

## Strategic Vision Rationale

In Pakistan, infection Prevention and control has been a weaker subject with little attention. The focus towards IPC is not only because of knowledge but also lack of commitment and willpower, especially at the strategic level. In the last ten years of my work in Infection Prevention & Control on the National and Provincial levels, my key work has been to make infection prevention & control as key part of health system of the country. In Pakistan, there are 18 healthcare workers (12 Doctors, 6 Nurses & Allied health workers) per 10000 population and there is no specific position or cadre for infection preventionist in the country. Throughout my 10 years of work on infection prevention and control my role has been to strengthen the IPC on the system level and my key works on the strategic level are supporting

1. Joint External evaluation as an advocacy tool for the IPC Program
2. Supporting the development of NAPHS (Infection Prevention & Control Program part) on national and provincial level (as professional operational plans, the first official document going to change the whole IPC program on national level)
3. Development of the National IPC Program in Pakistan

While being part of Joint external evaluation of IHR, I supported in identifying the key challenges of IPC in the country. Previously the main focus has been on training and the development of documents. The major challenge was that root cause analysis was not presented. So being a national technical advisor of IPC, I first suggested the key gaps on the system level (no formal IPC program, No IPC Budget on any level, no specific Cadre, and no M&E framework, and SOP). All of my suggestions are included in the report of the Joint External Evaluation of International Health Regulations (i am attaching IPC Part of it as evidence/already available online at WHO website). This first step provided extremely crucial advocacy to work on the second work, which was to fill all gaps mentioned above.

The Ministry of National Health decided to develop a National Action Plan for Health Security and I being the technical advisor on IPC on the National level (and based at the Ministry of Health/HPSIU) supported the IPC part of NAPHS. I led the development of the IPC Part of NAPHS and advocated on the provincial level in provincial consultation to develop IPC Infrastructure (my name can be found in official document of Pakistan NAPHS contributors, available online). I was able to include the development of the National IPC program, the development of the IPC Cadre (part of NAPHS, but yet needed to be approved as it needs legislative parts to create a new cadre), a Dedicated budget (initially as notification from Health department, and then initiation of regular budget as it takes time), and now IPC units.

It may seem just an initiative, but it took 70 years for my country to accept and approve it and make it part of the national action plan.

Now as I suggested the development of IPC Infrastructure, it was my duty to kick-start these initiatives. So I developed one Donor funded project of the "National IPC Program" and secured funding from one international donor. The program is supporting the development of IPC units on the provincial level, governance structure at the National, provincial, district and health care facility level, and step towards a dedicated Cadre for infection preventionists in the country. The project is now being implemented with the focus on developing IPC infrastructure and HAI surveillance on National level, being Lead by NIH Pakistan with provincial health organizations and Jhpiego.

So, if I encapsulate everything, I started the IPC Support from root cause analysis of challenges of IPC in the country, I advocated for it, then through continuous advocacy (with help of my colleagues from different partner organizations including WHO) made it part of the international health regulations JEE report. After that, I used this report as an advocacy channel and convinced Provincial and national health departments to include IPC infrastructure as part of the National Action Plan for Health Security. Once it was included in it, I then also secured funding from one donor (TGF) and provided initial funding to National and Provincial health departments to support it. As I was an employee of Jhpiego (based at the Ministry of Health as a National Advisor), Jhpiego was the only partner organization being part of this project in the country and the donor specifically admired the support provided by me and my organization. All of this has been achieved mainly in the last two years.

Now Pakistan is going to have an Infection Preventionist Cadre (legislation may take time, but acceptance is there now) where professionals can progress in their specific profession (without any insecurity of being transferred into different fields at any time), IPC units are being established in provinces and the National IPC Project is providing all baseline support for it.

My most of my experience is with International NGO in Pakistan, and when supporting the government here in Pakistan all data is the property of Health department and we can not publish it, so I could not publish around 95% of my work, however, will be sharing reports etc as evidence for the committee to see if it is admissible.