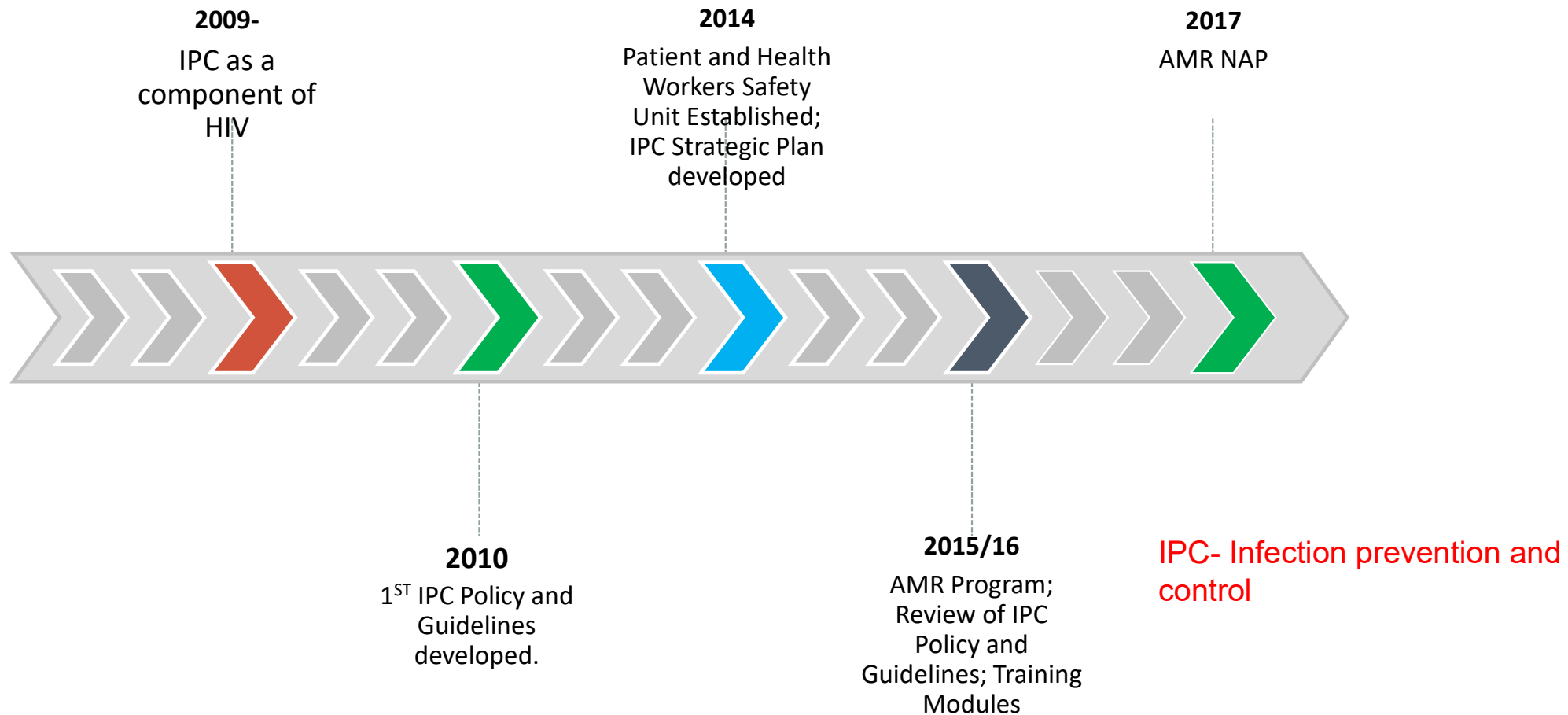




INFECTION PREVENTION AND CONTROL & ANTIMICROBIAL STEWARDSHIP IN KENYA – THE NATIONAL ACTION PLAN

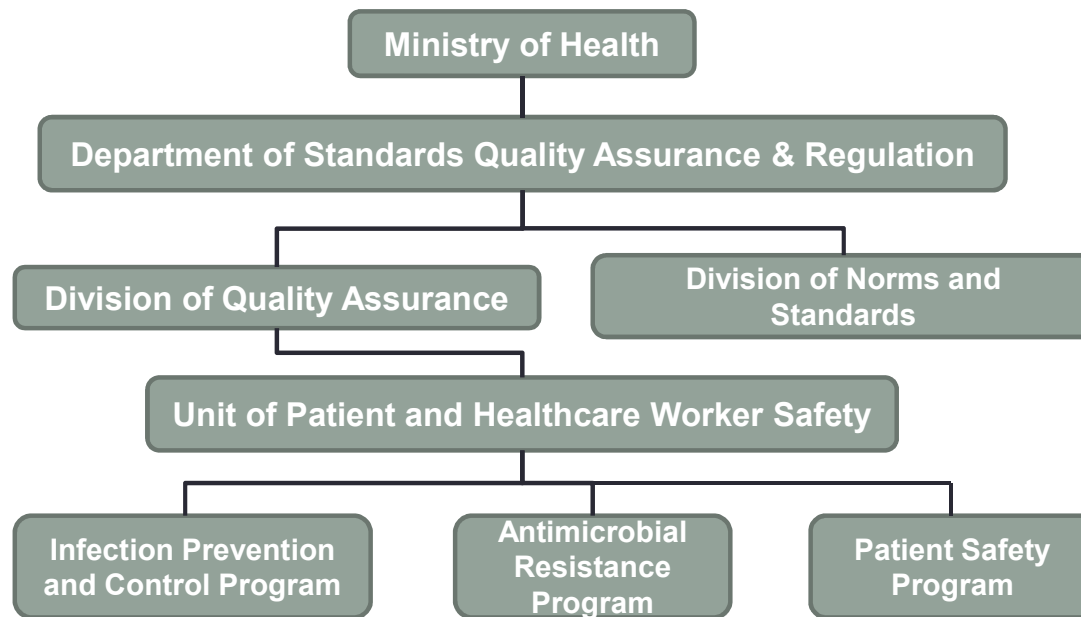
Sylvia Opanga, PhD
Africa Health Conference,
Johannesburg South Africa
29th May 2019

