ҚАЗАҚСТАН РЕСПУБЛИКАСЫ ДЕНСАУЛЫҚ САҚТАУ МИНИСТРЛІГІ

The Pandemic Fund
FOR A RESILIENT WORLD

World Health Organization
European Region

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IPC activities implemented by the National Center for Public Health

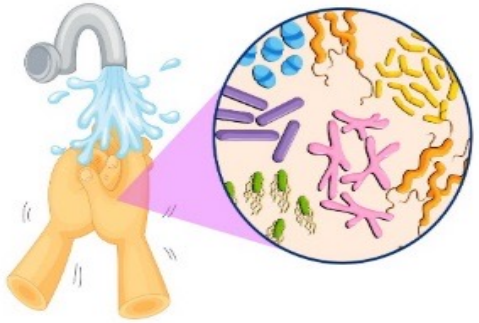
National Center for Public Health of the Ministry of Health of the Republic of Kazakhstan

Established in accordance with Resolution of the Government of the Republic of Kazakhstan of 22 January 2018 No.24 On Certain Issues of MOH RK by merging:

National Scientific and Practical Center for Sanitary and Epidemiological Expertise and Monitoring	**Hamza Zhumatov Scientific Center for Hygiene and Epidemiology**	**National Center for Healthy Lifestyle Development Issues**

Strategic development areas of NCPH MOH RK

Healthy lifestyle promotion and NCD prevention measures improvement



Disease surveillance and prevention, public health emergency response

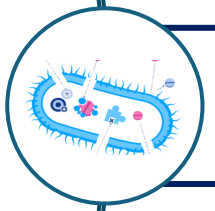
International partnership and research activity development

Workforce capacity building and ensuring financial sustainability

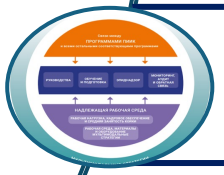
Implementation of public health strategic directions in the Republic of Kazakhstan

Roadmap for the Implementation of International Health Regulations and Global Health Security Agenda in the Republic of Kazakhstan for 2019-2023

Comprehensive Plan for the Improvement of the National Immunization System in the Republic of Kazakhstan for 2023-2025



Roadmap for the Measures to Contain Antimicrobial Resistance in the RK for 2023-2027



Infection Prevention and Control System Improvement Plan for 2022-2027

Roadmap for the Implementation of HPV vaccination in the RK for 2024-2025

WHO Global Call for Action on Infection Prevention and Control

I. Strengthening IPC in the healthcare system

- strengthening IPC advocacy: policy commitment
- availability of resources (human and infrastructure)
- IPC knowledge development:
  - create standardized curricula templates
  - adapt to adopt
  - stimulate research
- foster and promote IPC as a marker of quality: establish international IPC minimum standards
- create patient safety and quality improvement leadership
- ***Health workers across all disciplines should be engaged to advocate for IPC!***

II. Elevate the role of IPC specifically to better combat antimicrobial resistance(AMR)

- Improve **evidence** presentation to leaders: effectively outline available data and other information on the impact of IPC solutions on AMR
- expand the narrative: help people visualize how IPC programmes can lead to AMR risk reduction

https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30427-8/fulltext -

WHO Global Call for Action on Infection Prevention and Control

Countries where IPC has just started

- Decisive and visible political commitment, including IPC policy development and enforcement
- Availability of resources (both human and infrastructure)
- Establishment and execution of IPC programmes at the national and acute health facility levels to ensure advocacy, training and data for future improvement and sustainability
- Action to increase availability of in-country IPC knowledge and expertise

Countries with advanced IPC programs

- Increased accountability with IPC as a quality indicator
- Development of advanced information technology tools to support IPC monitoring and implementation
- Translation of information through enhanced communications to sustain awareness and engagement
- Credible incentives considering the local context to increase compliance rates
- Enhanced education and training to embed IPC knowledge across all disciplines

https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30427-8/fulltext -

Key IPC interventions and their implementation

- institutional strengthening, systematization and coordination of the national IPC system
- strengthening and improvement of the existing HAI surveillance system
- development and implementation of national guidelines, tools for practical IPC implementation at facility level
- creation of the national IPC education and training policy
- IPC system provision with the necessary infrastructure
- development and improvement of existing approaches to HAI monitoring and integration of the IPC monitoring and audit system with other information systems

Institutional strengthening of the national IPC system

- **NCPH designated as the coordinating center** for IPC activities implementation
- A National Technical Group for the implementation of the plan established
- **National IPC Focal Point** determined
- Introduction of amendments to the RK regulatory acts on IPC (orders of MOH RK No.151, 68, 62, 96)
  - introduction of standard HAI case definitions
  - annual review of IPC programs based on risk assessment at facility level
  - change in the PPE use policy (disposable and sterile gloves)
  - hand hygiene (hand hygiene types, indications, techniques, the use of sterile dry wipes for surgical hand scrubbing canceled)
  - change in the policy of routine surface and air sampling as part of internal production control;
  - sterilization and disinfection (sterilization process validation, disinfection requirements, pre-sterilization cleaning and endoscope sterilization)

IPC system improvement plan for 2022-2027 (draft)

Goal:

