

Country-level Implementation of Infection Control Tools: Trip Report of an Initial Exploratory Visit to South Africa in July-August 2006

Wonder Goredema

October 2006



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Strategic Objective 5

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About RPM Plus

RPM Plus works in more than 20 developing and transitional countries to provide technical assistance to strengthen drug and health commodity management systems. The program offers technical guidance and assists in strategy development and program implementation both in improving the availability of health commodities—pharmaceuticals, vaccines, supplies, and basic medical equipment—of assured quality for maternal and child health, HIV/AIDS, infectious diseases, and family planning and in promoting the appropriate use of health commodities in the public and private sectors.

Abstract

RPM Plus technical staff Wonder Goredema traveled to South Africa July 19 to August 3, 2006 to disseminate and explore opportunities for implementing the infection control assessment tools developed collaboratively by RPM Plus and Harvard. He coordinated plans with RPM Plus team members and discussed the tools with key contacts at the Department of Health and at Kimberley Hospital Complex, Phalolong Provincial Hospital, Rustenberg Provincial Hospital and Tygerberg Academic Hospital. The tools were well accepted.

Recommended Citation

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Key Words

Antimicrobial resistance. Infection control assessment tool. infection control quality improvement

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ACRONYMS

AMR	antimicrobial resistance
COHSASA	Council for Health Services Accreditation of South Africa
DOH	Department of Health
HIV/AIDS	Human immunodeficiency virus/acquired immunodeficiency syndrome
IC	infection control
ICAT	infection control assessment tool
IPC	infection prevention and control
KHC	Kimberley Hospital Complex
MSH	Management Sciences for Health
NCI	nosocomial infection
PPH	Phalolong Provincial Hospital
QA	Quality Assurance
RPM Plus	Rational Pharmaceutical Management Plus
RPH	Rustenberg Provincial Hospital
SA	South Africa
UIPC	Unit for Infection Prevention and Control
USAID	United States Agency for International Development
WHO	World Health Organization

BACKGROUND

The WHO Global Strategy for Containment of AMR¹, recommends multiple interventions to slow the emergence and spread of AMR, including the establishment of infection control programs in hospitals. Although guidelines for infection control are available in most hospitals, adherence to the guidelines remains a problem in low-resource countries. With USAID support, the Rational Pharmaceutical Management Plus (RPM Plus) Program of Management Sciences for Health (MSH) has collaborated with Harvard Medical School to develop and test an infection control quality improvement approach that combines an infection control assessment tool (ICAT) and implementation of rapid cycle quality improvement methods to improve infection control in hospitals in low-resource countries. The approach promotes teamwork among hospital staff in using the ICAT to assess existing infection control practices and then applying quality improvement tools to develop, implement and monitor appropriate low-cost changes to improve the practices.

The approach was initially developed and field-tested in tertiary hospitals in the Philippines². The assessment tools were then adapted for use in low-resource hospitals and field-tested again in Uganda³. Finally twenty-one ICAT modules, an accompanying manual, five checklists for monitoring adherence to interventions and various infection control and quality improvement materials and resources from reputable international organizations were assembled on a CD and submitted to RPM Plus.

RPM Plus is now finalizing the CD and planning on disseminating the assessment tools and appropriate materials on the CD for initial implementation in a few interested countries in Africa. The goal in each country will be to provide technical assistance and support for initial ICQI activities, including an in-country training workshop to share participating hospitals' priority infection control problems, collectively identify focused low-cost solutions, develop proposals for implementing the tools at the hospitals and decide a timeline for implementation and review. This will be followed by implementation of the tools and a review workshop where participants from the participating hospitals will share experiences and ideas from early implementation and develop plans for disseminating the tools within and beyond the hospitals. RPM Plus plans to use the feedback from these countries on experiences, lessons learnt and recommendations to further adapt and upgrade the CD to self-learning format and then disseminate it on a wider scale.

South Africa (SA) has had reports of AMR, including resistance to treatments for common infections. Cases of extensively drug resistant tuberculosis have also been reported. The national Department of Health (DOH) recently produced a draft national infection prevention and control

¹ World Health Organization. 2001. *Global Strategy for Containment of Antimicrobial Resistance*. Geneva. WHO.

