare workers' motivation to reach IPC standards, including through performance recognition systems, improving internal and external communication, and reinforcing monitoring and accountability. These are all areas that the IRC is increasingly prioritizing as part of IPC programming.



Screening, triage & isolation



Water supply



Management

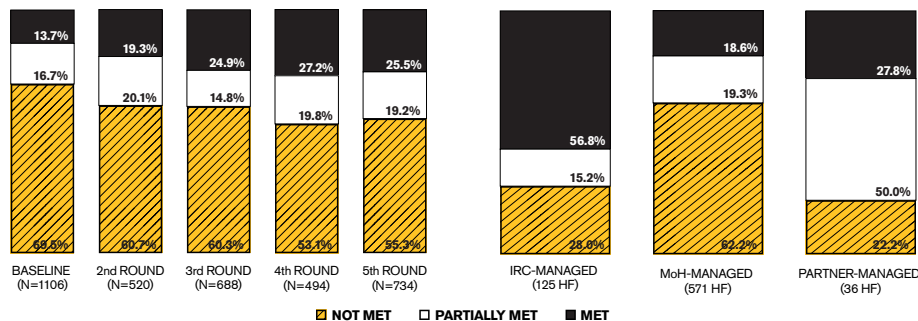


Sanitation, health care & waste



Hygiene, environmental cleaning, disinfection & PPE

Most facilities directly managed by the IRC meet IPC prescribed targets. A global IPC baseline assessment to ascertain the status of IPC in IRC-managed and supported health facilities was initiated in August 2020 and completed by December 2020. A total of 1,106 health facilities were assessed across 21 countries. More recently, the IRC conducted a fifth round of IPC assessments across 25 countries.



This graph shows the overall IPC assessments results for five rounds of assessments. There is a slow reduction in proportion of health facilities that do not meet minimum IPC standards.

As with previous rounds, the IRC directly managed health facilities did much better than partner or Ministry or Health (MoH) managed health facilities. Given that over 80% of health facilities that IRC supports are owned by partners and MoH, this places emphasis on the need for systems strengthening and IPC resilience building to address these gaps.



Hundreds of thousands of health care facilities are not centers of healing, but rather centers of infection.

Zsuzsanna Horváth, permanent representative of Hungary to the UN, IPC Sponsor, 2020

Challenges with achieving IPC minimum standards. Country programs identified a number of constraints for the lack of progress of either conducting IPC assessments or improving and maintaining IPC in health facilities. Trends from IPC assessments and learnings from an internal global KAP study found the following key challenges:

- **Chronic understaffing** especially of auxiliary staff such as cleaners and waste collectors who play a pivotal role in ensuring and maintaining IPC within a health facility;
- **Time constraints** and competing priorities of clinical staff meant that they were frequently unable to oversee assessments, required remedial works and or maintenance of the IPC measures;
- **Lack of or limited dedicated IPC teams** to support the clinical staff in conducting assessments, improvements and maintaining the IPC measures, especially the WASH infrastructure;
- **Lack of IPC capacity building** of health facility staff;
- **Lack of motivation** among ministry of health (MoH) staff in supported MoH facilities due to lack of remuneration as well as inability to make required changes in the absence of capacity or budget.

The IRC has prioritized IPC as core component of our health programs.

IPC is at the center of IRC's quality-of-healthcare framework, firmly establishing IPC as a minimum standard that is required in all health facilities managed and supported by the IRC. We strive to have central IPC measures and activities in place for every IRC Emergency Response, recognizing IPC as a foundational pillar on the emergency continuum.

Through raising awareness across the organization of the importance of IPC as a foundational element of quality health programming, IRC has lifted the IPC standards and expectations across the organization. More country programs with health portfolios now monitor IPC standards compared to the original baseline.

The methodology for IPC assessments, including expected frequency, has been established and recognized. The proportion of health facilities meeting the overall minimum IPC standards has increased under each round of assessments.

IPC assessment formats have been adapted to now include mobile medical units, incorporate health system strengthening and general transmissible disease IPC precautions, not just outbreak-prone infections.

There is an internal working group made up of WASH, Governance, MEAL and health experts that actively sit as a working group for IPC and regularly update and guide CPs by developing tools, training and guidance documents.

Future opportunities to further expand and maintain the IRC's IPC work include:

- **Funding** has been secured for IPC improvements and health system strengthening in the Democratic Republic of the Congo (DRC) and Sierra Leone, including valuable research and learning opportunity;
- **Collaborating** with WHO as an active member of the WHO IPC Hub to support roll out of the new WHO IPC global strategy, published in May 2023;
- **Collaborating** with and through local and regional partners like Africa CDC, PAHO, Asian Disaster Preparedness Center and Africa IPC Network (ICAN) to advance IPC standards and IPC resilience.



IRC Colombia introduced mobile health brigades to expand its health programming to reach new groups of Venezuelans with high vulnerability levels.

Research and Learning. As part of our ambition to be an outcome focused evidence-based organization, we endeavor to design and implement research about IPC, and to ensure we embed evaluation mechanisms within our routine programs to ensure continuous learning and improvement. We aim to learn more about how to implement IPC cost efficiently, how to strengthen the systems that will sustain IPC, and to deepen knowledge of the enablers and barriers to IPC practices.