Summary of meeting outcomes, key recommendations and follow-up actions

Monrovia, 22 July 2015
Key summary messages

- Participants acknowledged that the meeting had been a great opportunity for sharing IPC and WASH experiences and best practices, for all three countries.
- Political acknowledgment of the central role of IPC in HS recovery has been clearly shown throughout the meeting.
- IPC was recognized as the foundation for quality improvement in health-care facilities.
- Clear examples of successful implementation and improvements during the response, achieved rapidly despite initial major gaps and challenges.
- Need to carry on using these examples in the continuity and to strengthen the successes. Must not stop doing the good things put in place, as soon as Ebola outbreak ends.
Key summary messages

- Awareness that IPC during the outbreak was just narrow and now a more comprehensive approach is needed.

- WASH improvements to achieve min standards for HCF and the community are essential to enable both higher safety and IPC implementation.

- Need for better coordination between WASH and IPC, including on indicators.

- IPC and safety culture need to be strengthened and sustained at both
  - community level
  - health system level
Key summary messages

- Need to translate national recovery plans into implementation with clear and feasible activities and timelines
- Following plans development, the governments also need to make concrete political commitments, including resource allocation
- Need to improve systems for patient and health worker safety, where standards are truly achieved
- Assessments and improvements are also urgently needed in private healthcare facilities
- Accountability needed at different levels
  - Government/National
Key summary messages

- County
- Facilities
- All healthcare workers
Key summary messages

- Need advocacy and extensive support to urgently ensure availability of water and electricity, which are the backbone of IPC at the facility level.

- Need solutions to the common and major challenges to IPC implementation: coordination (at national, district, facility levels), procurement/supply and supervision/mentorship.

- Need to establish the IPC structure within the health system delivery unit (as proposed by Liberia).
Key summary messages

- Leadership is key for sustaining the momentum in IPC from response to recovery and long-term HSS
- Important for sustainability to integrate IPC best practices into existing and routine health services
- Need for real in-country IPC/WASH expertise to be developed
- Leveraging neighboring countries’ experience can help more rapid implementation
- Importance of working with in-country NGOs for practical implementation of IPC/WASH
1. To establish common IPC/WASH minimum standards in line with international standards
2. To identify an independent regulatory body responsible for the implementation of standards and accountability
3. To secure a sustainable budget allocated specifically to IPC & WASH
4. To develop a standardized incentive programme
5. To develop common key IPC & WASH indicators and related definitions and scoring systems, and integrate these into the national lists of KPIs
6. To establish a system for data collection, a platform for data sharing and a mechanism for linking to immediate action plans
Recommendations to MS

7. To develop mid- and long-term plans for IPC and WASH recovery and eventual integration into the health system
   - IPC national and sub-national structure
   - IPC/WASH minimum standard implementation packages
   - Assessment and quality improvement system
   - Training

8. To continue to support improvement of IPC in the community including using social mobilization to develop appropriate messages

9. TO ALL PARTICIPANTS: To establish and maintain mechanisms for inter-country meetings and communications, and common activities, including areas for research
Key actions

1. Each country develops mid- and long-term IPC & WASH strategic plans by 1st October 2015

2. Identify one inter-country collaboration focal point per country (done but to be confirmed)

3. Organize regular (every 4 months) update IPC meetings* coordinated by WHO and led by MOHs
   - Immediate focus to develop COMMON:
     - Minimum standards
     - Key indicators
     - Curricula
   * Funds to be identified

4. Establish e-based networking through IST
   - e-mail list, webpage, Dropbox, Teleconferences

5. Define an implementation research agenda and establish a working group

6. Produce a full meeting report ASAP (WHO doing this)