



Update on global action plan on WASH in HCF

Global Learning Event on WASH in health care facilities

28 – 30 March 2017

Kathmandu, Nepal

[#washforhealth](#)



World Health
Organization

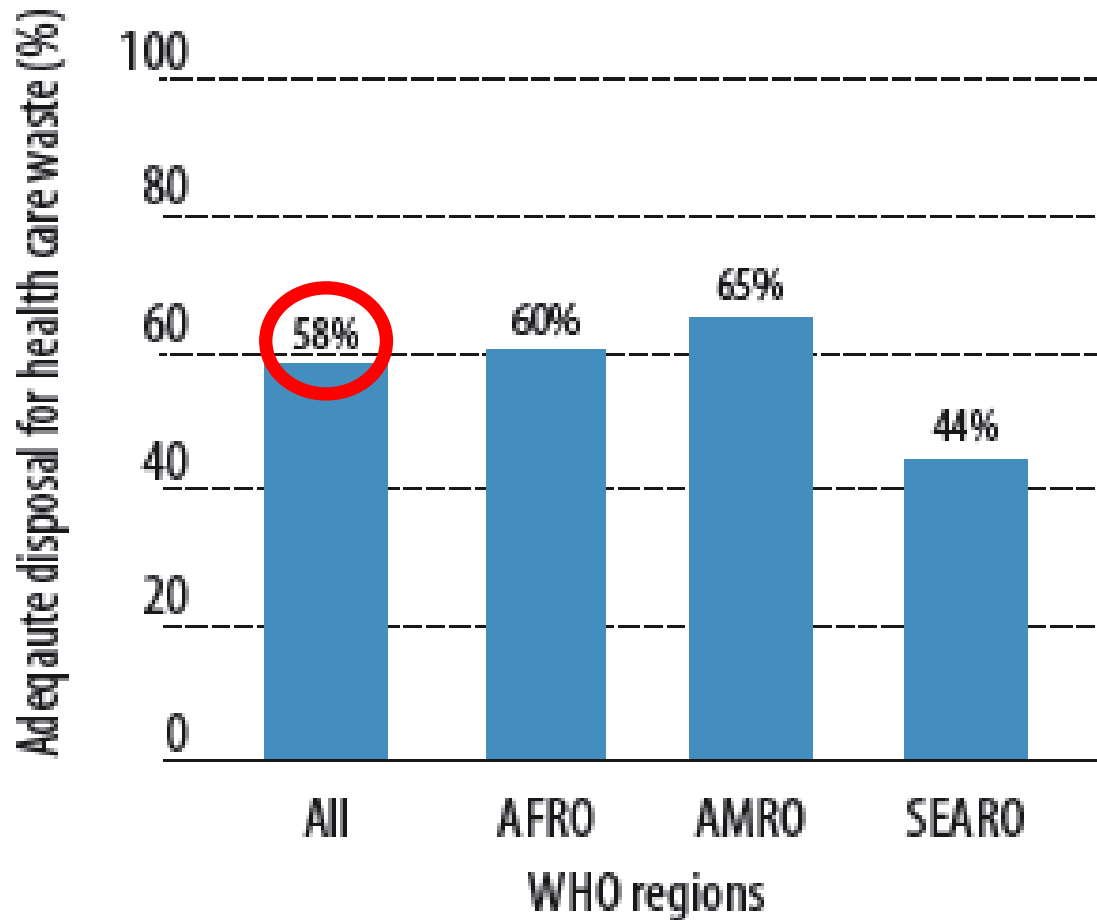
unicef 

Globally, access to WASH in health care facilities is limited

WHO Regions	Access to an improved water source within 500 m			Access to improved sanitation facilities			Access to soap for handwashing		
	Number of facilities*	Number of countries	Coverage (mean)	Number of facilities	Number of countries	Coverage (mean)	Number of facilities	Number of countries	Coverage (mean)
All	66,101	54	62%	62,524	36	81%	40,536	35	65%
AFRO	52,674	23	58%	51,715	16	84%	31,984	14	64%
AMRO	3,026	16	70%	1,425	11	57%	1,442	11	65%
EMRO	5,778	3	—	5,510	2	—	5,510	2	—
EURO	527	3	—	527	3	—	420	2	—
SEARO	3,596	6	78%	3,347	4	—	1,180	4	—
WPRO	500	3	—	0	0	—	0	0	—