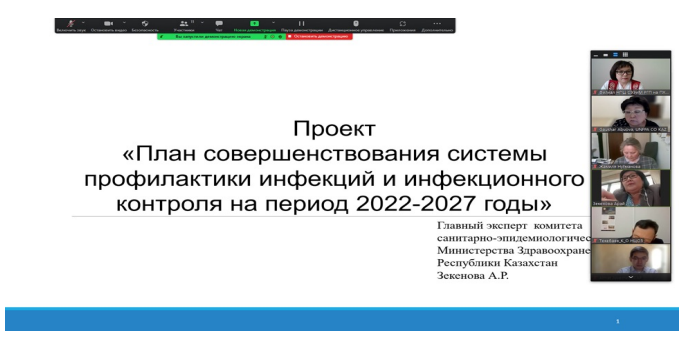
- Create an effective comprehensive evidence-based national infection prevention and control program by 2027

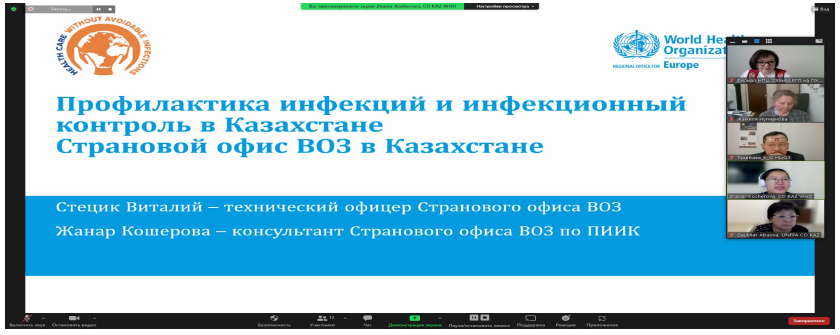
Expected outcomes

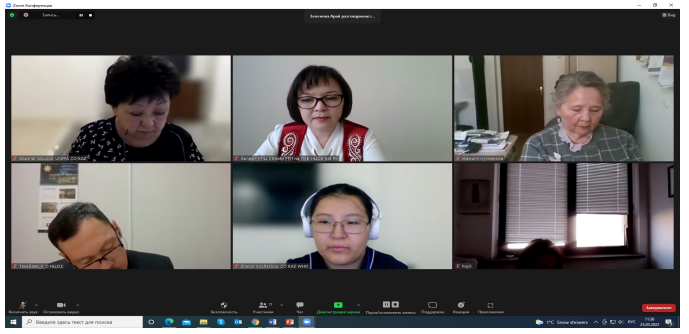
- assessment of the burden of HAIs and reduction of HAI prevalence in RK health organizations

Objectives:

- Implement the IPC system strengthening plan (2022-2027)
- Develop and implement national guidelines and relevant tools (e.g. SOP, protocol, algorithm) for IPC practical implementation at facility level
- Create a unique IPC education and training policy
- Strengthen the existing HAI surveillance system by implementing the national HAI surveillance and IPC monitoring strategic plan
- Enhance the existing HAI monitoring approaches and integration of the IPC monitoring and audit system with other information systems