² Pearson S. *Trip Report: Infection Control final Assessment*. 2004. Submitted to the U.S. Agency for International Development by the Rational Pharmaceutical Management Plus Program. Arlington, VA: Management Sciences for Health.

³ Ross-Degnan D. C., Huskins. D. Goldmann. A. Payson. *Implementing Hospital Infection Control Guidelines: A Standardized Approach Involving the Infection Control Assessment Tool (ICAT) and Rapid Cycle Quality Improvement. Uganda Field Test Final Report, June 2006*. Submitted to the U.S. Agency for International Development by the Rational Pharmaceutical Management Plus Program. Arlington, VA: Management Sciences for Health.

strategy⁴ that identifies gaps in hospital infection control and highlights strategic action areas. A draft national infection prevention and control policy⁵ has also been produced. Implementation of the RPM Plus infection control tools could complement on-going IC activities in hospitals in SA.

Purpose of Trip

Wonder Goredema traveled to SA July 19 to August 3, 2006 to study the infection control situation there, familiarize in-country partners and hospital management with the RPM Plus infection control tools and explore opportunities for implementing the tools.

Scope of Work

The scope of work for the visit included:

- i. Meeting with Mr. J. P. Sallet, Regional Technical Adviser for RPM Plus, SA and other RPM Plus team members to discuss appropriate plans, including identification of in-country partners.
- ii. Meeting with relevant DOH officials to brief them about the tools and discuss possible next steps.
- iii. Visiting hospitals suggested by in-country partners to meet with key contacts, including hospital management and IC teams, to brief them about the tools and map out possible next steps.
- iv. Debriefing USAID Mission officials, if requested.

⁴ South Africa Department of Health. 2006. *National Infection Prevention and Control Strategy, Draft*. Pretoria: Department of Health Department of Health. Republic of South Africa.

⁵ South Africa Department of Health. 2006. *National Infection Prevention and Control Policy, Draft*. Pretoria: Department of Health Department of Health. Republic of South Africa.

ACTIVITIES

Hold discussions with RPM Plus team members

Initial discussions were held with Mr. J. P. Sallet, the Regional Technical Adviser for RPM Plus, in SA and other RPM Plus office staff to review the prevailing situation and develop a plan for the visit. Key issues arising from the discussions included:-

- It is important to brief and seek the support of both the national and local DOHs and hospital officials, and to identify specific approaches for disseminating and implementing the IC tools at both levels.
- In general, only the bigger hospitals in SA have established infection control programs, and these are mostly active in academic centers. Infection control in some provinces falls under quality assurance (QA).
- Common hospital IC problems include lack of IC staff and established IC programs; inadequate training of staff on IC and poor adherence to IC guidelines.
- MSH/RPM Plus has no stand-alone country-level program on IC in SA. However, the project conducts provincial Pharmacy and Therapeutic Committee (PTC) courses that have a small module on IC.
- RPM Plus supports HIV/AIDS care, management and treatment activities at Kimberley Hospital Complex (KHC) in the Northern Cape Province, Rustenberg Provincial Hospital (RPH) in the North West province, Phalongsong Provincial Hospital (PPH) in Gauteng province. The RPM Plus infection control assessment tools and other IC interventions could be implemented to complement this on-going work.
- Collaboration with academic training programs for IC practitioners could provide the in-country expertise and resources to sustain implementation of the tools.

With the above in mind, it was agreed to visit and discuss the tools with key contacts at the national DOH in Pretoria, KHC, PPH, RPH and the Unit of Infection Prevention and Control (UIPC) at Tygerberg Academic Hospital.