Background of the IPC & AMR Programs

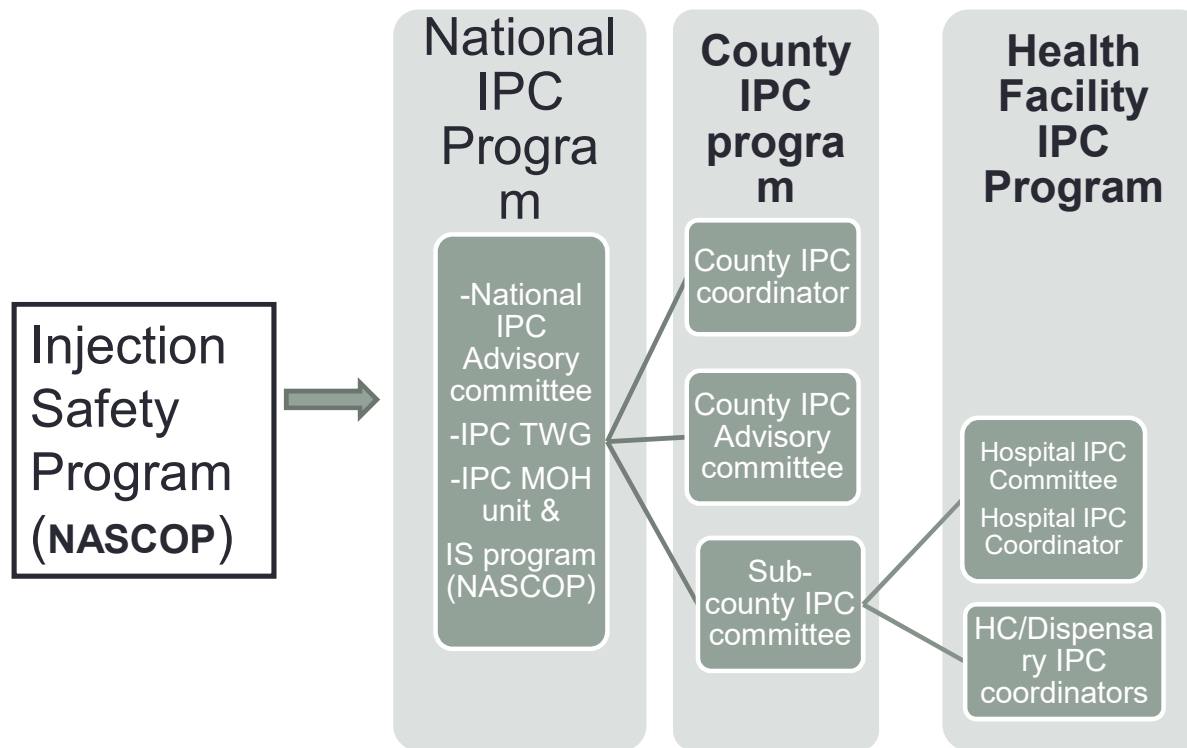


Ministry of Health - Patient Safety Unit

• 1

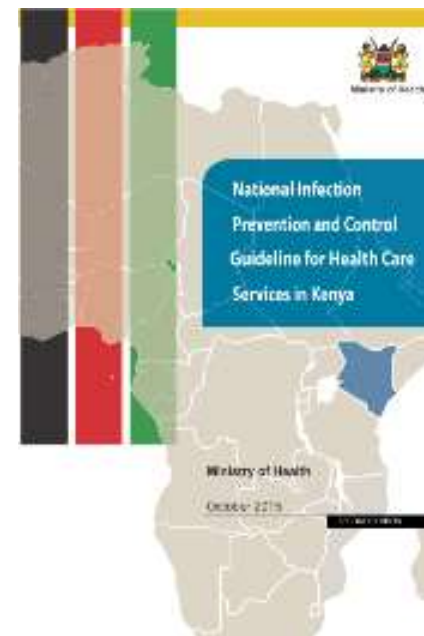


Leadership of IPC Programs in Kenya- 2014 to date



IPC Documents- National Strategic plan, Policy document and Guidelines

- Developed so far



National Strategic priorities in IPC 2014-2018

1. Management, Leadership and Governance of IPC services
2. Advocacy, Behaviour Change and Communication for IPC
3. Health Worker Education and Capacity-Building for IPC
4. Patient and HCWs Safety in the Healthcare Settings
5. Availability of IPC Supplies, Equipment and Infrastructure
6. IPC Surveillance, Notification and Research
7. Monitoring and Evaluation for IPC Programs

Role of the National IPC Programs

- Revise/Develop Policies, guidelines, strategic plans on
 - IPC
 - Injection safety
 - Occupational PEP
 - Hospital Acquired Infections surveillance
- Disseminate them to the county health teams
- Support establishment of IPC, including Human Health model sites
- Support establishment of functional sharp surveillance sites

IPC units works together the Injection safety program in NASCOP (National STI Prevention and Control Program)

Achievements of IPC programs

- Developed SOPs and job aids for occupational PEP
- Developed training curriculum and modules on safe phlebotomy
- Developed training curriculum for IPC
- Evaluated occupational PEP program