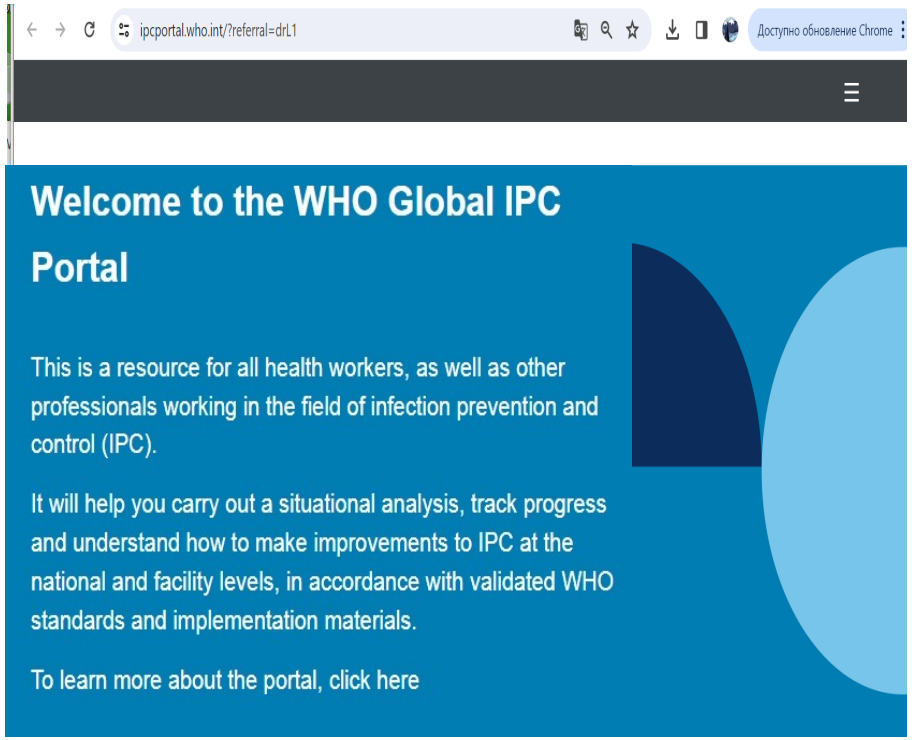






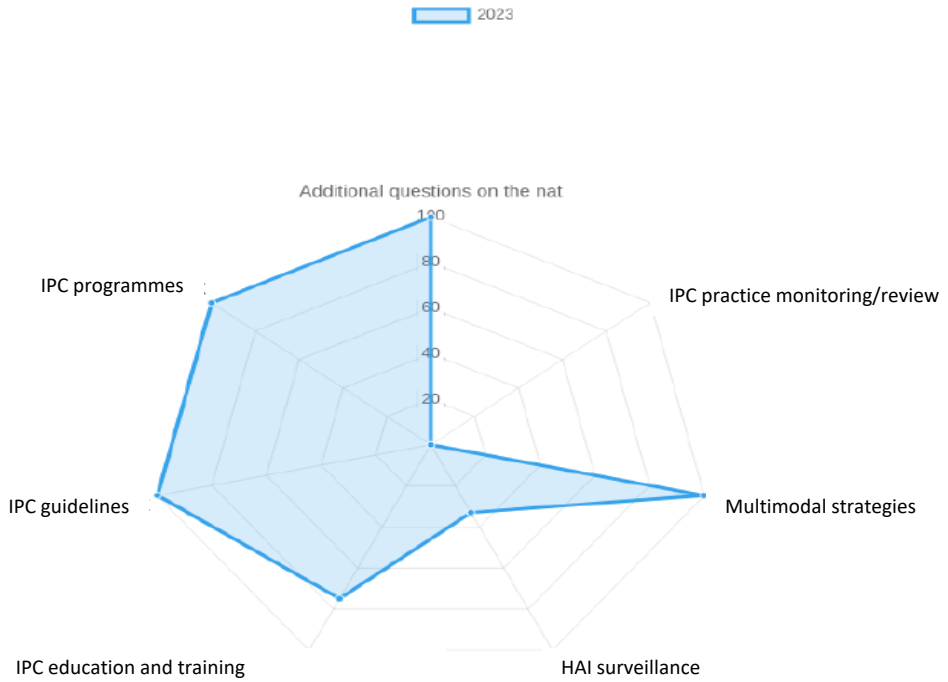
Strengthening and improvement of the existing HAI surveillance system

Kazakhstan participation in the WHO Global Survey on Minimum Requirements for IPC Programs at the National and Health Care Facility Levels, 2024

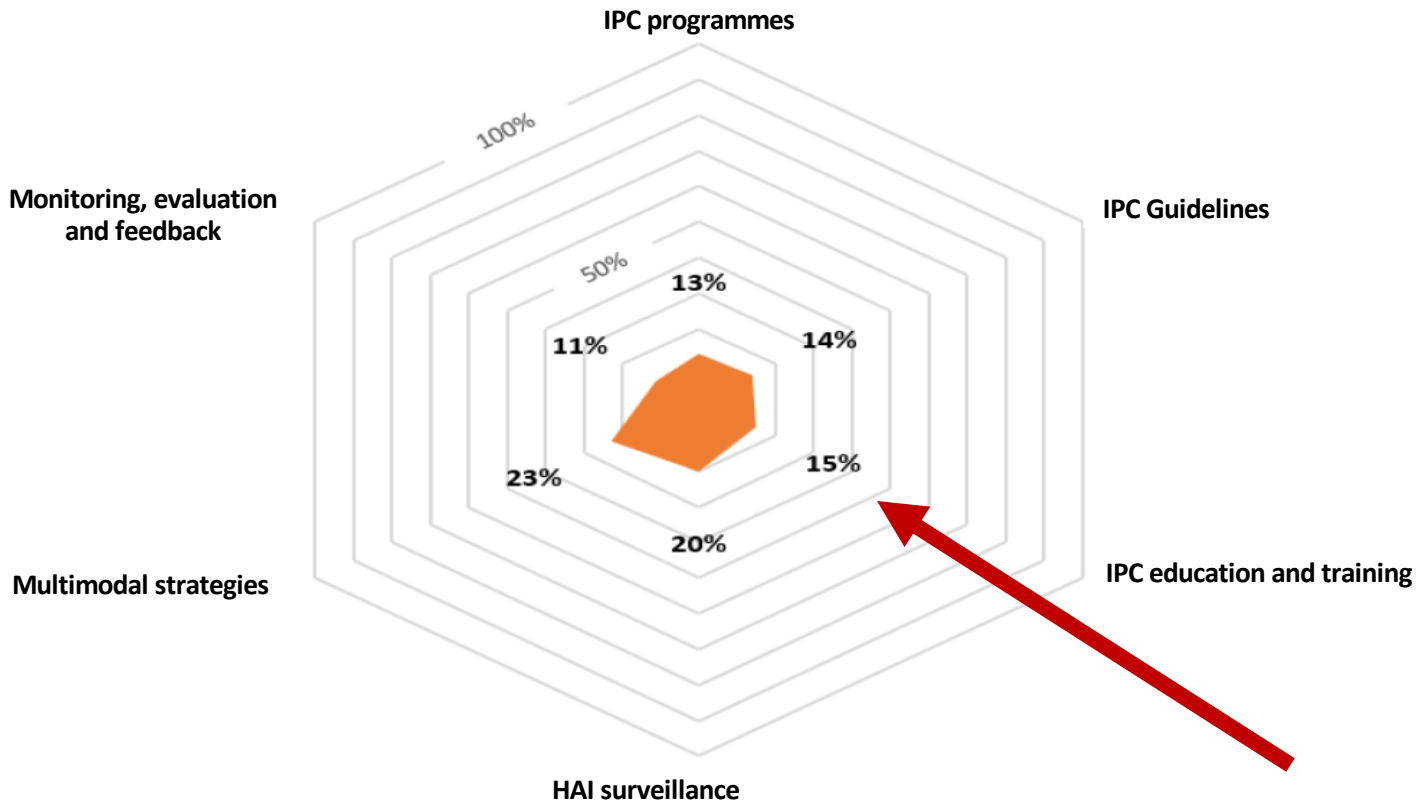


IPC productivity of the national Center for Public health MOH RK

This image shows your results on 7 main components of IPCAR MR, IPCAT MR



Case study: state of infection prevention and control in perinatal care in the Republic of Kazakhstan, 2019

