

USAID MEDICINES, TECHNOLOGIES, AND PHARMACEUTICAL SERVICES (MTAPS)

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Administration of the assessment tool with the Kalabancoro infection prevention and control team (Photo credit: Dr. Famory Samassa)

Main Factors Contributing to the Effectiveness of Infection Prevention and Control Committees

Technical Brief April 2022 | MALI

HISTORY

Context

Mali is a West African country that has faced a sociopolitical, institutional, and security crisis since 2012. It also has a fragile health care system, with insufficient technical resources to meet all the population's needs.

In 2017, the Joint External Evaluation (JEE) conducted by World Health Organization (WHO) and the International Health Regulations (IHR) for Mali in the area of infection prevention and control (IPC) revealed three key areas that must be strengthened: (1) revision

and implementation of the national IPC plan for health care facilities; (2) establishment of an infection transmission surveillance system for high-risk groups in hospitals; and (3) establishment of IPC committees at health care facilities. The 2017 IPC JEE gave Mali a score of 2 out of 5, (i.e., "limited capacity"), but the score would have been even lower if work had not been done in the human health sector. The limited progress included the development of a strategic plan for the prevention of nosocomial infections at health care facilities; a national strategic plan for water, sanitation, and hygiene (WASH); and a minimum set of WASH activities for health care facilities. However, apart from

these documents, there was no national IPC program in Mali to cover the human health and animal health sectors.

Although Mali had made progress in resolving problems linked to IPC in the human health sector, there was still a lot to be done to prepare and implement a national IPC program, including establishment of IPC committees. It was within this context that the Medicines, Technologies, and Pharmaceutical Services (MTaPS) project provided assistance; the project is funded by the US Agency for International Development (USAID) for the period September 2018 to September 2023. The project supports the Government of Mali in the fight against antimicrobial resistance (AMR) by improving IPC, optimizing the rational use of antimicrobials, and through effective, national multisectoral coordination to prevent AMR.

Problem/Challenge

The absence of IPC committees at health care facilities was one of the key issues identified during the JEE of IHR indicators conducted by WHO experts in Mali in 2017.

The absence of operational IPC committees at health care facilities hinders the fight against health care-associated infections (HAIs) and AMR. HAIs are one of the reasons for extended patient hospital stays (illness complications and increased health care-related costs at health facilities). The increase in HAIs at health care facilities is synonymous with lower health care quality.

IPC is one of the key strategic approaches of the USAID MTAps project in Mali. MTAps' goal is to help the Government of Mali improve IPC at the national level, especially at health care facilities.

ACRONYMS

AMR	antimicrobial resistance
ANEH	National Hospital Assessment Agency
CSREF	reference health center
CTHS	Technical Health and Safety Committee
DGSHP	General Directorate of Health and Public Hygiene
HAI	health care-associated infection
IHR	International Health Regulations
IPC	infection prevention and control
JEE	Joint External Evaluation
MTaPS	Medicines, Technologies, and Pharmaceutical Services
TOR	terms of reference
USAID	US Agency for International Development
WASH	water, sanitation, and hygiene
WHO	World Health Organization

Stakeholder Commitment

Within the context of implementing IPC activities, USAID MTAps supports national structures, such as the General Directorate of Health and Public Hygiene (DGSHP), through its Sub-Directorate of Public Hygiene and Sanitation; the National Multisectoral Coordinating Group on AMR; and hospitals; and it collaborates with partners, such as UNICEF, WHO, and other health care projects funded by USAID in the country. The aim of this collaboration is to combine efforts to achieve shared objectives to improve IPC in Mali.

TECHNICAL APPROACH

Strategic Approach/Process

To set up IPC committees at health care facilities, USAID MTAps supported the National Multisectoral Coordinating Group on AMR through the DGSHP. This activity was carried out by implementing the steps described below.

Review and Preparation of IPC Documents

In collaboration with international technical and financial partners, such as WHO, UNICEF, and IntraHealth International, MTAps helped DGSHP conduct a review of national IPC directives for human health, which were then updated to take into consideration new WHO recommendations. This support involved development of a series of documents, including the preparation of terms of reference (TOR) for the IPC committees that specified their members, roles, and responsibilities. IPC implementation recommendations were also provided, including a facilitator's guide, a participant's manual, and tools that were combined into a common toolbox. The toolbox was adapted for use in the context of the COVID-19 pandemic. It is considered one of the reference documents for the country's IPC/COVID-19 training program.