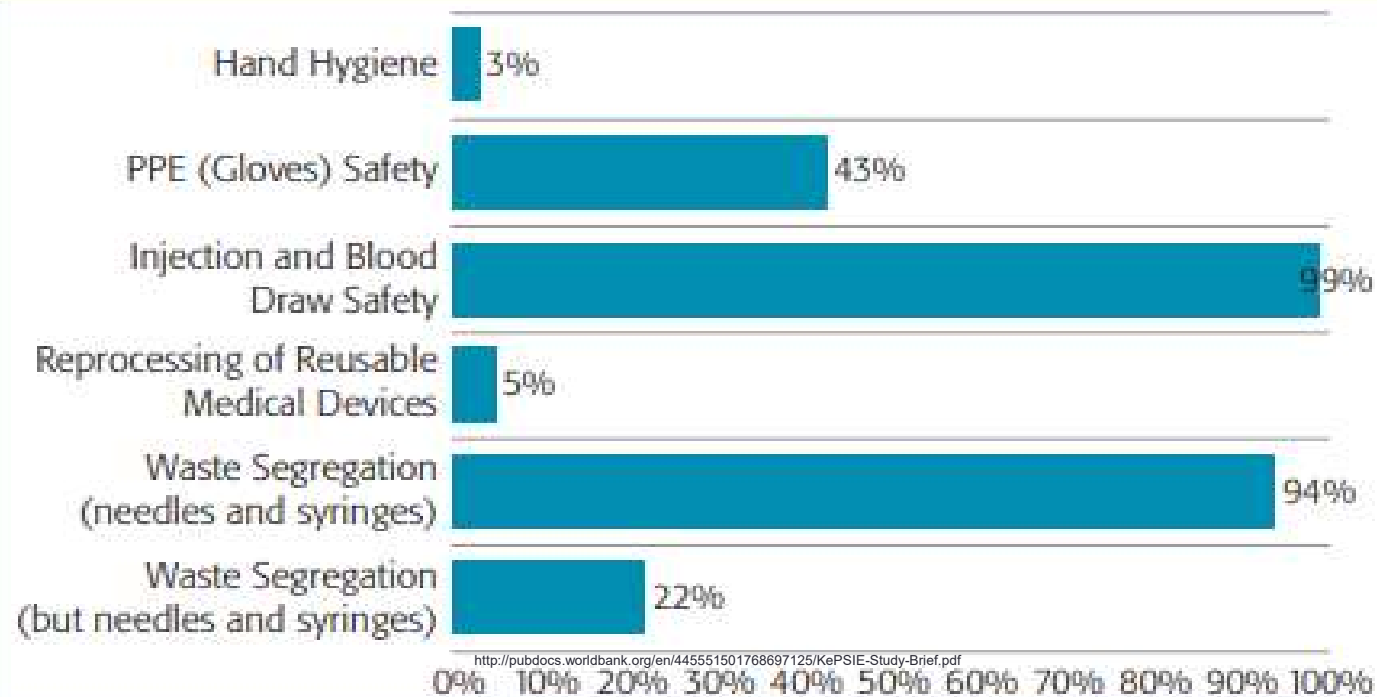
Achievements of IPC/IS programs

- Developed National IPC strategic plan 2014-2018. IPC Policy and guidelines 2015
- Developed Injection Safety and medical waste management communication strategy and job aids
- Revised the IPC modules in the HIV integrated training

Review of Compliance to IPC Standards 2012

Adherence to IPC Practices

PS Actions Performed/Total Indications Triggering a PS Action



Infection Prevention and Control- Implementing the National IPC Strategy



- National IPC Policy and guidelines 2015
- National Basic Training Course in IPC
- Sustainability -Incorporation of IPC standards into the KQMH and JHIC

Capacity building of county health teams - achievements

- Onsite and Offsite mentorship sessions with participating sites
 - 4 Continuous Quality Improvement Projects- Hand Hygiene, Injection Safety, Waste Management and Surgical Site Infections
- Developed an e-learning IPC training course

County IPC High level IPC engagement meetings

Nandi County



Nandi County



Photo Gallery



THE COUNTY QUALITY IMPROVEMENT MODEL



