Recommendations Developed by Participants of the
Infection Prevention and Control Implementation and Progress Updates:
Guinea, Liberia, and Sierra Leone Inter-country Meeting

Monrovia, 17-19 February 2016
1. To use the common list of validated and approved indicators (or at least a list of 15 priority indicators) for IPC/WASH progress at the national level.

**Implementation starting by May 2016**

2. To identify 3 to 5 top indicators to be included in the national Health Information Management Systems and share the selection with other countries in order to achieve alignment, if possible.

**Implementation starting between June and August 2016**

3. To identify a user-friendly and reliable IT system to be used in each country for data collection (e.g., through regular surveys), analysis and report feedback on the common list of indicators, with WHO and partners’ support.

**Implementation starting between June and August 2016**
4. To use behavioural change approaches taking healthcare workers’ perceptions into account, in order to craft IPC/WASH multimodal implementation strategies and indicators aimed at achieving improved practices and integrated outcomes of quality.

5. To establish and maintain sustainable IPC/WASH mentorship programmes, integrated in quality improvement and clinical mentorship programmes. To achieve this, there should be a clear transition and sustainable plan from a mainly partner-supported system to a programme supported by the available national human resources, including a plan to develop expertise among current and future local mentors.
6. To regularly (e.g., every 6 months) provide a progress update on recommendations based on an agreed template, with particular focus on behavioural change, sustainability and integration at national and community level.

7. To publish (as scientific articles or country reports) and disseminate as soon as possible the results of field implementation and research projects of the Ebola response phase.

8. To develop, implement, follow up and publish the IPC/WASH research agenda with support from WHO and partners.

9. To propose a WHA resolution (for 2017) urging all countries to prioritize the development, implementation and integration into health systems of IPC/WASH action plans.
RECOMMENDATIONS FROM MEETING PARTICIPANTS TO WHO AND PARTNERS

1. WHO: To facilitate follow-up and progress reporting by countries on the implementation of recommendations.

2. WHO: To support the progress of a WHA resolution on IPC/WASH.

3. WHO & partners: To support documentation of IPC/WASH country results and lessons learned in Ebola response through an inter-country report/paper.

4. WHO & partners: To support the development, implementation and follow-up of the IPC/WASH research agenda and related publications.

5. WHO, partners and donors: to continue to provide medium- and longer-term financial and technical assistance to develop and implement IPC/WASH behavioural change and mentorship programmes.
DISCUSSION ON COMMON INDICATORS - CONCLUSIONS (1)

1. Countries recognize the importance of common IPC/WASH indicators as part of quality improvement actions according to national plans for the purpose of standardization and benchmarking.

2. Countries scrutinized the final draft of the common indicators proposed by the inter-country working group coordinated by WHO.

3. Countries agreed that most indicators are valid and reflect their currently used indicators and suggested some changes that were agreed upon during the plenary discussion.

4. Countries recognize that a few indicators might not be applicable to all countries and are fine with this.
5. WHO will coordinate the final revision with the working group and will circulate the final version for final approval by ministerial country representatives who commit to provide rapid feedback. Timeline: next 10 days for the whole process.

6. Countries will identify a priority list of indicators to be measured (about 15 or more) through regular surveys.

7. Countries will identify 3-5 top indicators to be included in their HISM asap and will share the selection with other countries in order to achieve alignment, if possible. Liberia is already in this process. WHO will facilitate sharing.

8. Further discussion and possibly WHO/CDC support and funds are needed to identify an IT system to replace the current systems (different in each country and quite rudimentary) and to be used for data collection (through the regular surveys), analysis and report feedback.