Visit hospitals and meet and brief key contacts

Kimberley Hospital Complex

On July 25th Wonder visited KHC together with Shabir Banoo (Senior Program Associate responsible for North West Province) and Mupela Ntengu (Senior Program Associate for Northern Cape Province). KHC is a tertiary hospital in Kimberley, about 500 km SW of Johannesburg. It has about 700 beds and it is the referral provincial hospital for the province. The hospital serves a population of about 1 million, including the 200 000 inhabitants of Kimberley city. RPM Plus supports the HIV/AIDS treatment site at a satellite facility-Galeshewe Day Hospital. The team presented and discussed the tools with a group of 20 hospital staffers from various disciplines, including doctors, nurses, pharmacists, support services, QA people,

administrators and hospital managers (annex 1). Key issues from discussions at the hospital included:-

Key problems

- The hospital has no IC staff, no formal IC program.
- Nosocomial infections (NCIs) are sometimes reported from the Intensive Care Unit.

Opportunities

- The infection control assessment tools were well accepted. Implementation of the tools could complement efforts to reduce NCI rates in the hospital.
- A PTC training course, which included a module on IC, was conducted in Kimberley in June 2006. Provincial and hospital officials are motivated to start a functioning IC program and implement the assessment tools.
- The province has good institutional support for IC. Key people include the head of QA at the provincial DOH, Ms Cynthia Modise, the director of clinical support services, Mr. Farouk Shaikhmag, and the deputy director for QA at the hospital, Ms J. P. Bezuidenhout.

Rustenburg Provincial Hospital

On July 26th Shabir and Wonder visited RPH, in Rustenburg, the provincial capital for the North West Province, about 120km north of Pretoria. The hospital has about 350 beds. RPM Plus supports the HIV/AIDS treatment site at the hospital. The tools were presented and discussed with the chief executive officer of the hospital and representatives of the Council for Health Services Accreditation of South Africa (COHSASA) Steering group, the Health and Safety committee, QA and IC (annex 2). Key issues from discussions at the hospital included:-

Key problems

- Hospital staff lacks awareness about IC.
- There is no functioning infection control committee (ICC).
- The hospital lacks IC resources, including environmental cleaners.

Opportunities

- The CEO and other hospital representatives thought that the tools could complement the hospital's on-going preparations for a COHSASA audit.
- The COHSASA Steering group and Health and Safety committee are implementing activities to improve IC in the hospital, including the production and dissemination of information and education materials on IC throughout the hospital.

The hospital requested RPM Plus to make the same presentation on a later date to heads of departments to raise their awareness on IC.

Phaloesong Provincial Hospital

On July 27, the team visited and discussed the tools with the IC nurse at the 300-bed PPH. RPM Plus supports the HIV/AIDS treatment site at the hospital. The IC nurse accepted the tools and

planned to first brief and review the tools with key hospital staff before a decision could be made. Key issues included:-

Key problems:

- The hospital had no guidelines for IC, but there were guidelines for waste management.
- Compliance with IC practices was estimated at 50%.

Opportunities

- The hospital had a functioning IC unit with two IC nurses
- A hand washing campaign had previously been conducted in the hospital

Tygerberg Academic Hospital

On July 28th the team visited and discussed the tools with Professor Shaheen Mehtar, head of the Unit of Infection Prevention and Control at Tygerberg Academic Hospital, Stellenbosch University, Cape Town and member of the national infection control committee. Key issues from discussions included:-

Key problem

- Professor Mehtar felt that the RPM Plus assessment tools were rather complicated and unsuitable for initial rapid evaluations of hospital IC needs. The unit has used simpler tools to conduct rapid baseline evaluations of IC at Tygerberg Hospital and in hospitals in the Western Cape Province. She felt that the Unit's rapid assessment tool could be used to assess hospital needs, and the ICAT and other surveillance tools could then be used by the hospitals for self-assessment and monitoring of implementation and outcomes of IC interventions.

Opportunities

- The unit runs a 2-year post graduate diploma in infection control program for infection control practitioners. They are also developing short hospital-based courses on IC to promote awareness and safe practices among healthcare workers and to ensure support for IC programs by health administrators and managers.
- RPM Plus and the in-country IC program could explore opportunities for collaborating with the UIPC in implementing the ICAT to complement the Unit's planned hospital-based course for healthcare managers.