Partnership in IPC and Quality Improvement



Partnership

- National MoH
- County Departments of Health
- Hospitals
- CDC- Kenya/Atlanta
- ITECH

Plan



- Capacity building of human resource to improve IPC practices
- IPC/AMR Baseline Assessment
 - Impact Capacity assessment (ICAT) Tool (reviewed)
- Introduction of quality improvement concept

Implementation Strategy



- Sites selection- 2 model sites for IPC/AMR based on functional microbiology lab capacity

Situational Analysis in model sites



- Baseline assessment
- Feedback
- Work plan Development

Facility Engagement



- County and Site introductory meetings

IPC and AMR Training



- IPC training
 - IPC Committee,
 - Frontline managers
 - Support staff
- Total trained >100
- AMR Surveillance training

Trainers of Trainers Training



- Training was focused on adult learning principles and presentation skills
- Output was facility training plan

Mentorship

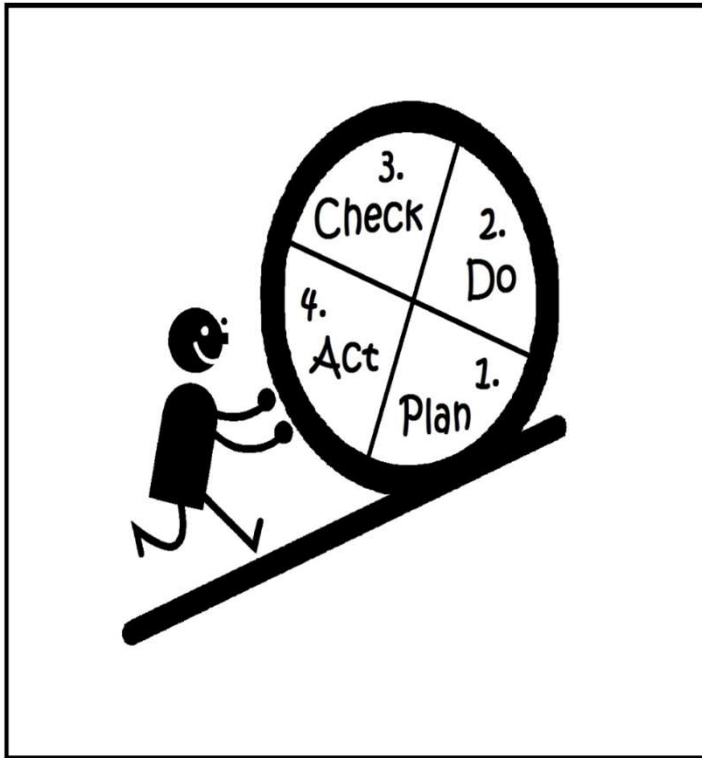


- IPC onsite mentorship
- Surveillance
 - AMR Surveillance
 - **Surgical Site Infections**

The goal!

