



Infection prevention and control program in medical and cosmetology institutions of Tajikistan

Davlatov F. A

Leading specialist of SGSEN

Tajikistan

History and promotion of IPC in health care institutions in Tajikistan



- 2012 - with the technical support of GIZ, the country developed the first guidelines for the prevention of nosocomial infections in maternity institutions of the country
- 2014 - development and approval of guidelines for the prevention of infections in medical institutions of the country (1119)
- 2018 - Development of the National AMR Plan
- 2019 - Joint external assessment of key components of the IHR
- 2021-2022 - Assessment of IPC at the level of health care facilities in the country (WHO and UNICEF)
- 2023- Country participation in the global assessment of IPC under the auspices of WHO
- 2022-2023 - Revision of the National IPC Guidelines
- 2024 - Development of standard operating procedures (SOPs)

Past



Until 2023, the implementation of IPC activities was regulated by order of the Ministry of Health and Social Protection of the Republic of Tajikistan No. 1119 dated December 27, 2014 .

This order consisted of 2 annexes:

- ✓ Hygienic requirements for the placement, design, equipment and operation of hospitals, maternity hospitals and other medical hospitals
- ✓ **National guidelines for the prevention of infections in medical institutions of the Republic of Tajikistan**

This order has been suspended since 09/08/2023



From October 21 to October 25, 2019, a joint EEA of implementation of IHR was conducted in the Republic of Tajikistan with the involvement of international experts. (<https://iris.who.int/handle/10665/339323>)

IPC – score 2 points

Strengths and successful experience

- There are national guidelines for the prevention of infections in medical institutions of the Republic of Tajikistan.
- Local plans for IPC in healthcare facilities have been developed.
- There is a program for advanced training of medical workers

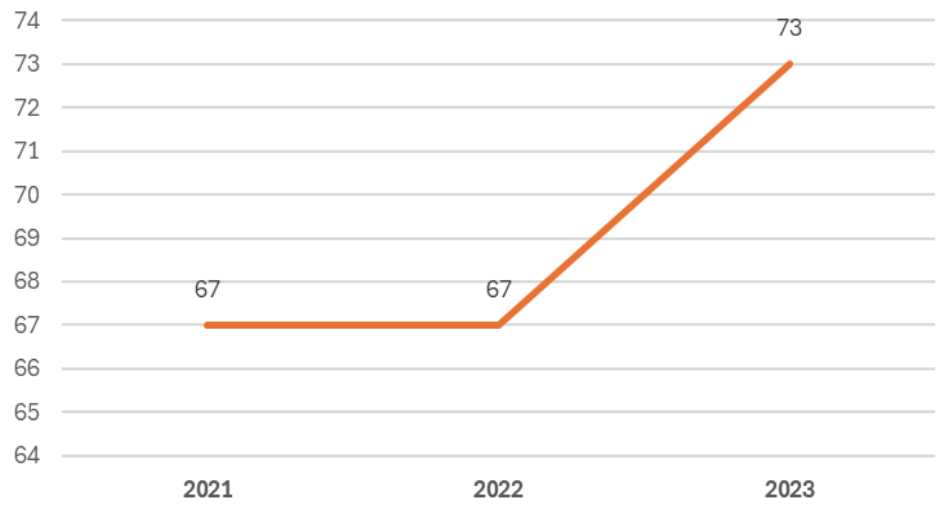
Components needing strengthening and challenges:

- IPC measures for livestock and agriculture need to be developed and implemented, including strengthening the animal vaccination program.
- Food hygiene and handling of animals and meat in slaughterhouses and meat processing plants must be improved.
- Strengthening monitoring of IPC programs and their outcomes/impacts in health care facilities and livestock production facilities is necessary.

IHR States Parties Self-Assessment Annual Report (SPAR)



Средний потенциал страны по профилактике и контролю инфекций:



C9.1 IPC programme

An active national IPC programme exists, and a national IPC operational plan according to the WHO minimum requirements is available. National guidelines/standards for IPC in health care are available and disseminated. Selected health facilities are implementing guidelines using multimodal strategies, including health workers' training and monitoring and feedback.