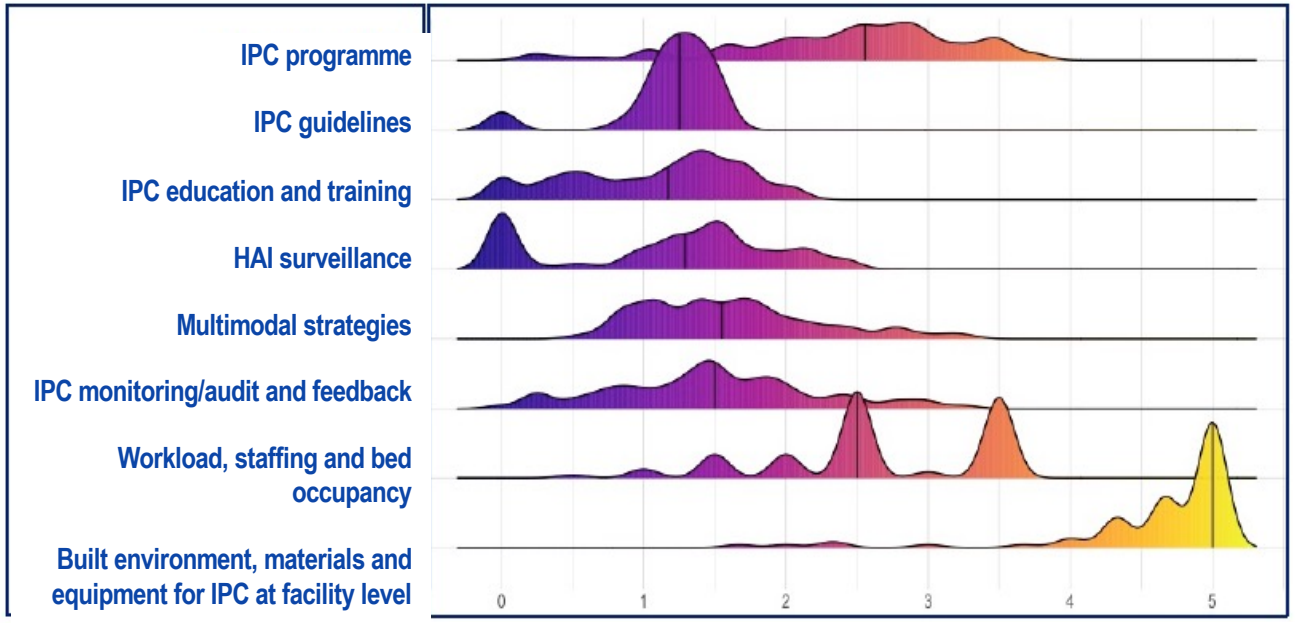


- The existing IPC system was only 17.9% compliant with the WHO recommendations
- None of the components reached 25%
- The IPC system is fragmented and inefficient

https://kazakhstan.unfpa.org/sites/default/files/pub-pdf/%D0%A1%D0%B8%D1%82%D1%83%D0%B0%D1%86%D0%B8%D0%BE%D0%BD%D0%BD%D1%8B%D0%B9%20%D0%B0%D0%BD%D0%B0%D0%BB%D0%B8%D0%B7%20%281%29.pdf

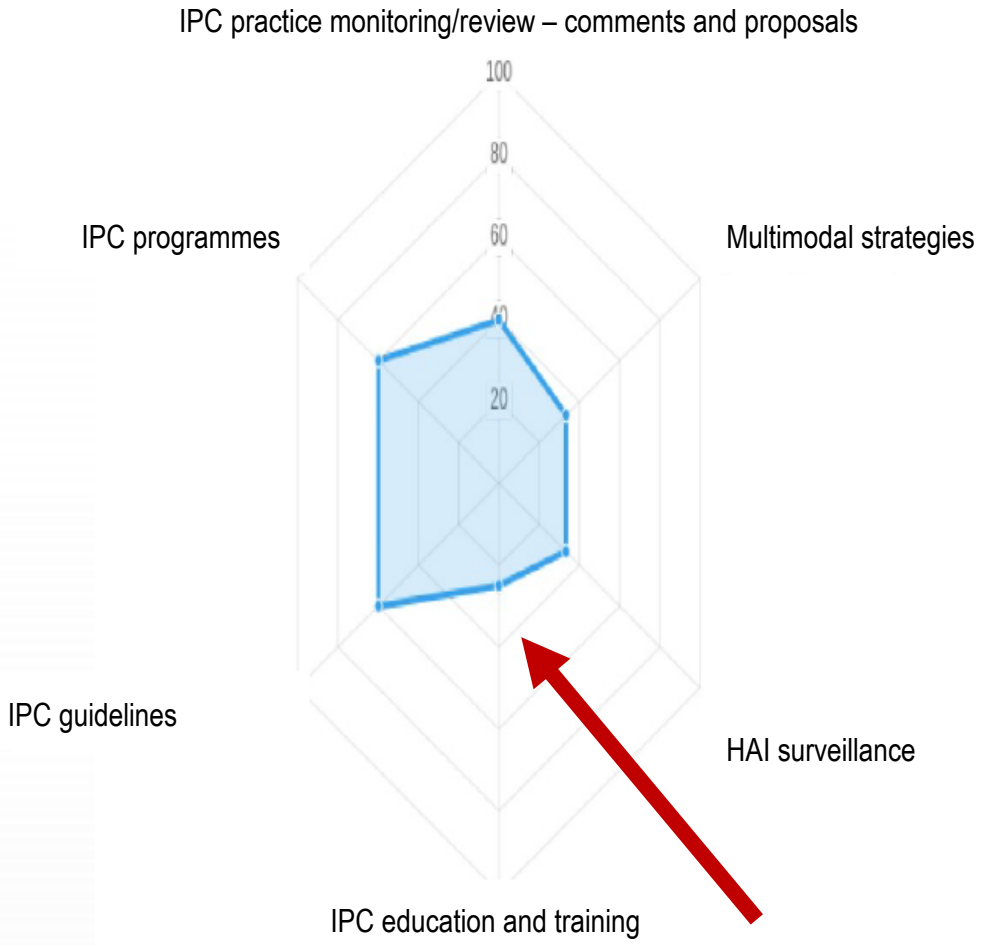
Analysis of the status of the main components of the IPC, conducted by the ICAP Center at the Columbia University School of Public Health, USA, and the National Center for Public Health of the Ministry of Health of the Republic of Kazakhstan, August – October 2021

