

Summary report on the

# Consultation to promote infection prevention and control standards in the Eastern Mediterranean Region

Cairo, Egypt  
20 September 2012



**World Health  
Organization**

Regional Office for the Eastern Mediterranean

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## **1. Introduction**

Health care-associated infections (HAIs) are by far the most frequent adverse events that threaten the safety of patients around the world. They are among the important emerging public health problems across the world today. HAIs occur worldwide and affect both industrialized and developing countries. About 5%–15% of patients admitted to acute care hospitals in industrialized countries acquire health care-associated infections at any given time but the risk of acquiring infection is 2–20 times greater in developing countries.

The WHO Eastern Mediterranean Region has one of the highest frequencies of HAIs in the world, and is a growing challenge to quality of health care in the Region. Although estimates of the global burden of health-care associated infections are hampered by the limited availability of reliable data, it is estimated that the prevalence of health care-associated infections in several countries in the Region range from 12% to 18%.

Concerned at this situation, Member States at the Fifty-seventh Session of the WHO Regional Committee for the Eastern Mediterranean in October 2010 issued a resolution (EM/RC57/R.6) on infection prevention and control in health care. In the resolution, Member States requested the Regional Director to establish a regional network of experts in order to promote infection prevention and control (IPC) standards in the Region as well as to guide the Regional Office in establishing/strengthening evidence-based infection prevention and control programmes across all countries in the Region.

In follow-up to the resolution, the WHO Regional Director for the Eastern Mediterranean set up a network of experts in the field of infection prevention and control and nominated 10 members, drawn from renowned specialists in the field of infection control, to serve this network for a period of two years. The Regional Office serves as the

secretariat of the network. The first meeting of the Eastern Mediterranean Regional Network of Experts on Infection Prevention and Control (EMREIC) was held at the Regional Office in Cairo, Egypt, on 20 September 2012. The objectives of the meeting were to review the current situation of infection prevention and control programme in the Region and advise the Regional Office on improving the infection prevention and control standards in the Region.

Nine out of 10 members of EMREIC and three WHO staff members attended this meeting.

## **2. Conclusions and recommendations**

Upon review of the current situation on infection prevention and control in the Region and taking into consideration other important activities and initiatives being planned or implemented by WHO headquarters, the Global Infection Prevention and Control Network (GIPCN), WHO collaborating centre on IPC and other IPC networks, the meeting recommended the following actions to the secretariat of EMREIC for implementation within the next six months.

### *Development of a generic manual for setting up IPC programmes*

The meeting recognized the need for developing a generic manual for the countries on establishing IPC programme at both national and health-facilities level. Drawing examples from some of the countries in the Region, this manual provide guidance on how to develop and establish IPC related policies and procedures as well as other organizational infrastructure for an effective IPC programme in the country. The manual would also provide suggestions on terms of reference, scope of work and functions of the IPC teams and IPC committees for both national and health facilities level. It was decided that, depending on the stage of development of the IPC programme, the national health authorities can

use this manual as a reference toolkit for either establishing or strengthening an evidence-based IPC programme in their countries. A number of EMREIC members including the WHO collaborating centre for IPC in Riyadh offered their assistance to develop this manual.

### *Generation of data on the burden of HAIs in the Region*

The meeting recognized that reliable estimates of the burden of health-care associated infections are lacking across many countries in the Region, particularly in resource-limited settings. The meeting noted the need for generating more representative data on the burden of HAIs in health facilities of the Region that are comparable across countries. Countries are thus encouraged to conduct a point-prevalence survey (PPS) in selected hospitals using a standardized study protocol validated by the Regional Office. Using a standardized and uniform PPS study protocol across multiple countries in the Region would offer greater levels of comparability. The Regional Office would collaborate with interested middle-income and low-income countries to conduct the PPS as a multi-country study. Interested countries can seek technical support from the members of the EMREIC and also from the WHO collaborating centre for IPC if required.

### *Assessment of IPC programmes in countries*

In a bid to assess national IPC programmes comprehensively, the meeting agreed that the electronic tool for assessment of IPC programme (e-IPCAT) needs to be rolled out as soon as possible after pilot testing is completed in the selected countries. The tool would allow countries to self-assess their IPC programmes and measure their progress, over time, based on WHO's core components for IPC programmes. The meeting also acknowledged the need for advocacy with the countries by the Regional Office, highlighting the need for assessment of their IPC programme on a periodic basis.



*Training of health care workers on IPC practices*

The meeting recognized the need to standardize training curriculum for health care workers based on basic and advanced skills and competencies required for IPC professionals both at national and health facility level. As a sub-committee of Global Infection Prevention and Control Network (GIPCN) is working on standardization of course contents and curriculum for training of different cadres of IPC professionals, the meeting decided to use the recommendations of this sub-committee of GIPCN as “gold standard” and promote standardization of training of IPC professionals in the Region.

The meeting acknowledged the need to build a uniform career path for IPC professionals in the Region in order to promote and advocate for IPC profession among post-graduate medical and nursing students.

The meeting also noted that the Regional Office is co-chairing another sub-committee of GIPCN which is looking at defining and standardization of a set of key indicators that can be used by the countries to progressively assess, measure and evaluate IPC programmes at national and health facility level.

**3. Next steps**

The meeting concluded following an audience of the members of EMREIC with the WHO Regional Director for the Eastern Mediterranean. The Regional Director thanked the members of the EMREIC for their valuable contributions to promoting IPC standards in the Region. He drew attention to the importance of resolution EM/RC/57/R.6 and assured the group that the Regional Office would support Member States in strengthening evidence-based IPC practices and standards in the Region in accordance with the expert advice and guidance received from the members of EMREIC.

As per instruction of the Regional Director, the meeting report will be circulated to all WHO Representatives in the Region for their information and active follow-up with Member States for the implementation of the decisions and recommendations of the EMREIC meeting.

Upon finalization of the meeting report, a plan of action will be developed by the Secretariat of EMREIC in order to follow through with the implementation of the decisions taken in the meeting. The Secretariat will also provide an interactive communication platform for exchange of information between the members of EMREIC using various information and communication tools. It was also decided that by early 2013, another consultative meeting would be convened to review the progress of the decisions taken in the meeting.

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