

Infection Prevention and Control System Improvement Plan for 2022-2027

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Epidemiological Control Committee of
the Ministry of Health of the Republic of
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**Nur-Sultan City
2022**

Prerequisites for the Plan development

- Assessment of the implementation of the main IPC components at the national level (IPCAT2, WHO). Self-assessment was conducted in 2019.
- Assessment of infection control and preparedness for admission of patients with new coronavirus infection COVID-19, in medical organizations of the Republic of Kazakhstan, February, 2020, MoH and CDC (FETP)
- An instrument to assess the implementation of the IPC program in an emergency medical care facility (IPCAF, WHO). Self-assessment, 6 facilities, 2021.
- Situational analysis of the main ICP components at the level of medical organization in the Republic of Kazakhstan, the National Center for Public Health in cooperation with ICAP
- Self-assessment of implementation of the International Medical and Sanitary Rules (IMSR) by a member country (SPAR, WHO), 2021.

Current situation in the Republic of Kazakhstan

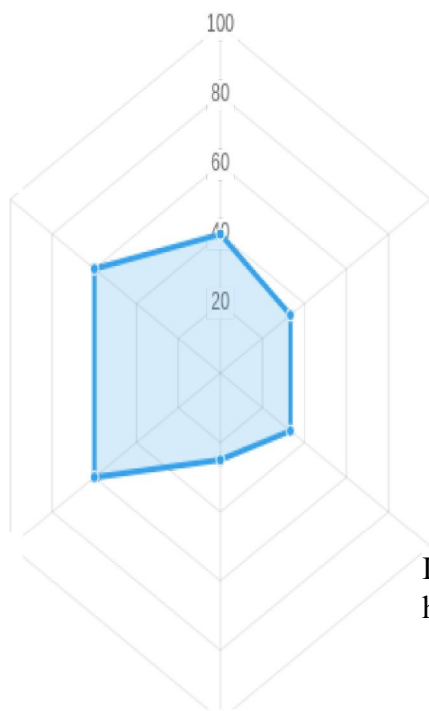
Results of review of the state of ICP programs implementation

at the national level in respect of WHO's minimum requirements for IPC (2021)

Monitoring/review of the IPC practices, comments and suggestions

IPC Program

Multimodal strategies



Training and education in IPC

IPC Guidelines

Self-assessment at the national and facility level

in the Republic of Kazakhstan, 2019 – cumulative results

	National level	Institution level (average)
Main component 1 - IPC Programs	45%	55%
Main component 2 - IPC Guidelines	42%	57.5%
Main component 3 - Training and education in IPC	40%	58%
Main component 4 - HAI Surveillance	46%	58%
Main component 5 - Multimodal strategies	0%	14%
Main component 6 - Monitoring/auditing of the IPC practices, feedback and control activities	17%	69%
Main component 7 - Workload, staffing, and average bed occupancy	N/A*	59%
Main component 8 - Environment, materials and equipment for IPC	N/A*	85%

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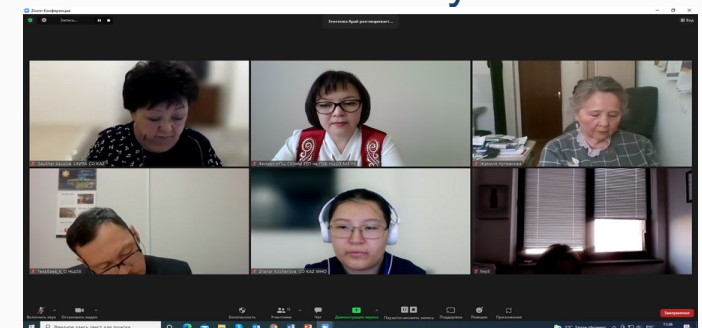
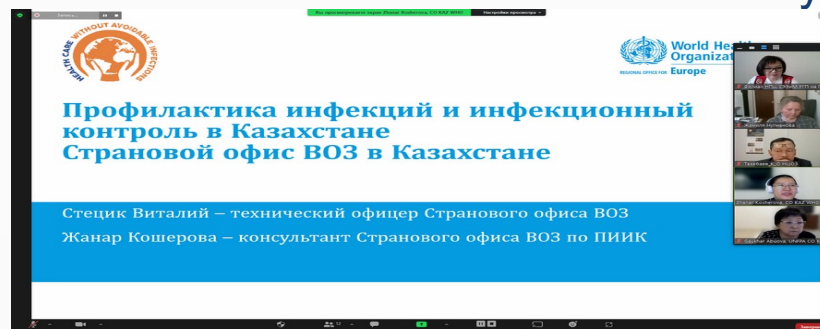
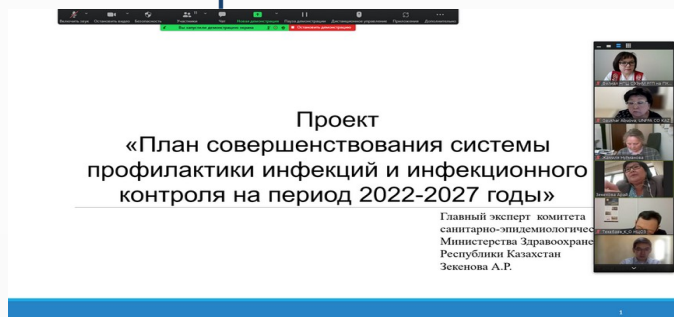
Developed by:

