

2016-2020 Emerging Infectious Diseases/ Public Health Emergencies Workplan, Lao PDR

Focus Area: Infection Prevention and Control

Vision:

Establishing IPC best practices in all health care settings to prevent, monitor and control transmission of infectious diseases among health care workers, patients and community

Key Component 1: National IPC Structure

Component Goal:

Safety of patients, staff and community in the healthcare setting ensured through functional IPC structure and network in all health facilities

Component Indicators:

- i) IPC Unit at central and provincial hospitals established to support IPC activities in the hospitals
- ii) IPC committee established at central, provincial and district hospitals
- iii) Contact list and TOR updated annually
- iv) Coordination established between IPC link person/ IPC committee and provincial/ district health offices

Activity No.	Activity Name	Activity Objectives	Activity Indicators	Sub-Activity No.	Sub-Activities	Activity status	Implementor	2016				2017				2018				2019				2020				Total Budget	Fund Availability	Funding Source	Additional Comments				
								Q1	Q2	Q3	Q4	Budget for 2016 (USD)	Q1	Q2	Q3	Q4	Budget for 2017 (USD)	Q1	Q2	Q3	Q4	Budget for 2018 (USD)	Q1	Q2	Q3	Q4	Budget for 2019 (USD)					Q1	Q2	Q3	Q4
1.1	Establishing IPC committees	To strengthen existing IPC committees and establish new IPC committees at all levels with contact list and TOR regularly updated	IPC committees set up at identified therapeutic centers for all at central level by 2016; IPC committees set up at 30% of district hospitals by 2017, 50% by 2020; 70% of the IPC committees at all levels review and update contact list and TOR annually.	1.1.1	Issue decree to officially assign the MOH IPC focal point and MOH IPC committee (NIPCC) with TOR. Revise committee and update regularly	Ongoing	NIPCC/DHC																					0	No funding						
				1.1.2	Expand IPC committees to therapeutic centers at central level (e.g. rehabilitation, dermatology and	Ongoing	NIPCC/DHC																									1500	No funding		
				1.1.3	Expand IPC committees to district hospitals including hospitals in new provinces (e.g. Xaysomboun)	Ongoing	DHC/NIPCC/Provincial IPC committee																									15 000	Fully funded	gov's part 13	already expanded=> training and designated IPC committee 6 provinces LPB (12), SVK (15) LNT (5) ODX (6) SLV (7) CPS (10) but XSB not start yet, need to evaluate the capacity of province
				1.1.4	All IPC committees at all levels to review and update contact list and TOR annually	Not yet started	All hospitals																									0	No funding		
				1.1.5	Establish link person at all PHO and DHO to oversee IPC activities in all provincial, district hospitals and health center		IPC committee																												1 year (funding for

A14:AI	Establishing IPC Unit at hospitals	To establish IPC Unit at central and provincial hospitals to support IPC activities in the hospitals	IPC Units officially established at all central hospitals by 2017; at all regional hospitals by 2019, at 60% of provincial hospitals by 2020.	1.2.1	Decree of establish IPC unit as part of Nursing division at	Not yet started	NIPCC/DHC													0													0	No funding						
				1.2.1	Decree of establish IPC unit as part of Nursing division at central and provincial level	Not yet started	NIPCC/DHC																0												0	No funding				
				1.2.2	Workshop to develop ToR of IPC unit for central and provincial level	Not yet started	NIPCC/Provincial IPC committee/DHC	X						2 000																						2 000	No funding	?	For 1 year	
				1.2.3	Identify IPC team to work in IPC unit at central and provincial level	Not yet started	NIPCC/Provincial IPC committee/DHC		X					0																							0	No funding		
				1.2.4	Support operational cost for central and provincial hospital (e.g. office equipment, supplies)	Ongoing	NIPCC/Provincial IPC committee/DHC		X					10 000				X	X																		20 000	Partially funded	?	Namtheun II support for equipment for LNT, SLV WHO support ODX, CPS

Key Component 2: Guidance and capacity building

Component Goal:

Healthcare staff are adequately trained to ensure proper implementation of IPC measures in healthcare settings to reduce risk of disease transmission in health care facility

Component Indicators:

- i) General IPC guidelines are available at all levels
- ii) Healthcare staff receive general IPC training annually and specific IPC training for emerging infectious diseases as needed
- iii) Have at least 1 IPC professional in tertiary HCFs
- iv) HCWs to routinely implement proper IPC measure in HCFs