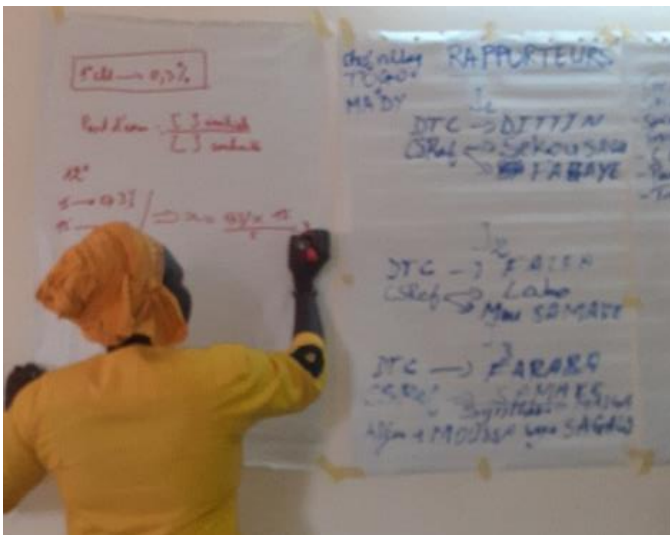
This was the first time that such a set of IPC references had been available in Mali. They help ensure the availability of quality tools, health care harmonization throughout the country, and the transfer of skills at health care facilities to increase the capacity of health care professionals and students. All documents were validated at the national level by various IPC stakeholders.

Selection of IPC Committee Members

MTaPS supported DGSHP in sending letters to 16 health care facilities selected for the appointment of IPC committee members and for their training in IPC according to the TOR for establishing IPC committees, which defines the selection criteria for committee members and their roles and responsibilities. MTAps followed up to obtain responses from these facilities. Managers at the 16 health care facilities sent out memoranda for the creation of IPC committees and designated their IPC committee members based on the established selection criteria.

Field Visit for Basic Training and Assessment of IPC Components

This activity was managed by DGSHP, in collaboration with WHO, UNICEF, and the National Hospital Assessment Agency (ANEH) and received technical and financial support from USAID MTAps. IPC committee members at the 16 facilities were trained using national training modules developed with MTAps support. The trained IPC members then evaluated the IPC components at their facilities by using WHO tools (COVID-19 scorecards, Infection Prevention and Control Assessment Framework at the Facility Level, and the hand hygiene self-assessment tool), under the supervision of trainers. Results were used by the IPC committees to prepare IPC action plans for each health care facility with support from MTAps.



Follow-Up of IPC Committees and Monitoring Action Plans

With the support of MTAps, DGSHP, through its Sub-Directorate for Public Hygiene and Sanitation, and in collaboration with ANEH, conducted supervision activities at the 16 facilities. In the context of COVID-19, the follow-up activities were implemented using virtual meetings. During these follow-up activities, information was shared about the implementation status of the action plans or improvement activities and the functionality of the committees at the 16 health care facilities.



Results and Outcomes

MTaPS supported the training of 45 people in IPC at the national level (36 men and 9 women) and of 95 health care providers in the regions of Kayes, Koulikoro, Sikasso, and Ségou. All participants appreciated the training, including its practical benefits for their work.

Table 1 summarizes the status of the IPC committees at the health care facilities supported by USAID MTAps. All 16 MTAps-supported health care facilities now have IPC committees, with a memorandum designating the members and their roles and responsibilities. They also have reference documents and tools for developing their capacities and for evaluating IPC interventions at facilities.

The virtual meetings and supervision ensured effective monitoring. All IPC committees had held their committee meetings on a regular basis and kept meeting minutes. All 16 health care facilities supported by the

Table 1. Status of IPC committees at sites supported by MTaPS

Health care facility	Strong points	Points for improvement
Mali Hospital	Availability of a functional IPC committee	Nothing to report
Point G University Hospital Center		
Gabriel Touré Hospital		
Luxembourg Hospital		
Mali Gavardo Hospital		
Dermatological Hospital		
Kayes Hospital		
Reference Health Center (CSREF) of Yelimané		
CSREF Kéniéba		
Kati Hospital		
CSREF Kalabancoro		
CSREF Kangaba		
Sikasso Hospital		
CSREF Bougouni		
CSREF Koutiala		
Segou Hospital		

USAID MTaPS project had started to implement their action plans, achieving success rates of 16% to 85%.

