

Joint External Evaluation:

R4.1 IPC program.

Score 2: Limited capacity. An active national IPC program or operational plan according to WHO minimum requirements exists but is not fully implemented. National IPC guidelines/standards exist but are not fully implemented.

Strengths/best practices

- National IPC guidelines with standard operating procedures (SOPs) are in place and disseminated.
- The development of an IPC strategic framework plan 2021 and the Public Health Act on IPC in Khyber Pakhtunkhwa (KP) and Punjab. At the moment, notified national and provincial Steering Committees, IPC teams and committees in some health care facilities' technical working group for technical review in the National Institute of Health (NIH) remain in place.
- Many tertiary health care facilities have IPC plans and policies, and most of the WHO core components are present.
- In-service training modules exist for nurses, doctors and housekeeping staff. For IPC specialists, standardized IPC certificate courses, online courses, and one-year diploma courses are available.
- Healthcare workers were trained during the COVID-19 pandemic, and >10,000 received a basic module training during the pandemic. Over 500 different categories of health care workers were trained on standardized IPC modules.
- Standardized assessment tools – Infection prevention and control assessment framework (IPCAF), as well as customized tools (pandemic, cholera and floods response) were used.

Areas that need strengthening/challenges

- No ACTIVE IPC PROGRAM AT NATIONAL AND SUB-NATIONAL LEVEL
- No budget allocation and no dedicated staff at national, sub-national and health facility level
- No standardized IPC profession/cadre in the country. IPC curriculum development?
- NO Standardized IPC training pre-service and in-service
- No IPC assessment at national level to assess the implementation of program and practices at national level
- Implementation remains irregular, with isolated facilities ensuring that IPC standards are met and offer adequate care. However, stronger leadership commitment and engagement by practitioners or preventive action in facilities is needed.
- Hand hygiene remains unmonitored.
- Training is not standardized and has not been implemented at a larger scale.
- Data from assessment tools such as IPCAF should be used to influence practice and policy.

- Although there are plans and policies in many tertiary facilities, provision in secondary and primary care remains limited to a larger extent.

R 4.2 HCAI Surveillance.

Score 1: No capacity. No national HCAI surveillance program or national strategic plan for HCAs surveillance, including pathogens that are antimicrobial resistant and/ or prone to outbreaks is available or under development.

Strengths/best practices

- A few hospitals undertake HCAI surveillance (within the private sector only) and the HCAI pilot was initiated in 2021 in one tertiary care hospital in the public sector , monitoring surgical site infections.
- High quality microbiology labs exist but are limited to a few health care facilities, primarily in the private sector.

Areas that need strengthening/challenges

- Country does not have any strategic framework on HCAI surveillance, or any harmonized and integrated system to identify and report HCAI at health facility or provincial level
- Microbiology laboratories are not functional in all DHQ hospitals across the country (it is in few)
- No dedicated team at health facilities or provinces to conduct surveillance, reporting of HCAI at health facilities
- An approach to monitor HCAI in secondary and tertiary hospitals needs to be developed and advocated for to monitor and manage the IPC program. Given the complexity of continuous monitoring of all healthcare acquired infection, and the need to monitor nosocomial infection through the whole health system, periodic studies of surgical site infection may be appropriate.
- Adopt a standard priority list of pathogens case definitions, and methodologies for undertaking surveillance.
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R 4.3 Safe environment in health care facilities.

Score 1: No capacity. National standards and resources for safe built environment e.g., WASH, screening, isolation areas and sterilization services in health care facilities, including appropriate infrastructure, materials and equipment for IPC; as well as standards for reduction of overcrowding and for optimization of staffing levels in health care facilities are not available or under development.

Strengths/best practices

- Implementation of national IPC guidelines for safe environment in health care facilities are developed with SOPs but require dissemination and implementation.

- Implementation of the National Standards on Quality of Healthcare Services and Patient Safety 2022, although the draft requires additional endorsement.
- The environmental protection hospital waste management rules remain available.
- Some hospitals, particularly private and tertiary institutions, provide high quality environments and are in full compliance with cleaning and sterilization standards.
- During COVID-19, WASH assessments were completed in hospitals, and cleaning and disinfection SOPs were adopted and implemented.

Areas that need strengthening/challenges

- Although water in most facilities (60%) is available, its safety is not guaranteed and requires subsequent chlorination.
- Investment in cleaning remains low without adequate training and monitoring of standards.
- There is little control over private and informal facilities (the main providers of healthcare).
- There is a lack of standardization in sterilization services.
- No national guidelines on WASH in health facilities available
- Extreme shortage of staff in many health facilities, vacant positions in almost all of the provinces
- Supplies and material deficiency in majority of the hospitals
- No implementation of system to avoid crowding of patients or guidelines available

Relevant documentation

- National IPC Guidelines (2020)
- National IPC Strategic Plan (2021)
- AMR National Action Plan (2017)
- IPC Strategic Plan, Sindh (2019)
- Good Clinical Laboratory Practices in Pakistan (2019)
- Minimum Service Delivery Standards (MSDS)- Provincial HCCs
- Surveillance Case Definitions of Epidemic Prone and Priority Communicable / Infectious Diseases in Pakistan, NIH Islamabad (2019)
- Notified IPC Steering Committees /TWG at National, Provincial and HCFs
- National Standards on Quality of Healthcare Services and Patient Safety 2022