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								Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4					Q1	Q2	Q3	Q4			
								Budget for 2016 (USD)				Budget for 2017 (USD)				Budget for 2018 (USD)				Budget for 2019 (USD)				Budget for 2020 (USD)														
2.1	IPC technical guidelines, SOPs and other guidance materials	Develop IPC guidelines, strategy, SOPs for all levels	At least 65% of general IPC guidelines available at all health facilities by 2020; occupational health and safety guidelines for HCWs printed by June 2016.	2.1.1	Update, print and disseminate IPC strategy every 3 years latest since 2014 to cover districts and health centers	Completed	NIPCC/DHC																					X	1500	3000	No funding							
				2.1.2	Update, print and disseminate general IPC guideline and SOP for central and provincial level and simplified version for district and health centers level	Completed	NIPCC/DHC					X	X			5000								X	X			5000				10000	No funding	?	For 2 years			
				2.1.3	Finalize, print and disseminate guideline of disinfectant and sterilization of medical equipment (government for the development and Namtheun & JICA for the printing)	Ongoing	NIPCC/DHC									X				5000													5000	5000	No funding		For 1 year	
				2.1.4	4 days Training on disinfectant and sterilization of medical equipment for central and district level	Not yet started	NIPCC/DHC							X						30000															No funding	?		
				2.1.5	Develop IEC guidance material (e.g. quick reference guide, video demonstration, posters) based on IPC guideline and SOP (Hand hygiene have to revise)	Ongoing	NIPCC/DHC/CIEH						X	X	X					10000													10000	10000	No funding		For 1 year	
				2.1.6	Pilot IPC best practice model at 5 central hospitals with different activities. Record of activities.	Not yet started	NIPCC/DHC									X	X	X	X	20000	X	X	X	X	20000								60000	No funding		for 3 years		
				2.1.7	Pilot IPC best practice model at 4 regional hospitals with different activities. Record of activities.	Not yet started	NIPCC/DHC									X	X	X	X	20000	X	X	X	X	20000								60000	No funding		for 3 years		
				2.1.8	Pilot IPC best practice model at 4 district hospitals (Nambak, Champhone, Khong, Kham) with different activities. Record of activities.	Not yet started	NIPCC/DHC														X	X	X	X	20000								60000	No funding		for 3 years		
				2.1.9	Finalize, print and disseminate meeting occupational Health & Safety (OHS)	Ongoing	NIPCC/DHC					X	X	X			X	X			X	X	X	X	60000									60000	60000	No funding		for 1 year
				2.1.10	Adapt NI surveillance SOP for central hospitals as routine	Ongoing	NIPCC/DHC									X	X			3000														3000	3000	No funding		

Key Component 3: Enabling environment (including facilities and supplies)																																														
Component Goal: Optimal IPC measures implemented with adequate equipment and consumables available in an appropriate environment																																														
Component Indicators: i) HCFs at all levels have the equipment and consumables to implement standard and additional precautions ii) All tertiary facilities have the capacity to isolate patients iii) Stockpile of PPE and other supplies available during outbreak or other public health events iv) Database available to monitor and replenish stockpile of IPC materials annually																																														
Activity No.	Activity Name	Activity Objectives	Activity Indicators	Sub-Activity No.	Sub-Activities	Activity status	Implementor	2016				2017				2018				2019				2020				Total Budget	Fund Availability	Funding Source	Additional Comments															
								Q1	Q2	Q3	Q4	Budget for 2016 (USD)	Q1	Q2	Q3	Q4	Budget for 2017 (USD)	Q1	Q2	Q3	Q4	Budget for 2018 (USD)	Q1	Q2	Q3	Q4	Budget for 2019 (USD)					Q1	Q2	Q3	Q4	Budget for 2020 (USD)										
3.1	Supply and equipment to implement good IPC practices	Ensure adequate infrastructure, facilities, equipment and supplies are available to properly implement good IPC practices	Alcohol hand rub available in 70% of central and provincial hospitals by 2020; Minimum PPE for standard precaution available in 90% of central, provincial and district hospitals by 2020.	3.1.1	Promote use of alcohol hand rub (AHR) in all healthcare facilities (especially on locally manufactured ones to reduce cost and increase use) in some	Ongoing	All health care facilities	X																				5 000	X				5 000	X				5 000					25 000	No funding		For 2 years
				3.1.2	Provide new waste autoclave at 5 central hospital and 4 regional hospital	Not yet started	NIPCC/DHC									X	X	150000																						150 000	No funding		For 3 years			
				3.1.3	Provide incinerator to 13 provincial hospitals and district type A hospitals compliagn with national regulation	Not yet started	NIPCC/DHC										X	X	250000	X	X	X	X	250000															500 000	No funding		For 3 years				
				3.1.4	Provide medical equipment autoclave for sterilization and laundry machines for district type B hospitals and health	Not yet started	NIPCC/DHC										X	X	200000		X	X	200000					X	X	200000						600 000	No funding		For 4 years							
				3.1.5	Provide PPE, biohazard waste bins and biohazard sharp boxes for health facilities at all levels as part of training	Ongoing	NIPCC/DHC					X	X	20 000		X	X	50 000		X	X	50 000		X	X	50 000		X	X	50 000						220 000	No funding									
				3.1.6	Equip tertiary HCFs that do not have designated area to isolate EID patient, according to national guidelines Supported in Mittaphab hospital by government fund	Not yet started	NIPCC/DHC											X	200 000		X	200000					X	200 000						600 000	No funding		For 2 years									
				3.1.7	Stockpiling of PPE and other IPC supplies and monitoring stock levels (refer to PHE						Cabinet/MPSC																																Refer to PHE workplan			