Chart 1. Summarized assessment of participating IPC hospitals by component (1 – the lowest score, 5 – the highest score)



Vertical lines – medians of all responses for each of the components; the heights of graphs depends on the number of hospitals with a given score

Results of IPC program implementation review at the national level in terms of the WHO minimum IPC requirements, 2021



Self-assessment at national and facility levels in the Republic of Kazakhstan, 2019 – aggregate results

	National level	Facility level (average)
Core component 1 – IPC programmes	45%	55%
Core component 2 – IPC Guidelines	42%	57,5%
Core component 3 – IPC education and training	40%	58%
Core component 4 – HAI surveillance	46%	58%
Core component 5 – Multimodal strategies	0%	14%
Core component 6 – IPC practice monitoring/audit, feedback and control	17%	69%
Core component 7: Workload, staffing and bed occupancy at the facility level	Н/П*	59%
Core component 8 – Built environment, materials and equipment for IPC	Н/П*	85%

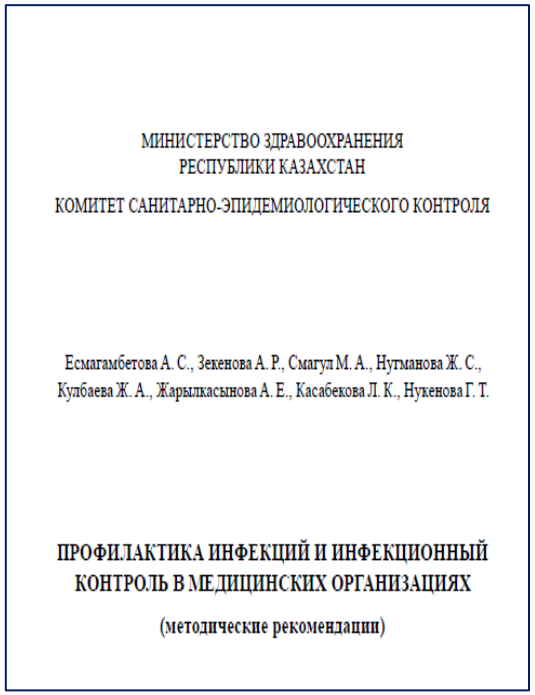
Strengthening the HAI surveillance system

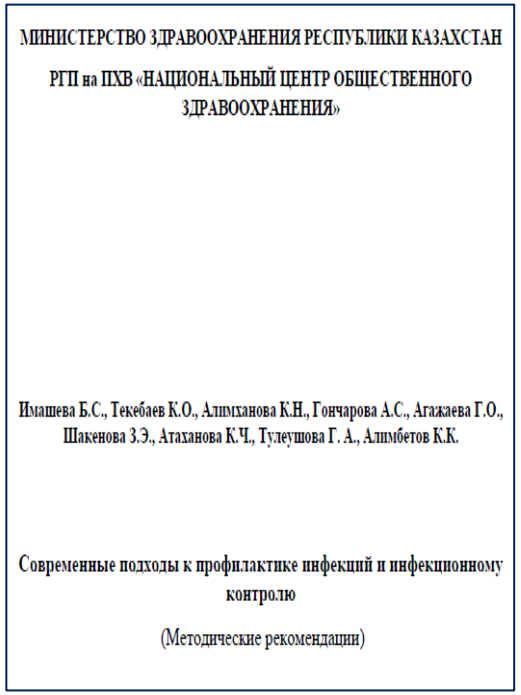
Results of **Point Prevalence Survey** of HAIs and antimicrobial use in the Republic of Kazakhstan, 2023

Indicator	Value
HAI prevalence, %	3%
Prevalence in high-risk units	19,1%
Prevalence of antimicrobial use, %	40,2%

Prevalence of patients with HAIs in the EU sampling was 7.1% (country range: 3.1–13.8%)

Development and implementation of national guidelines and tools for IPC practical implementation at facility level





- Methodological recommendations on HAI surveillance
- Methodological recommendations on IPC competencies

Projects:

- Decontamination guidelines
- Environmental cleaning and infection prevention and control in in health care facilities

Creation of the national IPC education and training policy

- Round table on IPC pre- and post-graduate education development for the staff of health care facilities, 2024
- A workshop on the development of an infection prevention and infection control (IPC) educational program for students of clinical specialties of medical universities and VET “Basic aspects of IPC: healthcare-associated infections and antimicrobial resistance (AMR)” was held with the support of the ICAP Center at Columbia University (USA) School of Public Health in Kazakhstan (ICAP)
- Health worker training as part of 005 post-graduate program
- Health worker training as part of international cooperation with WHO, USAID, CDC, ICAP, UNICEF etc.

