



Urgent action is required to strengthen Infection Prevention and Control at Lira University Hospital in Uganda¹

Uganda AMR National Action Plan objective 3.2.1 'Strengthen Infection Prevention and Control Programs in Healthcare Facilities.'

¹Reference: Opollo MS et al. Infection Prevention and Control at Lira University Hospital, Uganda: More Needs to Be Done. *Tropical Medicine and Infectious Disease*. 2021; 6(2):69.
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Key Messages

- Infection Prevention and Control (IPC) is the best way to prevent healthcare associated infections and associated antibiotic use, especially during pandemics.
- In an assessment we conducted in 2020 using a tool developed by the World Health Organization, IPC compliance at Lira University hospital in Uganda was just 'basic' and bordering 'inadequate'; a step below the national average.
- Though the study hospital had adequate infrastructure, there were many systemic weaknesses. There was no IPC programme, no management structure and ring-fenced budget to support it, and no guidelines and training for health workers.
- We call upon the hospital and the university management to take note of these findings and institute corrective measures.
- We also call upon the Ministry of Health to provide funds under a dedicated budget line for strengthening IPC implementation in government hospitals.

What is the problem and why is it important?

- IPC is essential to prevent Healthcare Associated Infections among patients and health workers and is of critical importance during the COVID-19 pandemic.
- Healthcare Associated Infections increase the duration of hospital stay and associated costs for patients, families and health care system. They are harder to treat because they are often caused by resistant microorganisms and increase morbidity and mortality.
- Strengthening IPC in public hospitals is one of the key objectives of the Uganda National Action Plan for tackling antimicrobial resistance.
- We aimed to assess the level of IPC implementation at Lira University Hospital in Uganda

How did we measure it?

- The study used the WHO's Infection Prevention and Control Action Framework (IPCAF) tool to assess IPC compliance at Lira University Hospital, Uganda.

“One infection prevented, one less person needing antibiotics, lesser chance of antibiotic resistance”

- The IPCAF tool provides a scoring system to assess IPC. A maximum of 800 points can be scored with compliance graded as: 0-25% (inadequate), 26-50% (basic), 51-75% (intermediate), and 76-100% (advanced).
- The tool was completed by the IPC focal person at Lira University hospital. This included attention to IPC guidelines, management structures and support, hand hygiene, infrastructure, surveillance and supplies.

What did we find?

- The overall IPC compliance score was 28.5% implying it is just ‘Basic’ level of compliance and bordering ‘inadequate’.
- As a new facility, bed capacity, water and electricity supply, and disposal of hospital waste were all ranked as ‘advanced’ by IPCAF.
- However, there were some systemic weaknesses:
 - No IPC committee in the management structure
 - No dedicated IPC Team
 - No ring-fenced budget to support IPC team
 - Lack of training in IPC for hospital staff
 - No surveillance system to monitor IPC activities or Health care associated infections.
 - Insufficient supplies of Personal Protective Equipment (PPE) and IPC consumables.

Implications

- Current gaps in IPC at Lira Hospital compromise its ability to prevent Healthcare Associated Infections during the COVID-19 pandemic.
- If not addressed, this will place a significant burden on hospital budgets, health worker absence and the reputation of a major teaching hospital facility.
- We call upon the hospital and the university management to take the following actions.
 - As an immediate action, we recommend starting an IPC program (committee, team and focal person), drawing an action plan, reviewing IPC activities and putting in place guidelines.
 - In medium term, we provide adequate quantities of PPE and disposables and institute regular IPC monitoring, audit and feedback.
- We call upon the Ministry of Health to allocate dedicated budgets for IPC implementation and assist the hospital authorities in training of healthcare providers and other personnel in IPC implementation and assessment, then instituting surveillance for health care associated infections and conducting follow-up assessments.