APPLICATION

Lessons Learned

The initiative has been an overall success because all 16 health care facilities supported by MTaPS had IPC committees, IPC-trained staff, and capacity-building action plans that were being implemented.

The MTaPS team in Mali discovered a way to make it easier to set up IPC committees at health care facilities. Mali already had a hospital law (No. 02-050 of July 22, 2002) authorizing the creation of technical health and safety committees (CTHSs). However, the roles and responsibilities of the CTHSs had not been defined. It was in this context that MTaPS supported DGSHP in drawing up the CTHS TOR, while providing the IPC committees with clear definitions of the various roles and responsibilities based on WHO recommendations. In the context of Mali, the IPC committee is called the technical health and safety committee.

The IPC committees (or CTHSs) play an important role in preventing infections at health care facilities and, more specifically, in the fight against HAIs. But because of the limited resources of MTaPS, committees could only be established at 16 health care facilities. The ideal would be to establish IPC committees at all health care facilities in Mali. MTaPS encourages DGSHP to continue working toward this goal.

Scalability

Initially, MTaPS support for the establishment of IPC committees involved only five health care facilities in Mali. With the advent of COVID-19, the objectives changed, and the project scope increased to 12 health care facilities in 2020 and to 16 in 2021.

Sustainability

The MTaPS project trained national trainers in IPC from all key central and regional structures of the Ministry of Health, such as DGSHP, National Institute of Public Health, ANEH, Regional Health Directorate, hospitals,



and partners, such as WHO and UNICEF, so that IPC training can continue for service providers in the field.

In addition, MTaPS trained IPC committee members at the 16 health care facilities on the IPC modules and WHO IPC self-assessment tools and in developing and implementing action plans for the ongoing improvement of service quality. Personnel trained by MTaPS in Mali are ready to take over once the project ends. MTaPS developed and installed IPC e-learning modules on DGSHP platforms at the Faculty of Medicine and the National Institute of Health Science Training. This online learning tool allows for continuous training of service providers, even after the end of the MTaPS project.



Demonstration on the preparation of a chlorine solution and soapy water during a training session at the Luxembourg Mother and Child Hospital. (Photo credit: Dr. Famory Samassa)

Success Factors

To achieve the various results, MTaPS provided support through several stages to ensure success. They included:

- Collaborating with the Ministry for Health, through DGSHP, to coordinate activities
- Joint planning of IPC activities with the Ministry for Health and other partners
- Updating training modules, establishing IPC committees, and training committee members in IPC topics
- Assessing health care facilities in IPC by using WHO tools and developing IPC improvement plans

- Organizing physical supervision tasks in the field and virtual follow-up meetings to enable continuous quality improvement

Challenges

The COVID-19 pandemic presented a major challenge to the establishment of the IPC committees at the health care facilities. The pandemic caused the slowdown of activity implementation due to restrictions on large in-person gatherings imposed by the Government of Mali. To meet this challenge, MTaPS trained small groups of committee members while respecting the limitations on gatherings.

Recommendations and Next Steps

Based on the results obtained by MTaPS in Mali, the following recommendations are proposed:

Recommendations	Managers
Extend the establishment of IPC committees to other health facilities in Mali	Ministry of Health of Mali; technical and financial partners
Train IPC committee members at other health facilities in Mali	
Supervise the activities of IPC committees after their establishment at the health care facilities to ensure their functionality	

Conclusion

The goals of the MTaPS project in Mali have been met. All selected facilities benefitted from the establishment of the IPC committees, despite some shortcomings in operations that were identified at some sites. All health care facilities have made progress in the implementation of their IPC action plans.

Next Steps

Next Steps	Managers
Supervise activities of the IPC committees already established by MTaPS at health care facilities to ensure long-term benefits and improve implementation of IPC activities	Ministry of Health of Mali; technical and financial partners

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