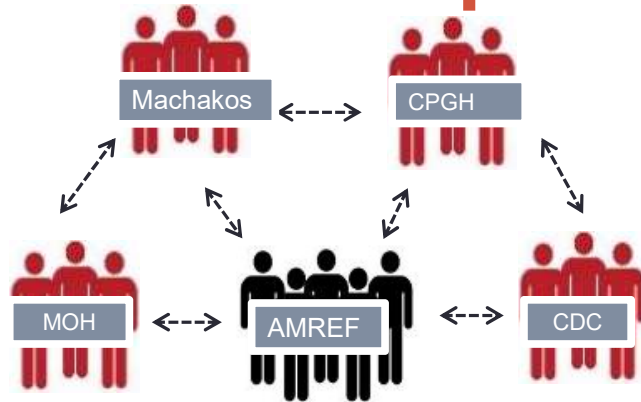
- IPC champions

Quality Improvement Process



- Introduction of QI concepts
 - Hand Hygiene
 - Waste Management
 - Injection Safety
 - SSI surveillance
- Continuous data collection and analysis

Virtual mentorship via Zoom



- IPC Zoom sessions twice a month
- Lab virtual training -ECHO

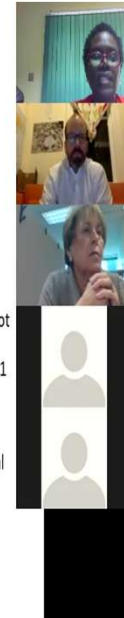
Ward Infrastructure Survey

Thika Level 5

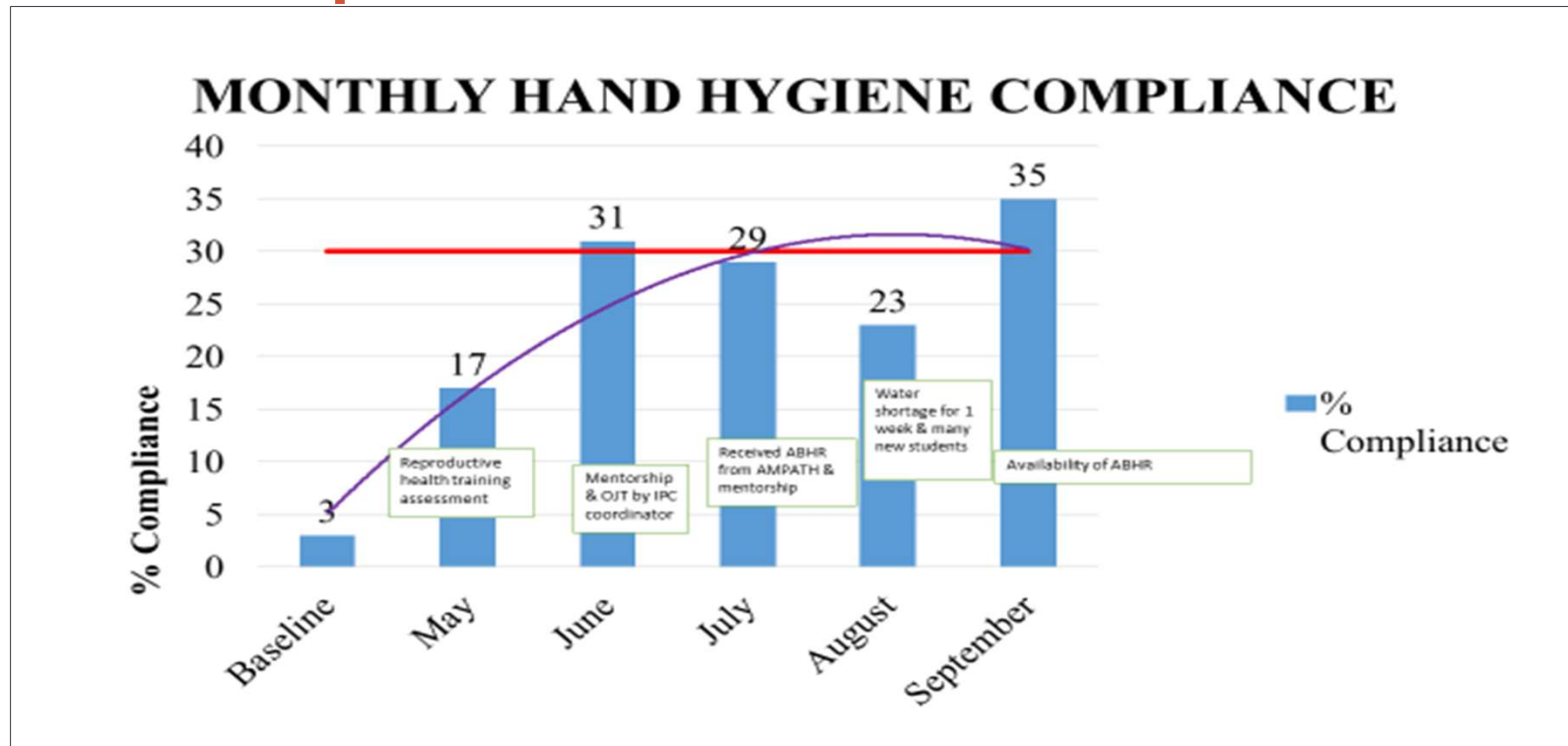
- Assessed 8 areas/units
- Availability of running water in 88% (7)
- Hand operated taps except one (ICU)
- Disposable hand paper towels available in 12% (1) –ICU
- There were sinks 29 in audited 8 areas, 59% (17) had soap
- Total no. of beds 153 in audited 8 areas with 19 alcohol rub dispensers, 6 in ICU by each bed, 13 shared in the other 7 areas
- 26% (5) ABHR dispensers were functional and refilled

