LOKMAN HEKIM HEALTH SCIENCES

DOI: 10.14744/lhhs.2025.50137
Lokman Hekim Health Sci 2025;5(1):91–92

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LETTER TO THE EDITOR

Is it Possible to Achieve the Minimum Requirements of the Infection Prevention and Control Program in Health Institutions in Developing Countries?

Gelişmekte Olan Ülkelerde Sağlık Kurumlarında Enfeksiyon Önleme ve Kontrol Programının Asgari Gerekliliklerine Ulaşmak Mümkün mü?

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Dear Editor,

I read the recent review titled 'Infection Prevention and Control Program (IPC) in Healthcare Facilities: Minimum Requirements' by Kalın Ünüvar et al.[1] with great interest. In this review, there is an up-to-date information that many health authorities dealing with infection control programs can easily and practically access.

In this review, the authors listed the minimum requirements that institutions must comply with for the IPC program in stages. These studies are planned and carried out to achieve the minimum standards in countries at all income levels. For example, in Syria, which is considered a low-income country, Ahmado et al.[2] conducted a survey on 33 institutions including primary, secondary and tertiary health institutions and found that 91% of facilities did not meet half of the World Health Organization (WHO) IPC minimum requirements. In the current survey reports conducted in Türkiye, the compliance rates were found to be higher than those in Syria. Azak et al.,[3] for instance, conducted a survey on 68 health institutions from seven regions of Türkiye, questioning their compliance with the WHO's IPC core components. 85% percent of the health centers participating in this survey were tertiary health institutions. While the advanced level core component (minimum requirement) compliance rate was 73.5% for these institutions, the moderate one was in 23%. In a global surveillance study conducted by Tartari et al.[4] covering 106 low-income, lower-middle income, upper-middle income, and high-income countries, the rate of implementing IPC minimum requirements was found to be 2.7 times higher in high-income countries than in low-income countries. In this surveillance, it was observed that the greatest deficiencies in low-income countries were in the education and training stages. Education and training are put into practical application in a four-day training workshop was organized in Cameroon.[5] In this workshop, the six IPC components of the WHO assessment tool were used as the themes to

Cite this article as: *Türe Z. Is it Possible to Achieve the Minimum Requirements of the Infection Prevention and Control Program in Health Institutions in Developing Countries? Lokman Hekim Health Sci 2025;5(1):91–92.*

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group the main response ideas emerging: IPC program, IPC guidelines, IPC education and training surveillance o hospital acquired infections, multimodal strategy and monitoring and audit on IPC practices parameters were applied, as indicated by Kalın Ünüvar et al.[1] When the compliance score for each of these six parameters is evaluated as a maximum of five points, the expected score is 25, the observed score is seven and the minimum requirements rate is determined as 28%. With the help of such surveys and pre- and post-training evaluations, each country can determine its own position in the IPC and set targets for regions and hospitals.

Overall, the study of Kalın Ünüvar et al.[1] is an easily accessible guide in terms of determining and implementing targets to ensure minimum requirements in IPC in healthcare facilities.

Conflict of Interest: None declared.

Use of AI for Writing Assistance: Not declared.

Financial Disclosure: The author declared that this study has received no financial support.

Peer-review: Double blind peer-reviewed.

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