Key Component 4: Supporting IPC compliance and sharing the best practices																																								
Component Goal: Surveillance system in place and laboratory testing capacity available to support testing Ensure health facilities are following IPC best practices, surveillance for hospital-acquired infections and sharing lessons learned through meetings and reports																																								
Component Indicators: i) Monitoring and evaluation conducted annually in health facilities ii) Routine nosocomial infection surveillance in place in central and provincial hospitals iii) Surveillance system and laboratory testing capacity in place to monitor anti-microbial resistance iv) System in place for reporting and managing occupational health-related injuries in central and provincial hospitals v) Annual IPC meeting conducted for information sharing																																								
Activity No.	Activity Name	Activity Objectives	Activity Indicators	Sub-Activity No.	Sub-Activities	Activity status	Implementor	2016				2017				2018				2019				2020				Total Budget	Fund Availability	Funding Source	Additional Comments									
								Q1	Q2	Q3	Q4	Budget for 2016 (USD)	Q1	Q2	Q3	Q4	Budget for 2017 (USD)	Q1	Q2	Q3	Q4	Budget for 2018 (USD)	Q1	Q2	Q3	Q4	Budget for 2019 (USD)					Q1	Q2	Q3	Q4	Budget for 2020 (USD)				
4.1	Monitoring and evaluation and information sharing	Evaluate implementation of best practices in health care facilities to ensure continuous quality, reliable and sustainable IPC program throughout Lao PDR and regularly sharing information with all stakeholders	At least 75% of central, provincial hospitals evaluated by 2018, 100% by 2020; At least 15% of district hospitals evaluated by 2018, 30% by 2020; 75% of the planned meetings conducted on average.	4.1.1	Monitor and evaluate IPC activities in selected HCFs annually and share findings and recommendations in annual meeting	Ongoing	NIPCC/DHC/IPC committee at all level					X	X			10000					X	X			10000					X	X			10000	50 000	No funding				
				4.1.2	Evaluate IPC implementation through reviewing nosocomial infection surveillance data annually and share findings and recommendations in annual meeting	Ongoing	NIPCC/DHC/IPC committee at all level									X				5000				X	X			5000				X	X			5000	25 000			
				4.1.3	IPC annual meeting participated by central and provincial level including reviewing of nosocomial and anti-microbial resistance surveillance data	Ongoing	DHC/NIPCC/Provincial IPC committee									X				15000				X				15000				X				15000	75 000	No funding		
				4.1.4	IPC annual meeting participated by provincial and district level routine until 2014 due to lack of funding	Ongoing	District and Provincial IPC committee									X				25000				X				10000				X				10000	50 000	Fully funded	ADB	
				4.1.5	Quarterly IPC meeting led by hospital IPC committee including reviewing of nosocomial surveillance data-(\$0 for 5 years)-DHC-no funding	Not yet started	IPC committee at all level	X	X	X	X	0	X	X	X	X	0	X	X	X	X	0	X	X	X	X	0	X	X	X	X	0	X	X	X	X	0	0	No funding	
				4.1.6	Establish IPC communication and support network from central and provincial level (contact list, internet support etc.)	Not yet started	NIPCC/Provincial IPC committee																	X				10000									20 000	No funding	for 2 years	
4.2	Surveillance of nosocomial infections	To promptly detect, investigate and respond to clusters of healthcare-associated infectious disease among healthcare workers and patients	70% of central and provincial hospitals conduct nosocomial infection surveillance by 2020; 50% of planned reports received by DHC by 2018, 75% by 2020.	4.2.1	Operational cost for nosocomial infection surveillance at central and provincial hospitals including designated staff for data entry and analysis latest in 2014	Ongoing	NIPCC/Provincial IPC committee/NCLE													X	X	X	X	36000	X	X	X	X	36000	X	X	X	X	36000	180 000	No funding				
				4.2.2	Establish nosocomial infection surveillance at provincial hospital that have no capacity yet	Not yet started	Provincial IPC committee																	X	X	X	X	30000	X	X	X	X	30000	60 000	No funding					