Kitale County

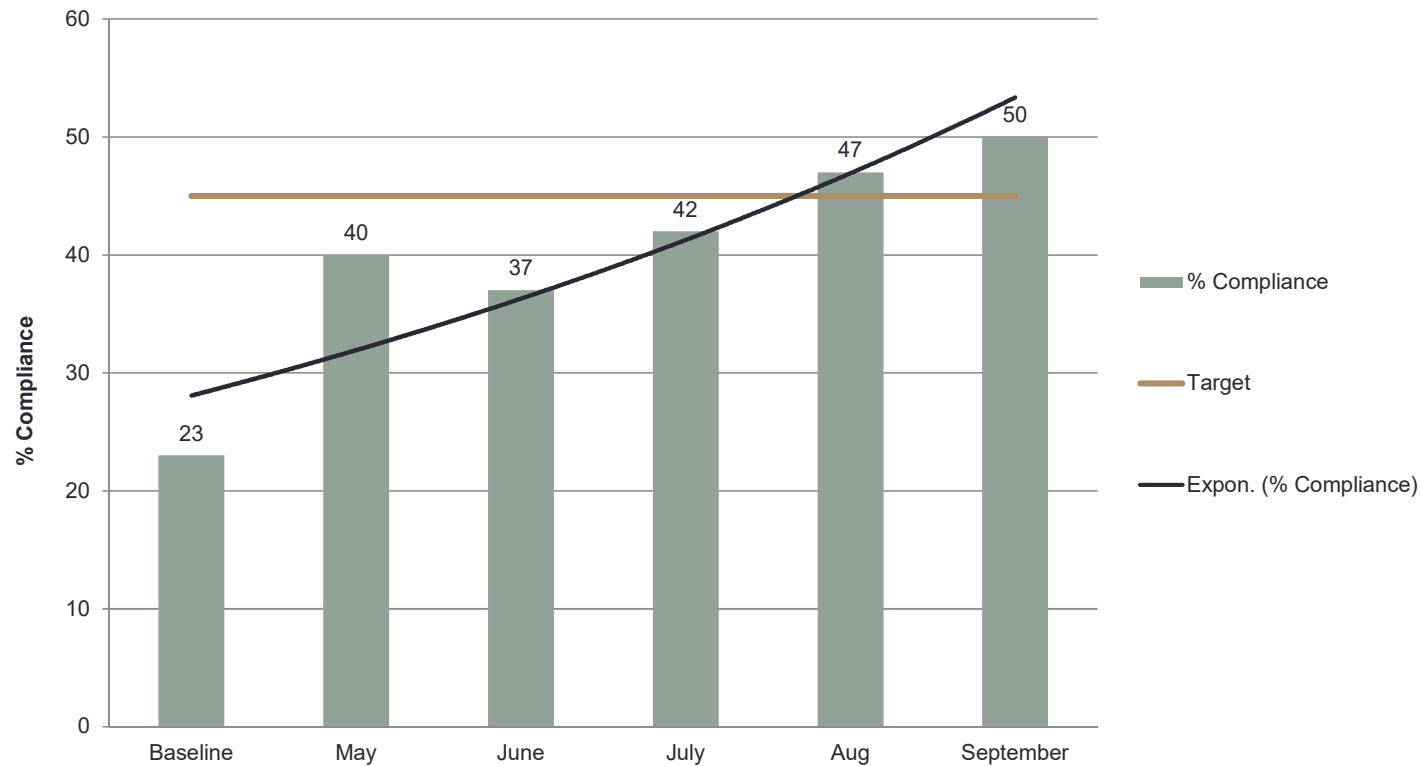
- Assessed 11 areas/units
- Availability of running water in 100% (11)
- Hand operated taps except ALL areas
- Disposable hand paper towels not available in ALL
- There were sinks 52 in audited 11 areas, 38% (20) had soap
- Total no. of beds 194 in audited 11 areas with 7 alcohol rub dispensers, 5 in OPD & 2 in renal
- 100% (7) ABHR dispensers were functional and refilled