Year	C9.2. HCAI surveillance
2023	A national strategic plan for HCAI surveillance (including antimicrobial resistant pathogens that are antimicrobial resistant and/or prone to outbreaks) is available and implemented nationwide in all health care facilities through a national system according to the WHO recommendations on IPC core components. Regular reports are available for providing feedback.
2022	
2021	No national HCAI surveillance programme or national strategic plan for HCAI surveillance, including pathogens that are antimicrobial resistant and/or prone to outbreaks is available or under development.



C9.3. Safe environment in health care facilities

2021

National standards and resources for safe environments such as WASH in health facilities, including appropriate infrastructure, materials and equipment for IPC; and standards for optimizing staffing levels in health facilities in line with WHO minimum requirements exist and are being implemented in health facilities at the national level as part of the national plan.

2022

2023

National standards and resources for safe environments such as WASH in health facilities, including appropriate infrastructure, materials and equipment for IPC; and standards to reduce overcrowding and optimize staffing levels in health facilities in line with WHO minimum requirements, implemented at national and intermediate levels in line with the national plan

Burden of Antimicrobial Resistance (AMR)



Burden of AMR in Tajikistan

- In Tajikistan, in 2019, 4,800 AMR-related deaths.
- Tajikistan ranks 71st in age-standardized AMR-related mortality rates per 100,000 population among 204 countries worldwide
- The number of deaths from AMR in the country exceeds the number of deaths from respiratory infections and tuberculosis, maternal and neonatal diseases, digestive diseases, other non-communicable diseases, diabetes and kidney diseases. diseases, other non-communicable diseases, and diabetes and kidney diseases. diseases.



Source: [Tajikistan.pdf \(healthdata.org\)](#)

Burden of Antimicrobial Resistance (AMR)



Burden of AMR in Tajikistan

- An analysis of the State Service for Supervision of Pharmaceutical Activities of Tajikistan, Ministry of Health and Social Protection for the period from 2014 to 2020, showed:
- In the period from 2014 to 2016, the share of antibacterial drugs of the “**Access-Access**” group in Tajikistan was about 60%, since 2017 the minimum (on average 16 patients / 1000 inhabitants), **almost doubled in 2020 (30 patients per 1000 inhabitants) are received antibiotics every day or 286,140 people receive one antibiotic per day**.
- in 2020, the share of drugs in the observation group - **Watch** reached 60% of total consumption.
- According to the latest data, on average 30 patients per 1000 inhabitants receive antibiotics daily. This means that every day 286,140 people



Source: [Tajikistan.pdf \(healthdata.org\)](#)

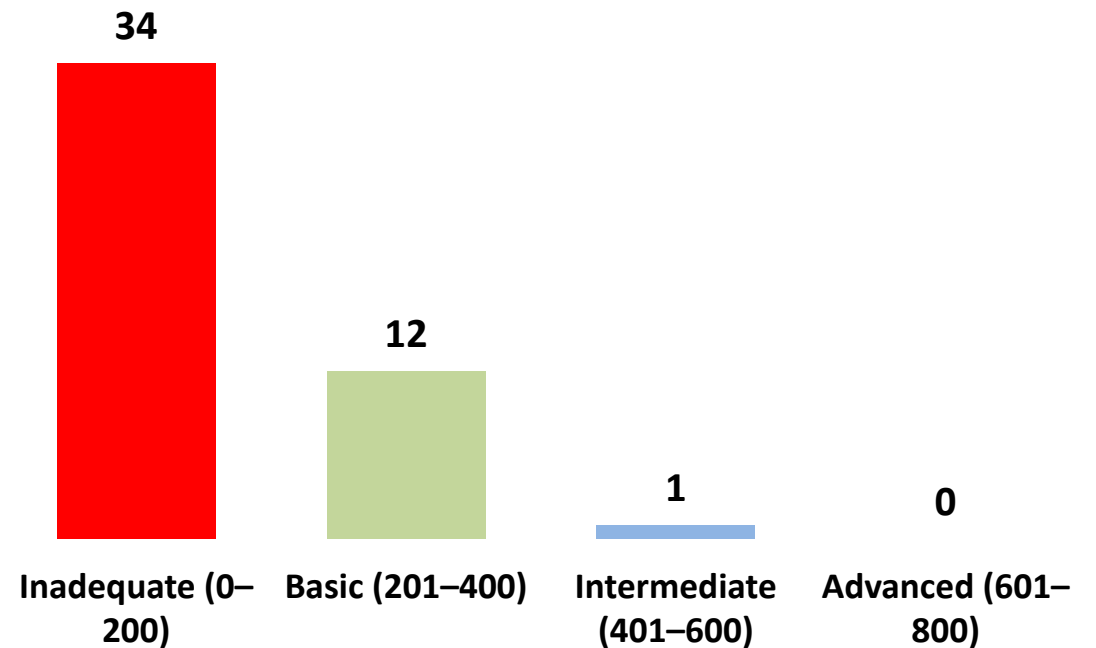
Basic assessment of IPC in 295 health facilities