Meet and brief DOH officials

National Department of Health, Pretoria

On August 2nd the team met and discussed the tools with Dr. Louis Claassens, the Director of QA at the national DOH in Pretoria. Also present at the meeting were the Assistant Director responsible for IC and the head of the Epidemiology and Surveillance Unit within the QA department.

Key observations

- The DOH team embraced the RPM Plus tools, which they hoped could complement implementation of the national IPC policy and strategy. They thought that the tools could be utilized to complement training materials to improve patient safety and IC in hospitals and for conducting baseline assessments of the IC situation in the hospitals. They looked forward to further collaboration in optimizing the materials.
- The team noted that national and provincial DOHs and hospitals need to further review the tools and then perhaps collaborate with local IC experts to pilot, adapt and optimize the tools into generic materials appropriate for SA. Standardized training packages for short courses on IC could also be developed.
- Based on the draft national IPC Strategy and draft IPC Policy, the DOH is planning or implementing various infection control activities.

DOH Activities

- Have evaluated IPC practices in sampled hospitals as part of COHSASA. Recommendations for injection safety in SA will be developed, based on the results.
- Currently working on updating existing guidelines for IC.
- Planning to conduct in-service training for nurses, starting with training of trainers
- Currently developing a monitoring and evaluation framework for IC.
- Planning a major hand washing campaign.
- Developing a training manual for QA practitioners.

Problem

- There is no surveillance system for NCIs

Overall observations

- Officials at the DOH and visited hospitals appear to be interested in further reviewing and implementing the RPM Plus assessment tools. The national DOH wants to adapt and optimize the tools into generic materials appropriate for use to complement implementation of the national IPC policy and strategy. The hospitals want to implement the tools to improve their IC status.
- Opportunities include support from QA officials at the national DOH; provincial and hospital officials at KHC; hospital officials at RPH. Opportunities should be explored for collaborating down the road with local academic programs on infection control.
- The Ministry of Health and four hospitals in Swaziland are also interested in implementing the tools
- RPM Plus will coordinate with the DOHs and relevant hospital officials in implementing next steps, including conducting training workshops and implementing the tools.

Collaborators and Partners

- The continued support of RPM Plus technical staff in SA is crucial for successful implementation of the tools.

- The support and collaboration of the national and provincial DOHs is important for the activity. RPM Plus will continue to coordinate with DOH in SA and the MOH in Swaziland in implementing the tools.
- Key contacts in the Northern Cape Province include the provincial QA manager, Ms Cynthia Modise, the director of clinical support services at KHC, Mr. Farouk Shaikhmag, and the deputy director for QA at KHC, Ms J. P. Bezuidenhout. All three are supporting efforts to move ahead with next steps. The key contact at RPH is the head of the ICC, [Dr. de Flamingh](#). It will be important to continue coordinating next steps with them.
- Key people in Swaziland include the Chief Pharmacist and MSH's primary contact at the MOH, Mrs. Thuli Sibiya and the national IC coordinator based at Mbambane Government Hospital, Ms Thabisile Dlamini.
- The current and planned training programs on IC at Tygerberg Academic Hospital all tie in well with the goal of improving the quality of IC services and containing NCIs at hospitals in SA. Opportunities should be explored for collaborating with this or similar academic programs.

NEXT STEPS

Immediate Follow-up Activities

Post-visit activities

- In August the provincial QA manager for Northern Cape Province and RPM Plus staff initiated arrangements for implementing the tools at Kimberley Hospital Complex and Kuruman District Hospital.
- An infection control committee has been formed at RPH. RPM Plus technical staff will present the assessment tools to the committee and hospital HODs in November 2006.
- In August to September RPM Plus staff discussed the tools with Ms. Thabisile Dlamini, the national coordinator for IC in Swaziland, based at Mbambane Government Hospital. Four institutions (Mbambane Government Hospital, RFM Hospital in Manzini and two district hospitals-Sithobela Health Centre and Dvokolwako Health Centre) were identified to pilot the approach in Swaziland. RPM Plus staff visited and disseminated the tools to all four hospitals. A letter confirming the support of the Ministry of Health has since been received.