Trends in Facility Hand Hygiene Compliance- A following IPC mentorship sessions



Trends in Facility Hand Hygiene Compliance-B following IPC mentorship sessions



- **Antimicrobial Stewardship**

Antimicrobial Stewardship Achievements

- One Health Approach adopted
- Guidelines on prudent use of antibiotics in animals completed and formally launched
- National AMS guidelines for Human Health under development
- Process of data mining from the Pharmacy and Poisons Board is ongoing
- We have Medicines and Therapeutics Committees in hospitals

Joint External Evaluation Scores

Antimicrobial resistance	P.3.1 Antimicrobial resistance detection	2
	P.3.2 Surveillance of infections caused by antimicrobial-resistant pathogens	2
	P.3.3 Health care-associated infection prevention and control programmes	3
	P.3.4 Antimicrobial stewardship activities	2

Health care-associated infection prevention and control programmes - Score 3 Recommendations

- The national health care-associated infection surveillance system should be fully implemented.
- Strong capacity-building activities for health workers should be performed to promote correct IPC.
- Implementation of IPC programmes for health care-associated infections.
- A national reporting system for health care-associated infections is needed for correct monitoring of surveillance activities and results.

Antimicrobial stewardship activities - Score 2 Recommendations

- There is a need for systematic implementation of existing treatment guidelines.
- There is a need to develop training curriculum for antimicrobial stewardship for pre-service and in-service
- Training to reinforce the provisions for prudent/correct use of antimicrobials at all levels.
- An evaluation of antibiotic use patterns is required.
- There is a need for full implementation of antimicrobial stewardship activities in the human and animal health sector.

Research to inform AMS Policy

- National Point Prevalence Survey on antimicrobial use (2017-2018)
- Partners- University of Nairobi, CDC- Atlanta, Washington State University
- Prevalence of between 40-67% in 6 hospitals



Systematic Review/Meta-Analysis on self purchasing of antibiotics

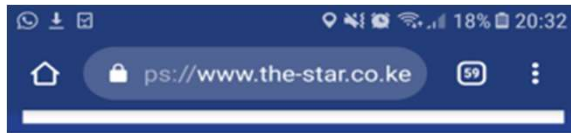
- Systematic review and meta-analysis currently underway
- To generate evidence to inform policies on self purchasing of antibiotics
- University of Nairobi/MOH/Strathclyde University



In-service training on Antimicrobial Stewardship

- Training of final year medical students on AMS (Clinical rounds)- 2018-2019
-
- University of Nairobi, CDC, Washington State University