Creation of the national IPC education and training policy

- Community of practice on IPC performance improvement

Goal

Improve the capacity of specialists responsible for IPC coordination and monitoring

Objectives

Facilitate

- improved knowledge of IPC standards and best practices
- creation of opportunities for the development and implementation of projects to ensure the effectiveness of IPC interventions.
- exchange of experience and dissemination of innovations within the country and between medical organizations

Planning

Preparing materials and review of the experience of Community of Practice organization

Creating a register of participants

Identifying the list of mentors

Organizing meetings

Creating a WhatsApp chat

Sending invitations to meetings

Meeting participant survey

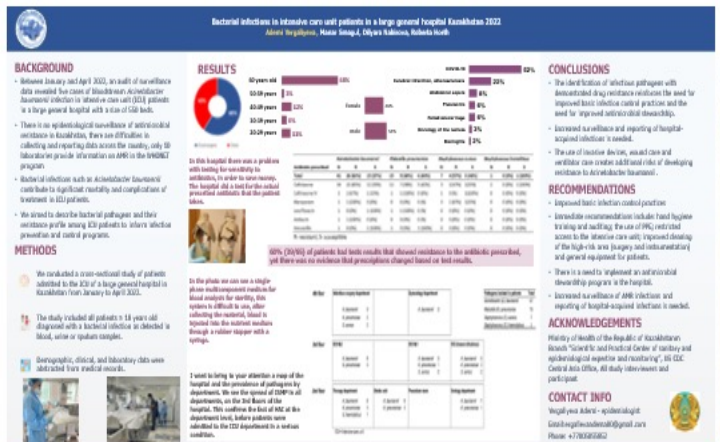
Preparing and presenting IPC materials

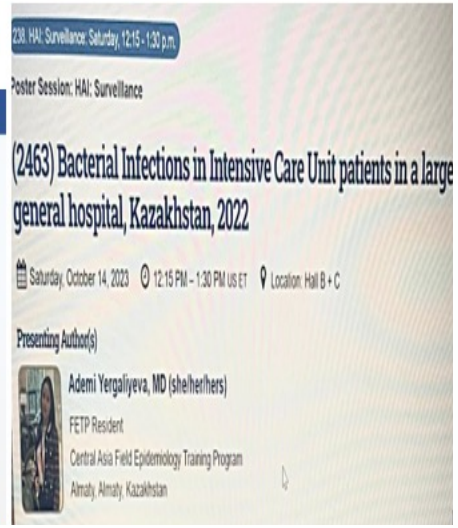
Discussing current issues

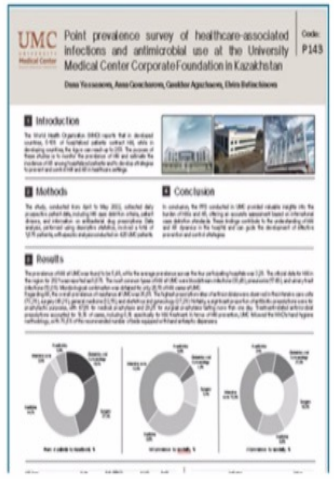
https://hls.kz/ru/piik-ru/collaboration-epidemiologists-ru

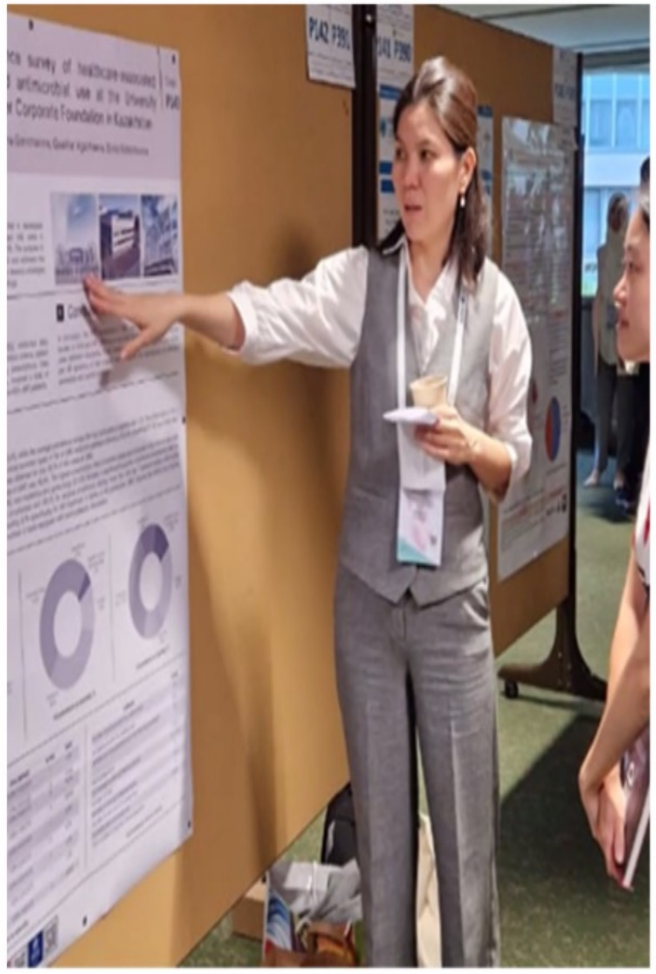
Creation of the national IPC education and training policy