- Sanitary and Epidemiological Control Committee of the Ministry of Health of the Republic of Kazakhstan
- National Center for Public Health (Branch of the Scientific and Practical Center for Sanitary and Epidemiological Expertise and Monitoring)

With the support of the WHO Representative Office in the Republic of Kazakhstan

The draft plan was discussed with international organizations working in the Republic of Kazakhstan on the IPC issues - March 25, 2022 (CDC/CAR, Representative Office of UNICEF in the Republic of Kazakhstan, UNFPA in the Republic of Kazakhstan, ICAP)

Participant of the discussion was the Kazakh National Medical University named after S.D. Asfendiyarov



Goals and Objectives of the Plan

Goal:

- Establishing an effective, comprehensive, evidence-based national infection prevention and control system by 2027.

Expected results

- Assessment of the HAI burden and reduction of the HAI prevalence in healthcare organizations of the Republic of Kazakhstan.

Objectives:

- Implement the IPC System Strengthening Plan (2022-2027);
- Develop and implement national guidelines and related instruments (e.g., SOPs, protocols, algorithms) for the practical implementation of the IPC at the healthcare organization level;
- Create a national policy for education and training in IPC;
- Strengthen the existing system of HAI surveillance by implementing the national strategic plan for HAI surveillance and IPC monitoring;
- Improve existing approaches to HAI monitoring and integrate the IPC monitoring and auditing system with other information systems.

Infection Prevention and Control System Improvement Plan for 2022-2027 (Draft)

- 1. Institutional strengthening of the national IPC system**
- 2. HAI surveillance improvement**
- 3. Creation of a national policy for education and training in IPC**
- 4. Provision the IPC system with necessary infrastructure**

Section 1: Institutional strengthening of the national IPC system

- Identification of the National Coordinating Center for coordinating the activities of the involved structures within the framework of the IPC measures (hereinafter referred to as the NCC) with the establishment of the National Technical Group (the IPC NTG)
- Making recommendations for additions and proposals to the normative acts of the Republic of Kazakhstan on the IPC issues
- Development and approval of national guidelines and related instruments for the practical implementation of the IPC at the healthcare organization level
- Development of a national action plan with indicators (for one year) on the HAI prevention
- Coordination of the activities of stakeholders (agencies, organizations) involved in activities to strengthen the IPC system
- Funding the IPC system and developing and approving minimum IPC requirements for healthcare organizations

Indicators:

To bring the level of compliance with the WHO's recommendations for the organization of the IPC system at the national level on the component "IPC Programs" to 80% in 2027: - 60% in 2022; -65% in 2023; -70% in 2024; -75% in 2025; -80% in 2026; -85% in 2027.

To bring the level of compliance with the WHO's recommendations for the organization of the IPC system at the national level on the component "IPC Guidelines and Regulatory Acts" to 75% in 2027: - 50% in 2022; -55% in 2023; -- 60% in 2024; - 65% in 2025; - 70% in 2026; -75% in 2027.

At least 2 events per year on planning and coordination of activities to combat HAI, involving all key participants of the IPC system at the national and regional levels.

Provision of medical organizations with infection control specialists.