(2021, UNICEF and WHO)

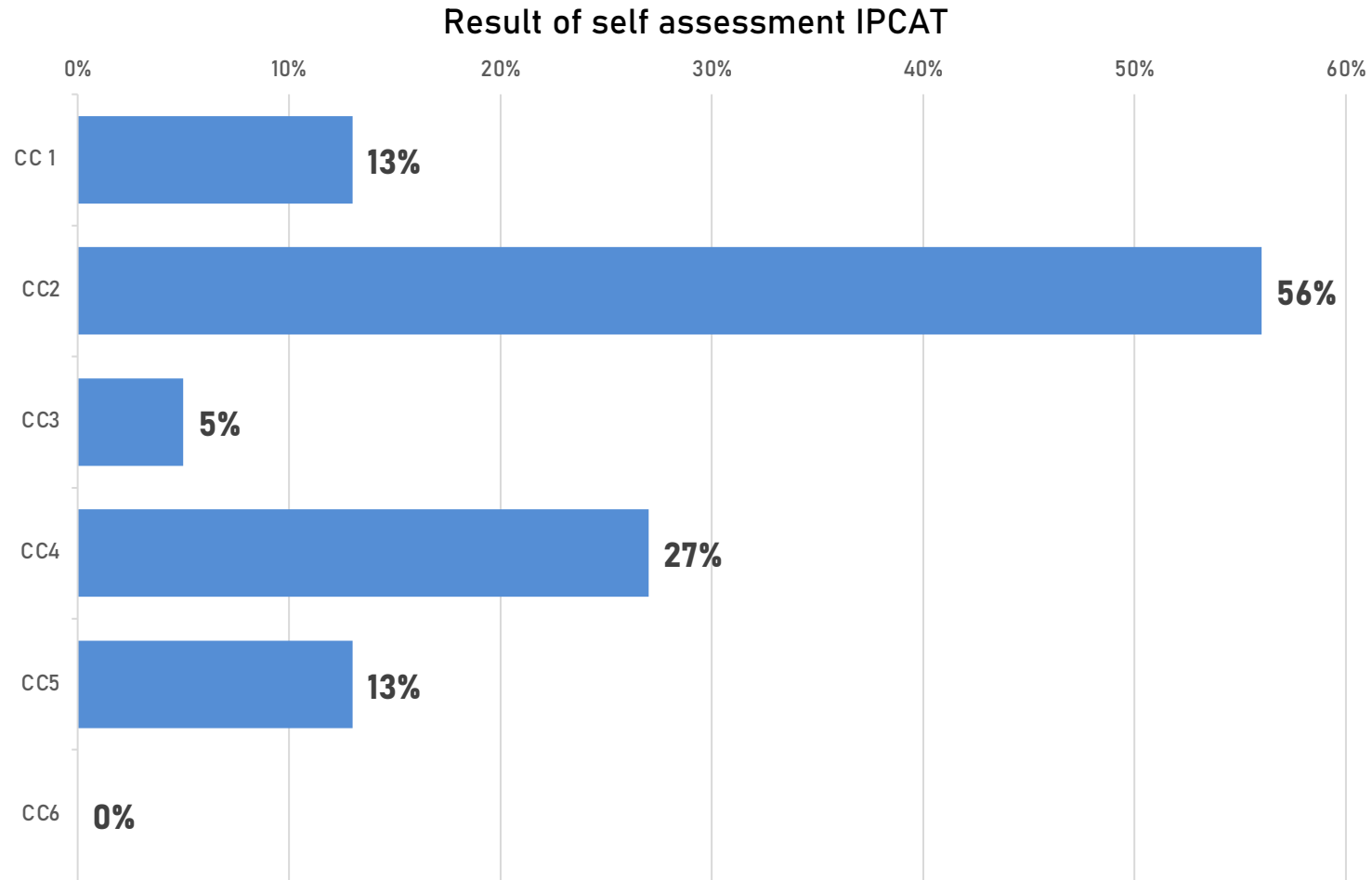


IPC score by district (n-47)

✓ The overall compliance with IPC measures and practices in all selected institutions (295) is rated as “unsatisfactory”



Results of self Assessment IPCAT- 2022



Current IPC situation



WHO & UNICEF Conducted IPCAF Assessment 2021-22 result submitted to MoHSPP

Established National IPC Technical Working Group

Revised National IPC Guidelines, submitted and approved by MoHSPP

Developed Standard Operating Procedures (SOPs)

Conducted Master IPC training to 50 National Trainer of Trainees (ToTs)

Adopted WHO In-service curricula

Developed IPC Training packages for PHC, Hospital Levels and Managers and cascaded foundational IPC trainings

Initiated training of IPC Monitoring and Evaluation team

Activities for implementation of IPC in health care facilities in Tajikistan



SHORT-TERM:

1. Introduction of a separate staffing unit with salary determination - responsible personnel for IPC in medical institutions
2. Ensure availability of guidance at the level of health care facilities in the country
3. Initiate integration of IPC topics into pre- and in-service training curriculum, in order to sustain and fully integrate IPC within health system
4. Systematic training of all health care facility staff on IPC issues, considering the financial capabilities of health care facilities, widely introduce the practice of training health workers in the workplace
5. Develop standard case definitions for HAIs
6. Strengthen control over epidemiological investigation and registration of each case of HCAI at the institutional level
7. Strengthen the system for monitoring and evaluating the implementation of IPC components at the health care facility level
8. Revision of registration and reporting forms for registering cases of HCAI (Order 133 of 2019)





MEDIUM-TERM ACTIONS:

1. Determination of a separate line of budget financing for IPC activities
2. Vaccination against Hepatitis B Virus of risk groups of medical personnel
3. Organization of centralized purchase of disinfectants and detergents, suture and dressing material, surgical instruments, etc.

LONG-TERM EVENTS :