Research and scientific activity at NCPH and support in health organizations

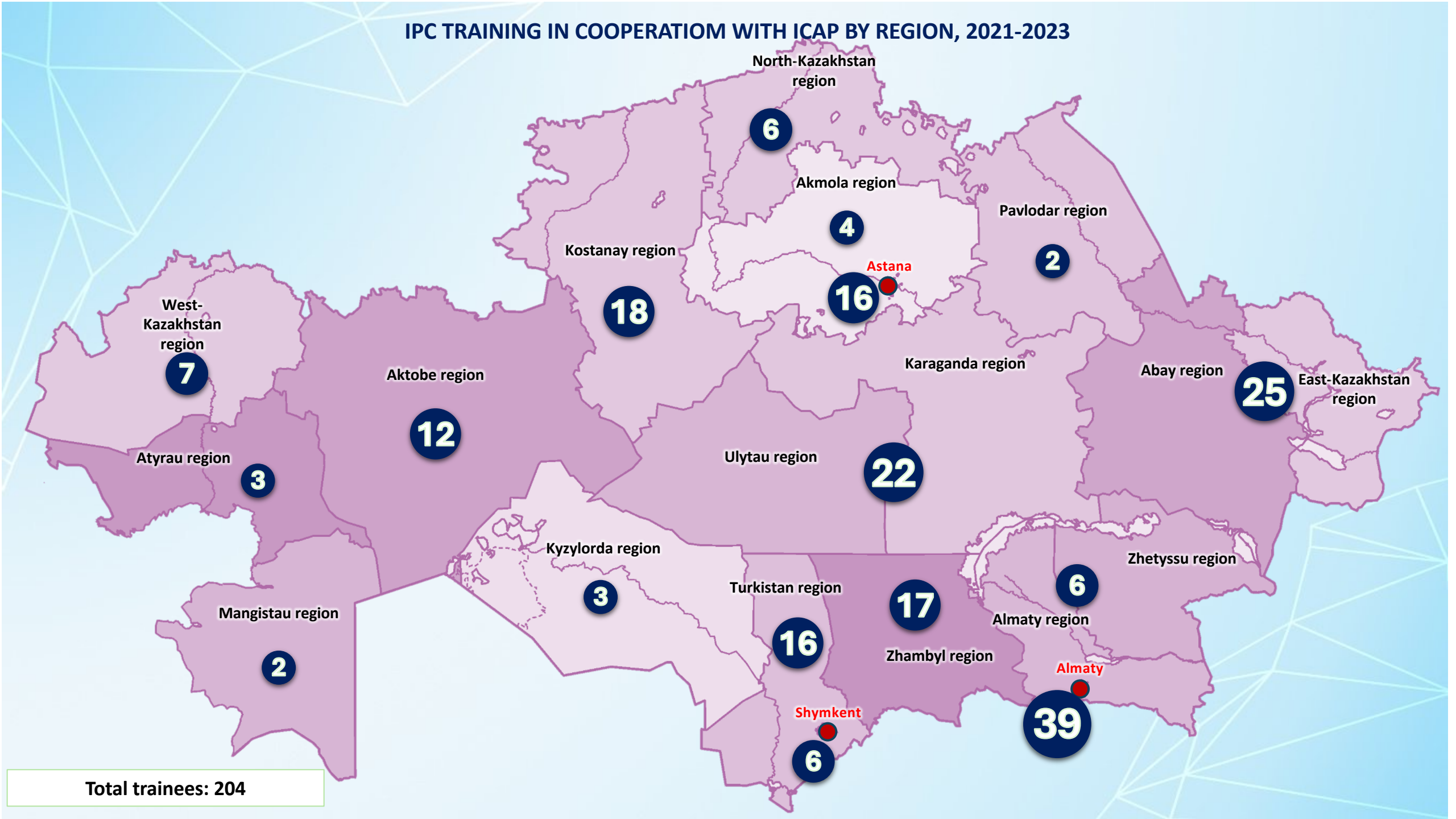








IPC TRAINING IN COOPERATIOM WITH ICAP BY REGION, 2021-2023



Total trainees: 204

Implementation of the School of Excellence in Infection Prevention and Control

Goal

- creating a pool of regional epidemiologists, IPC leaders
- IPC capacity building of regional health care facilities

Objectives

- assess health care facilities using the WHO IPCAF tool – schools of excellence
- strengthen the national IPC system
- establish a national IPC cooperation and training network

