

Infection prevention and control assessment by the Government: A crucial step

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Infection prevention and control (IPC) is a cornerstone of public health management. The increasing prevalence of pandemics, antimicrobial resistance, and hospital-acquired infections (HAIs) has elevated the importance of effective infection prevention strategies. It has been established that the four major HAIs—urinary tract infections, hospital- and ventilator-associated pneumonia, central line bloodstream infections, and surgical site infections—significantly contribute to morbidity and mortality in hospitals. World Health Organization (WHO) reported that the burden of HAIs is significantly higher in low/middle-income countries (LMICs), with an estimated two to 20 times greater than in high-income countries.¹

The implementation of IPC measures has been shown to reduce HAIs. Notably, consistent and effective hand hygiene practices can decrease HAIs by 30-50%.² WHO formulated eight core components of infection prevention and control, which, if implemented, can significantly improve the quality of patient care. An assessment form; the Infection Prevention and Control Assessment Framework (IPCAF) has been designed in order to score the level of infection control measures in a particular hospital, where by the hospitals can assess and plan IPC measures accordingly.³

In 2015, after the Ebola outbreak, World Health Assembly under the International Health Regulations (IHR) document recommended the formation of Joint External Evaluation (JEE) teams. The aim of the JEE is to support countries' capacities to prevent public health events and rapidly mount an effective multi-sectoral response.³ JEE then started conducting consultations with experts of different countries to jointly evaluate the host country's capacities. JEE teams visited Pakistan in 2016 and 2023 and generated detailed reports. They found that infection prevention and control capacity scored the least.⁴

As a result, the National Institute of Health (NIH) Islamabad, in collaboration with the Global Fund, selected 100 tertiary care hospitals throughout Pakistan

for strengthening IPC implementation, HAI surveillance, and reporting. In Sindh, 20 hospitals were selected, and an orientation meeting was held in November 2024. All selected hospitals were required to submit their IPC committee structures and terms of reference. Subsequently, a government team visited the hospitals to assess their IPC programs using the IPCAF tool. This assessment was completed in May 2025. Current plans focus on capacity building of hospital staff, beginning with the development of a group of master trainers who will be responsible for education and training.⁵

This initiative is highly commendable and is expected to significantly impact IPC awareness and implementation in many ways. Firstly, the engagement of hospital administrations by a government team will undoubtedly increase the perceived importance of IPC among stakeholders. This may lead to greater compliance and increased budget allocations for IPC. Secondly, the baseline evaluation of all 20 hospitals will enable them to assess their current status and develop targeted capacity-building plans. The allocation of dedicated personnel and a fixed budget, along with regular audits and HAI surveillance, can greatly improve infection rates and enhance patient care in these hospitals.

REFERENCES

1. Allegranzi B, Nejad BS, Combescure C, Graafmans W, Attar H, Donaldson L, et al. Burden of endemic health-care-associated infection in developing countries: systematic review and meta-analysis. *Lancet*. 2011; 377: 228–41. DOI: [https://doi.org/10.1016/s0140-6736\(10\)61458-4](https://doi.org/10.1016/s0140-6736(10)61458-4)
2. World Health Organization & WHO Patient Safety. WHO guidelines on hand hygiene in health care. World Health Organization. 2009. Available from: <https://iris.who.int/handle/10665/44102>
3. Storr J, Twyman A, Zingg W, Damani N, Kilpatrick C, Reilly J, et al. Core components for effective infection prevention and control programmes: New WHO evidence-based recommendations. *Antimicrob Resist Infect Control*. 2017; 6: 6. DOI: <https://doi.org/10.1186/s13756-016-0149-9>

4. Kandel, Nirmal et al. Joint external evaluation process: bringing multiple sectors together for global health security. *Lancet Glob Health*. 2017; 5 (9): e587-e858. DOI: [https://doi.org/10.1016/s2214-109x\(17\)30264-4](https://doi.org/10.1016/s2214-109x(17)30264-4)
5. Joint external evaluation of the International Health Regulations (2005) core capacities of Pakistan: mission report, 15- 24 May 2023. Geneva: World Health Organization; 2025. Available from: <https://iris.who.int/bitstream/handle/10665/380882/9789240106338-eng.pdf?sequence=1>

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