Section 2: HAI surveillance improvement

- Evaluation of the existing HAI surveillance system
- Develop a national HAI surveillance program
- Develop and approve IPC methodological guidelines, including standard definitions of a HAI case
- Conduct a HAI point prevalence study (HAI PPS) according to the ECDC protocol in pilot healthcare organizations
- Implementation of organizational and methodological management of microbiological monitoring:
 - coverage of laboratory examination of patients with HAI;
 - analysis and reporting of research results
- Analysis of the HAI epidemiological situation and provision of data to stakeholders
- Multimodal strategy assessment using the WHO Hand Hygiene Self-Assessment Framework (HHSAF), as scheduled.
- Development and implementation of the IC to account HAI, taking into account the recommendations of the system assessment
- Monitoring the IPC implementation at the medical organization level (visits to the regions) based on the instrument
- Conducting an annual assessment of the national IPC implementation (WHO IPCAT instrument)

Indicators:

To bring the level of compliance with the WHO's recommendations for the organization of the IPC system at the national level on the component "HAI Surveillance" to 85% in 2025: - 50% in 2022; -57% in 2023; 65% in 2024; -73% in 2025; -80% in 2026; - 85% in 2027.

To bring the level of compliance with the WHO's recommendations for the organization of the IPC system at the national level on the main component "Monitoring and Audit of IPC Measures, Reporting and External Control" to 80% in 2027: - 17% in 2022; -23% in 2023; - 30% in 2024; - 40% in 2025; - 50% in 2026; - 60% in 2027.

Conduct 1 pilot and 2 national point prevalence studies, using the standardized ECDC instrument, by the end of 2027.

Section 3: Creation of a national policy for education and training in IPC

- Developing IPC competency guidelines for IPC specialists, for all healthcare workers by profile, and for other non-healthcare personnel
- Develop IPC curricula in cooperation with educational institutions at the level of undergraduate and postgraduate medical education for healthcare workers and healthcare organizers on the IPC;
- Integrate IPC training into continuing medical, nursing, and allied health professional education and training programs;
- Conducting training sessions on multimodal approaches to the implementation of IPC measures
- Conducting training with simulation exercises on the practical components of implementation;
- Conducting training on cleaning, disinfection and decontamination in the healthcare organization;
- Development of knowledge and skills assessment tools in the field of IPC;
- WHO trainings: on leadership in the area of IPC - HHSF training, IPCAF training, UNICEF: water and sanitation in healthcare facilities, CDC;
- Conducting joint regional, republic, and international seminars/conferences on the IPC and AMR.

Indicators: To bring the level of compliance with the WHO's recommendations for the organization of the IPC system at the national level "Education and Training in IPC" to 75% in 2027: - 45% in 2022; - 50% in 2023; 55% in 2024; - 60% in 2025; - 65% in 2026; - 75% in 2027.

Percentage of all healthcare workers (involved in the IPC implementation, other healthcare workers of different profiles) who received training/education on HAI prevention and control during the calendar year: - 40% in 2022; - 45% in 2023; -50% in 2024; - 55% in 2025; - 60% in 2026; - 65% in 2027

Percentage of non-healthcare workers (engineers) of healthcare organizations who have received training/education on the IPC issues: - 40% in 2022; - 45% in 2023; 50% in 2024; - 55% in 2025; - 60% in 2026; - -65% in 2027.

Percentage of educational organizations that teach the IPC program using evidence-based training materials according to training modules developed by the independent trainer

Percentage of infection control specialist processes and functions standardized with SOPs, algorithms and other methodological documents from the total need for standardization.

Section 4: Provision the IPC system with necessary infrastructure

- Conducting an assessment of the sanitary and hygienic conditions of healthcare facilities (WASH fit);
- Conducting an assessment of disinfection and sterilization measures;
- Conducting an assessment of waste management;
- Amendments to the regulatory acts on the basis of conducting an assessment of the sanitary and hygienic conditions of healthcare facilities (WASH fit), disinfection and sterilization measures and waste management;
- Providing an environment for safe clinical practice;
- Material support for the activities of microbiological laboratories.

Implementation, Coordination, Monitoring and Audit

Ministry of Health represented by

- the Sanitary and Epidemiological Control Committee;
- the National Center for Public Health;
- the National Technical Group in IPC Issues.

Involvement of interested agencies and international organizations

Funding

- information, education and training can partially be implemented at the own expense of healthcare organizations, but a number of national level activities will require the involvement of funds from the republic budget;
- infrastructure and the provision of medical supplies may require updating the existing or creating new procurement mechanisms, both in the framework of local and republic budgets.
- an information system to monitor the HAI prevalence, AMR and risk factors, depending on the distribution model of the selected software, can be implemented both in the framework of the republic and local budgets;
- involvement of a strategic partner must be provided within the funds of the republic budget.

Thank you for attention!