Next steps

- RPM Plus plans to provide technical assistance and support for initial training, implementation and review activities in South Africa and Swaziland.
- RPM Plus technical staff to meet with Dr. Claassens to confirm DOH support and finalize next steps. Group training workshops are planned for South Africa (subject to confirmation of DOH support) and Swaziland.
- Next steps for implementing the tools at identified hospitals will include:-
 1. Set up an ICC
 2. Further review the tools and communicate feedback on comments or recommendations on the tools to RPM Plus; coordinate with RPM Plus in preparing for training on the tools.
 3. Infection control teams from the hospitals participate in training on the tools.
 4. The hospitals implement the tools and provide feedback to RPM Plus.
 5. The same infection control teams participate in a review workshop.

Recommendations

- RPM Plus needs a country-level IC activity to build capacities and put in place mechanisms for improving and monitoring the quality of IC activities at facility level. The RPM Plus assessment tools would complement the IC program.
- RPM Plus could implement IC activities in hospitals, including training and implementation of the infection control assessment tools, as part of the on-going support for HIV/AIDS care, management and treatment work. The IC activities could be implemented to complement current interventions at existing HIV/AIDS treatment sites like KHC in the Northern Cape and RPH in the North West Province. There is need to explore possibilities for utilizing existing funds in that regard.

- To ensure sustainability, in-country IC programs should explore opportunities for collaborating with in-country IC experts in providing technical assistance and support to hospitals in implementing the infection control assessment tools and other activities. Possibilities should be explored for leveraging resources for the collaboration from within the country operating plan.
- Surveillance systems for nosocomial infections should be put in place.

Important Upcoming Activities or Benchmarks in Program

- RPM Plus is planning on holding in-country training workshops on the assessment tools in South Africa and Swaziland.

ANNEX 1. REPORT ON THE VISIT BY RPM PLUS TECHNICAL STAFF TO KIMBERLEY HOSPITAL COMPLEX

REPORT ON A VISIT BY A DELEGATION FROM RPM PLUS TO KIMBERLEY ON TUESDAY 25 JULY 2006

The delegation consisted of three members:

Prof S Banoo

Dr W Goderema

Mr. M Ntengu

The delegation arrived at the Pharmaceutical depot where Mupela introduced the members and gave an overview of the visit.

Shabir gave a brief explanation of the presentation on Pharmacovigilance which he would make later in the day.

Wonder shared his experiences on Infection control.

Farouk informed the meeting about the status of the Provincial PTC. Dr H Shabbir (CEO Kimberley Hospital Complex) has nominated members for the PTC and the first meeting will take place early in August 2006. Dr Shabbir will chair the meeting.

Shabir Banoo and Wonder were taken on a tour of the depot while Mupela held a meeting with Dr Chris Vd Blink.

Infection Control Presentation

Attendance List

Dr A Kantani – Medical Officer – Family Medicine

Ms E Fourie – Communications

Ms JP Bezuidenhout – Quality Assurance

Ms V Orpen-Paediatrics

Ms J Francis – Human Resource Development

Sr Lekoma – Wellness Centre

Ms E Weenink – NHLS laboratory

Ms J Du Plooy – Radiology

Ms L Mulovhedzi- Pharmacy

Mr F Shaikhmag- Clinical support Services

Dr H Saeed – Family Medicine

Dr W Salie – Maxillo Facial Department

Dr C Vd Blink- Pharmaceutical depot

Mr P Jacobs- Environmental Health

Ms P Baitswa- TB Control Programme

Ms N Crisp- Communicable Diseases

Ms C Modise – HIV and AIDS unit

Dr Sosa – Anaesthetics

Dr Vd Berg – Intensive Care

Ms D Makweya- Clinical Support Services

At 10:00 Wonder gave a presentation on Infection Control to a multidisciplinary team. He explained what infection control entails and the 21 modules which were developed. These modules will be piloted at KHC.

Ms JP Bezuidenhout will drive the Infection Control Programme.

Visit to ARV site at Galeshewe Day Hospital (GDH)

The delegation visited the area from which ARV's are dispensed. The room does not comply with GPP and plans are underway to revitalize the area so that it is in line with GPP.