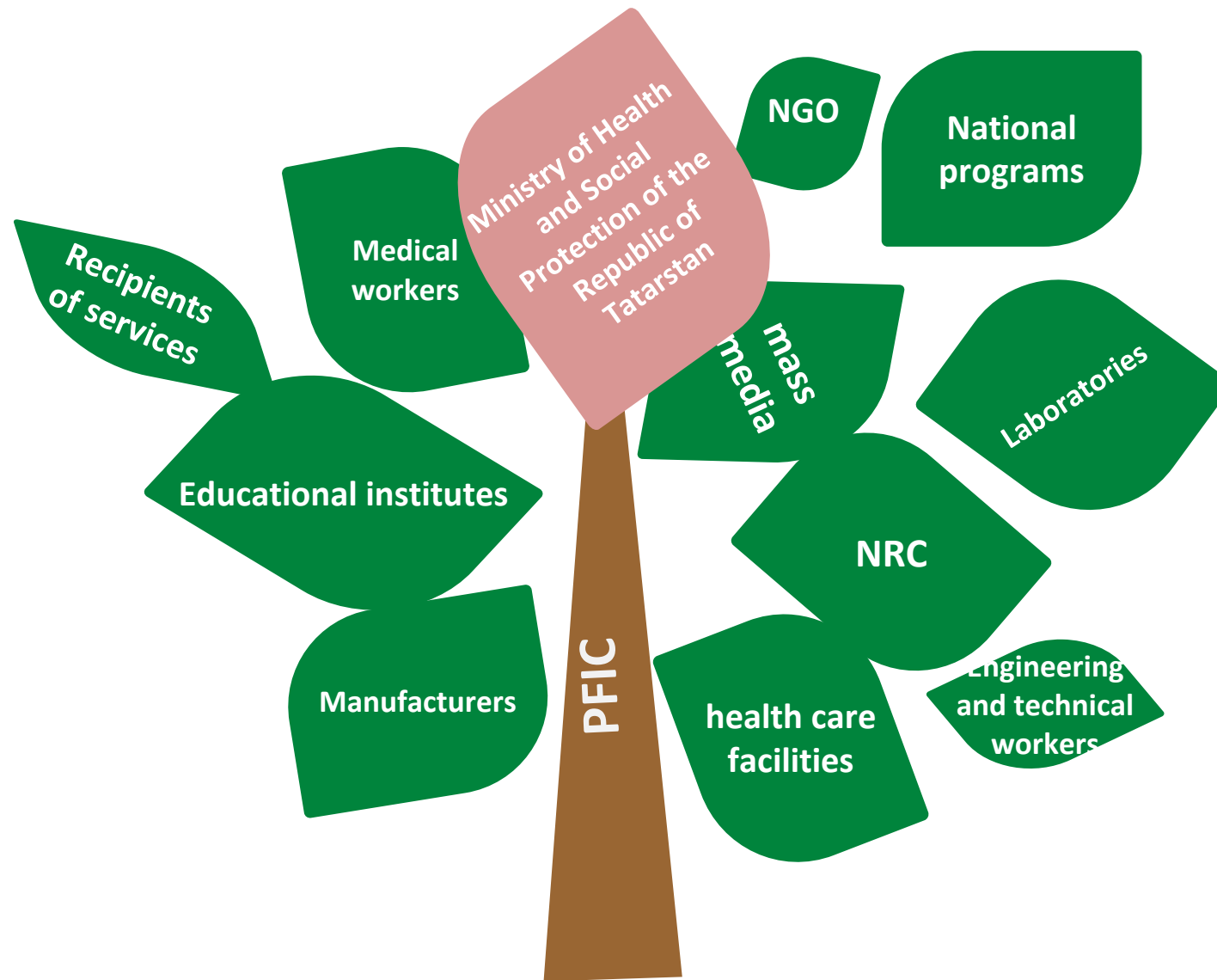
1. Organization of centralized sterilization service departments at healthcare facilities
2. Organization of a centralized laundry at all health care facilities with separate washing of staff uniforms and patient bedding
3. Widespread introduction of steam autoclaving of reusable medical instruments
4. Disposal of medical waste using modern technologies and equipment strictly following the country's regulatory documents

Issues related to inefficient implementation of IPC



- Limited resources (financial and human)
- Poor infrastructure – no running water
- Wear and tear of medical and technical equipment
- Disagreements of a recommendatory nature with other current industry regulations
- Lack of local production of disinfectants and detergents;
- Insufficient capacity of microbiological and bacteriological laboratories
- Lack of diagnostic capabilities for AMR at all levels
- Imperfection of the system for monitoring and evaluating program implementation
- Resisitance to change the attitude and practices of healthcare workers towards IPC

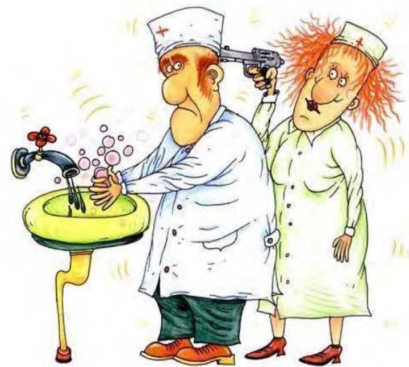
**IPC is
everyone's
concern**



THANK YOU FOR YOUR ATTENTION



Hand hygiene compliance
is a problem !



IPC key partners