Launch of antimicrobial use guidelines at the leading referral hospital



KNH develops guidelines to stop drugs resistance

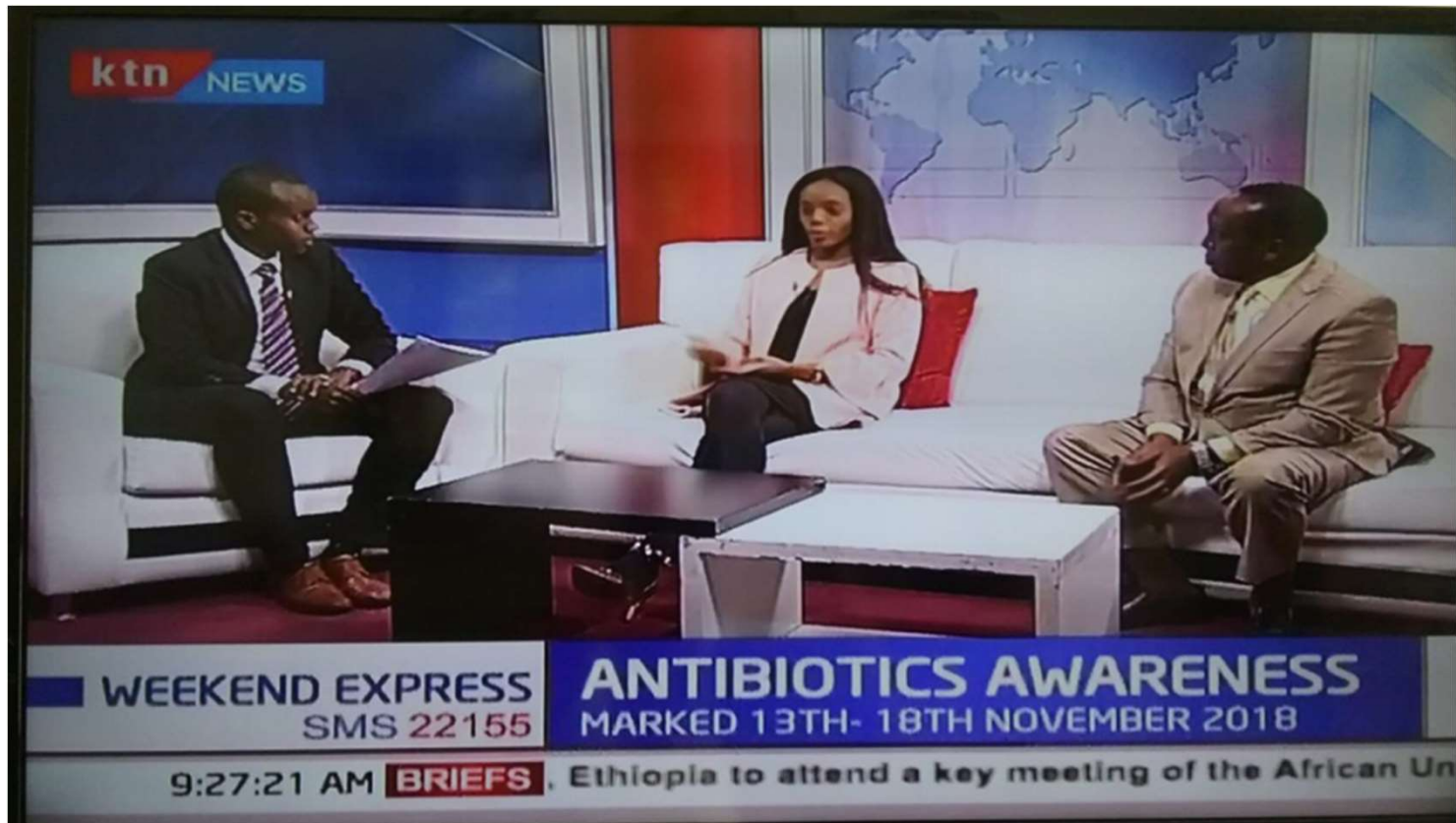
Feb. 19, 2018, 12:45 am

By JOHN MUCHANGI, @jomunji



KNH Anti-Microbial Stewardship Team, Dr. Justin Ombaka (C) flanked by KNH

Advocacy and Media Engagement



Challenges



- Inadequate support for multi sectoral coordination
- Inadequate resources for scale up to all healthcare facilities
- Inadequate infrastructure for surveillance
- Change of attitude & behaviour by health care professionals, patients, the public, policymakers, politicians etc.
- Weak dissemination mechanisms for documents developed
- Sustainability of the policy interventions

Priority Areas Human Health



IPC

- Review of the National IPC Strategy
- Scale up of IPC training including training the NHIF Quality Assurance teams
- Scale up of the CQI Model
- Inclusion of IPC in pre-service training
- Completion and implementation of the IPC E-Learning training
- Development and Implementation of a National HAI Surveillance System including training modules

AMS

- Development and Implementation of National AMS guidelines and accompanying training modules
- Strengthening of MTCs to support Stewardship programs
- Preservice Engagement through curriculum review
- Review of Treatment Guidelines and EMLs
- Strengthen the PMIS to support stewardship efforts
- Advocacy and awareness

Priority Areas Animal Health

IPC

- Development and implementation of Infection Control guidelines in AH
- Dissemination of guidelines to farm level (Poultry, Dairy, Pork and Beef Value chain)

AMS

- Customization and dissemination of Guidelines on prudent use of antibiotics in animals
- Development of training modules (Pre and In- Service)
- Dissemination through vet associations

Priority Area: Strengthen Coordination Mechanism

- Support development of an IPC/ AMR M&E framework
- Supportive functions
 - Operational costs (Internet support, Video conferencing facilities, stationery etc)
 - Logistics to support NIPCAC and NASIC and TWG meetings/ workshops
 - Logistics to support stakeholder consultative meetings
 - Logistics to support mentorship and supervision for counties
- Capacity building for Secretariat on One Health Leadership aspects- Training and cross learning
- Logistics to support county engagement and establishment of County Advisory teams

THANK YOU

ASANTENI