The delegation also visited the Main Pharmacy at GDH. **Stock cards were not in place and stock was lying on the floor.** Corrective measures will be taken as soon as possible. The matter was reported to the Chief Pharmacist, Ms L Mulovhedi.

The ARV Pharmacy will be a satellite of the Main Pharmacy.

LUNCH

Visit to Kimberley Hospital (KH)

The delegation visited the following areas; Ward A1; Accident and Emergency Unit; Pharmacies; Clinics and the proposed site of the Clinical Resource Centre.

Three rooms will be utilized for the Clinical Resource Centre and it is envisaged to have 10 computers with internet access; library and journals.

A formal request will be forwarded to RPM Plus to assist in the development of the Clinical resource Centre.

Pharmacovigilance Meeting

Attendance List

Dr H Saeed – Family Medicine
Dr A Kantani – Family Medicine
Dr K Rautenbach- Paediatrics
Dr Y Pakade – Infectious Diseases Unit
Ms C Modise – HIV and AIDS unit
Mr F Shaikhmag – Clinical Support Services
Ms J Herbert – Pharmaceutical Services
Sr D Mooketsi- Obstetrics and Gynaecology.

Prof Shabbir gave an overview of Pharmacovigilance; explained the different reporting paradigms; informed the meeting about the training that is necessary and of the forms that are currently used in other centres.

The following decisions were taken

- Tentative dates for the first training session will be 1 and 2 September 2006.
- There will be 2 training sessions. In each session a maximum of 25 persons will be trained.
- The target group for the training will be doctors; Pharmacists; PHC nurses; Medical Technologists and counselors.
- Cynthia Modise will coordinate the training from the Departmental side.
- The training will cover health workers from all districts.
- Shabbir Banoo will forward the forms currently in use as well as a Pharmacovigilance guide.
- Cynthia will identify the sites for the piloting of the Pharmacovigilance program
- People will be trained in the Province so that they can train others ensuring continuity and sustainability.

END OF DAY

The Northern Cape Department of Health expresses their sincere appreciation to RPM Plus and the delegates who visited the province and shared their knowledge with the health workers in the Province. Your support in enhancing health programmes in the province is noted and acknowledged.

Report compiled by Farouk Shaikhmag.
26 July 2006.

**ANNEX 2. ATTENDANCE LIST; INFECTION CONTROL MEETING;
RUSTENBERG PROVINCIAL HOSPITAL; JULY 26, 2006**

Name	Department
Ms Bolokwe	Hospital CEO
Mrs. E. B. Wenhold	COHSASA Steering Group
M. Ramathepe	Health and Safety
M. Modisakeng	Quality Assurance
K. M. Mtshabele	Infection Control
A. Venter	Physiotherapy

ANNEX 3. REQUEST FOR COUNTRY CLEARANCE

To: Marie McLeod, USAID/South Africa

From: Management Sciences for Health (MSH)/Rational Pharmaceutical Management Plus (RPM Plus) Program, Cooperative Agreement # HRN-A-00-00-00016-00

Subject: Request for Country Clearance for travel for Wonder Goredema to Pretoria, South Africa from July 19 to 30, 2006.

Copy: Anthony Boni/Global HPSR/CTO RPM Plus
Kama Garrison, Pharmaceutical Management Advisor, USAID/GH
Douglas Keene, Director, RPM Plus
Maria Miralles, Deputy Director, RPM Plus
Jean-Pierre Sallet, Regional Technical Adviser, MSH/RPM Plus-South Africa
Sameh Saleeb, Project Manager-West/South Africa, RPM Plus
Mohan Joshi, Program Manager-AMR, RPM Plus

1. The RPM Plus Program wishes to request country clearance for proposed travel to South Africa by Wonder Goredema, Senior Program Associate for Antimicrobial Resistance, RPM Plus Program for the period July 19 to 30, 2006.