NCPH international cooperation on IPC and AMR

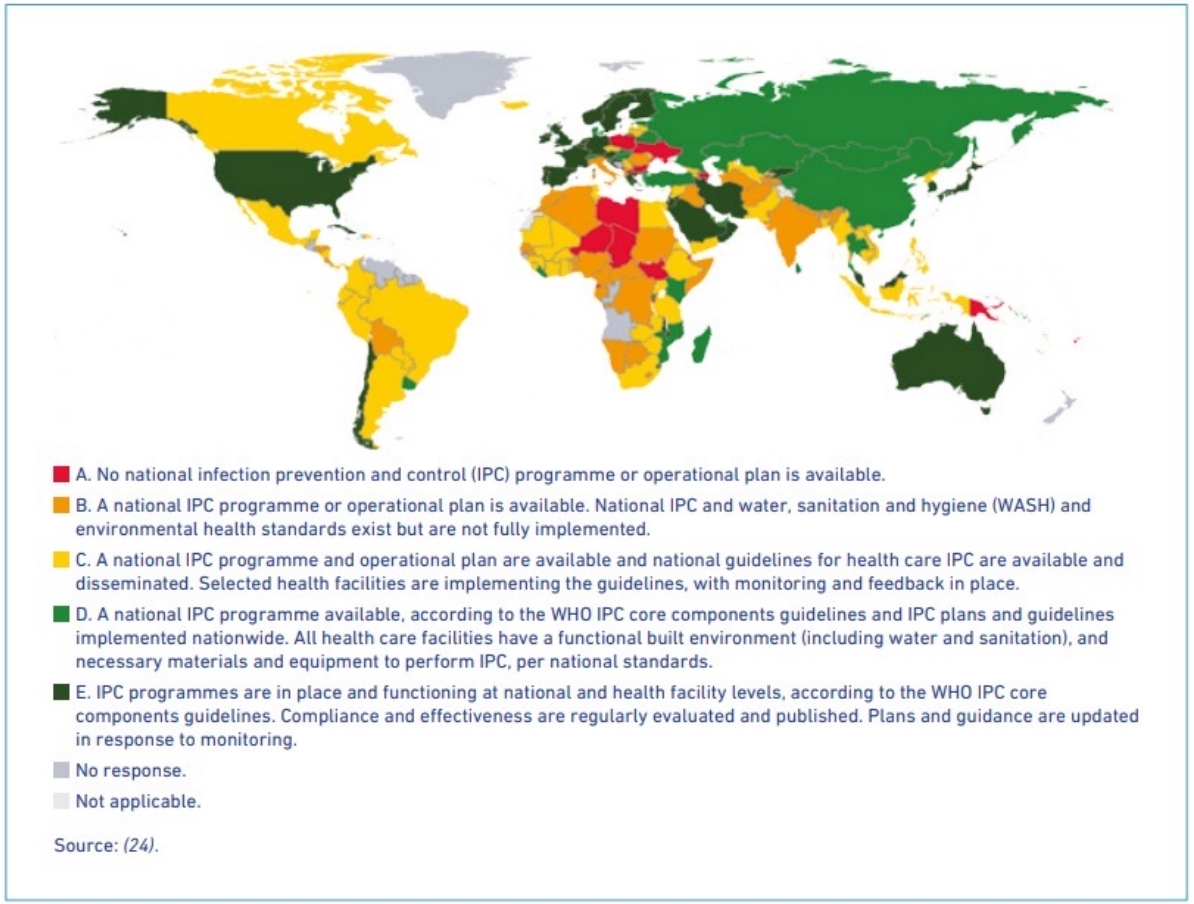
World Health Organization
European Region

unicef
әрбір бала үшін
for every child
для каждого ребенка

CENTRAL ASIA FETP
Программа Полевой Эпидемиологии

icap Global Health

World Health Organization et al. Global report on infection prevention and control. – 2022.

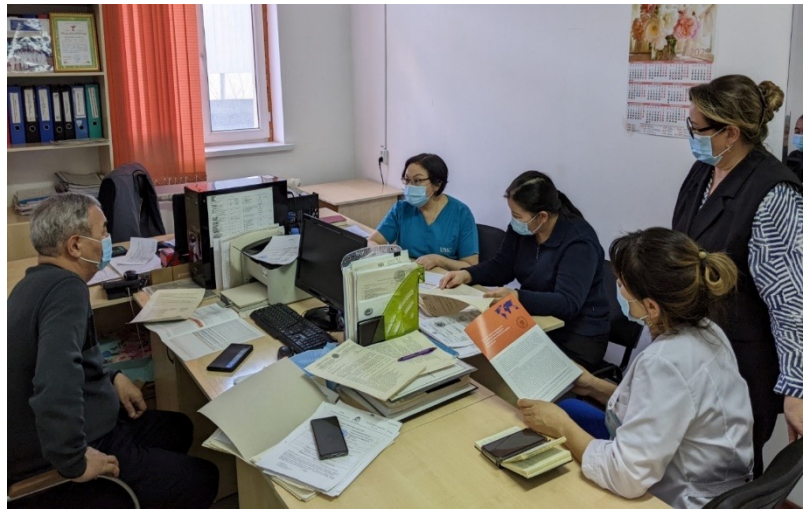


The key IPC Programme outcomes in Kazakhstan:

1. The country has a functioning National CRP Program with a funded action plan in place
2. National IPC Guidelines ready for implementation
3. National IPC curriculum revised
4. National Point Prevalence Study of HAIs and Antimicrobial Use conducted

https://apps.who.int/iris/handle/10665/354489

IPC improvement teamwork in Kazakhstan!



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Acknowledgements to

Ministry of Health of the Republic of Kazakhstan
Committee for Sanitary and Epidemiological Control MOH RK
International partners (WHO, USAID, UNICEF, CDC, ICAP and others)
Colleagues from the National Center for Public Health
Colleagues from the branch of the Scientific and Practical Center for Sanitary and Epidemiological Expertise and Monitoring
AMR Interagency Group
Territorial department of CSEC MOH RK
Territorial Health Departments
Visiting hospital epidemiologists in all regions of Kazakhstan