2. Background

Antimicrobial resistance (AMR) is a major global problem. Major infections, including HIV/AIDS, TB and malaria, have become resistant to common first line treatments, resulting in increasing morbidity and mortality. The health and socioeconomic impact of AMR is huge in developing countries where the burden of infectious diseases is enormous. In 2001 the WHO published the WHO Global Strategy for Containment of AMR, to be used as a basis for building country-specific approaches to address the problem. The strategy recommends multiple interventions to slow the emergence and spread of AMR, including promoting infection prevention and control (IPC) in hospitals.

Infection prevention and control is a cost-effective and sustainable way to slow the spread of hospital-acquired (nosocomial) AMR infections. Simple interventions like adequate hand hygiene, adequate barrier practices, improved injection practices, effective disinfection and sterilization, good housekeeping and good waste management will prevent and control the spread of most infections in hospitals.

With USAID support, the Rational Pharmaceutical Management Plus (RPM Plus) Program of Management Sciences for Health (MSH) has collaborated with Harvard Medical School to develop and test a standardized approach to implementing hospital infection control guidelines at hospitals in low-resource countries. The approach involves the use of a simple infection control assessment tool and rapid cycle quality improvement methods to improve infection control in the hospital. Staff from various hospital departments and disciplines, including a core hospital IPC

team, uses the assessment tool and checklists to monitor IPC practices and then use available IPC guidelines and resources to develop appropriate local solutions to improve the factors and systems that are most commonly associated with nosocomial infections in the hospital. The goal is to reduce person-to-person transmission of infection by contaminated hands of medical staff, as well as common-source outbreaks resulting from contaminated staff, medications and equipment in the hospital.

South Africa has had reports of AMR, including resistance to treatments for common infections. Studies there have recommended improvements in IPC practices in hospital and dental care settings. Utilization of the approach developed by RPM Plus and Harvard could complement on-going IPC activities in hospitals in South Africa.

3. Purpose of Proposed Visit

Dr. Goredema will travel to South Africa to explore opportunities for collaboration in utilizing the approach to complement and improve on-going infection prevention and control (IPC) activities at hospitals in South Africa.

4. Scope of Work

During the proposed visit, Wonder will:

- v. Meet with Mr. J. P. Sallet, Regional Technical Adviser for RPM Plus, South Africa and other RPM Plus team members to discuss appropriate plans, including identification of in-country partners.
- vi. Meet with relevant Ministry of Health official(s) to brief them and discuss the initiative and possible next steps.
- vii. Visit hospitals suggested by in-country partners and meet with key contacts, including hospital management and infection prevention and control teams, to map out possible next steps.
- viii. Debrief USAID Mission officials, if requested.

5. Anticipated Contacts in Country:

- i. Jean-Pierre Sallet, Regional Technical Adviser, MSH/ RPM Plus-South Africa.
- ii. Shabir Banoo, Senior Program Associate for Infection Control, MSH/RPM Plus-South Africa.
- iii. Relevant officials at the Ministry of Health.
- iv. Representatives of hospital management at the identified hospitals.
- v. Representatives of infection prevention and control teams at the identified hospitals.
- vi. USAID Mission officials.

6. Logistics:

Wonder will arrive in Pretoria on or about July 19, 2006 and depart on or about July 30, 2006. Accommodation will be at the Brooklyn Lodge in Pretoria. No further mission assistance is requested.

7. Funding:

The visit will be supported by MSH/RPM Plus SO5 AMR core funding.

8. Action:

Please inform the RPM Plus Program whether country clearance is granted for the activity to proceed as proposed. Please reply via e-mail to the attention of Anthony Boni, USAID/G/PHN/HN/HPSR, e-mail address: aboni@usaid.gov, tel. (202) 712-4789, fax (202) 216-3702. Please send carbon copies to Kama Garrison at kgarrison@usaid.gov, Douglas Keene at dkeene@msh.org, Maria Miralles at mmiralles@msh.org, Jean-Pierre Sallet jpsallet@msh.org, Sameh Saleeb at ssaleeb@msh.org, Mohan Joshi at mjoshi@msh.org, Wonder Goredema at wgoredema@msh.org and Lindsay Gibbs at lgibbs@msh.org. We appreciate your cooperation.

Thank you.