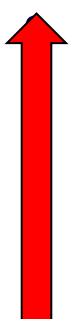
- **38% globally do not have access to an improved water source at or near the facility.**
- **When reliability and safety is considered, water coverage drops by half.**
- **35% lack soap for handwashing and 19% are without sanitation**
- **Data from 2015 WHO/UNICEF Global Assessment of WASH in HCF**

Safe health care waste management is also lacking




Lack of services adversely affects every area of health

Increases

- 
- Health care associated infections
(e.g. nearly one million deaths associated with unclean births)
 - Health care costs
 - Environmental and community risks

Decreases

- 
- Ability to provide quality care
 - Staff moral and performance
 - Care seeking and patient satisfaction

"What good does it do to offer free maternal care and have a high proportion of babies delivered in health facilities if the quality of care is sub-standard or even dangerous?"

Margaret Chan,
World Health Assembly - May 2012

Water, Sanitation and Hygiene (WASH) in Health Care Facilities

Global Action Plan

1. Advocacy
Leadership
and Action

2. Monitoring

By 2030, **every** health care facility, in **every setting**, has **safely managed, reliable** water, sanitation and hygiene facilities and practices to meet staff and patient needs in order to provide **quality, safe people-centered care.**

3. Evidence
and
Operational
Research

4. Policy,
Standards and
Facility
Improvements

5 change objectives, 5 targets

5 Change Objectives

Targets

CO 1	WASH in health care facilities is prioritized as a necessary input to achieving all global and national health goals especially those linked to Universal Health Coverage, Maternal & Child Health and Antimicrobial Resistance. Key decision makers, health facility staff and users champion WASH in health care facilities.	WASH in health care facility standards and measures are embedded in at least 5 major health strategies and frameworks by 2017; and ALL major frameworks by 2020.
CO 2	All countries have national standards and policies on WASH in health care facilities and dedicated improving and maintaining services, and successful scale up is documented.	National standards for WASH in health care facilities exist and are implemented in 30 countries by 2017; 40 countries by 2018; and 60 countries by 2020.
CO 3	Global and national monitoring efforts include harmonizing core and extended indicators to track WASH in health care facilities.	SDG indicators for WASH in health care facilities are used and reported on in all national service delivery assessments and national monitoring systems by 2020.
CO 4	The existing evidence base is reviewed and strengthened to catalyze advocacy messages and improve implementation of WASH in health care facilities.	Systematic reviews of WASH in HCF and health impacts and operational evidence on "what works" published in 2018.
CO 5	Risk-based facility plans are implemented and support continuous WASH improvements, training and behavior of staff.	Water and Sanitation for Health Facility Improvement Tool (WASH FIT) rolled out and outcomes documented in 10 countries by 2018 and 30 countries by 2020.

Catalyzing action through the Sustainable Development Goals



Advocacy targets

- WASH in HCF prioritized as a necessary input to achieving **all global and national health goals** especially those linked to **Universal Health Coverage, Maternal & Child Health and Antimicrobial Resistance**.
 - WASH in health care facility standards and measures are embedded in at least 5 major health strategies and frameworks by 2017; and ALL major frameworks by 2020.
- Countries have **national standards and policies** on WASH in health care facilities and dedicated improving and maintaining services, and successful scale up is documented
 - National standards for WASH in health care facilities exist and are implemented in 30 countries by 2017; 40 countries by 2018; and 60 countries by 2020.



Quality Universal Health Coverage

WASH IN HEALTH CARE FACILITIES (HCF) UNDERPINS SAFE AND QUALITY SERVICE PROVISION FOR ACHIEVING UNIVERSAL HEALTH COVERAGE

WASH in health care facility standards should be established and enforced, placing people at the centre, to improve quality of care.

Cost of WASH upgrades and maintenance should be included in national health and facility level budgets. Savings will result from efficiency improvements and reduction of health care associated infections.

WASH indicators included in national health monitoring systems to track progress, guide investments and improve people-centred quality.



WASH in health care facilities improves staff morale and infection prevention and control culture for all people accessing services.

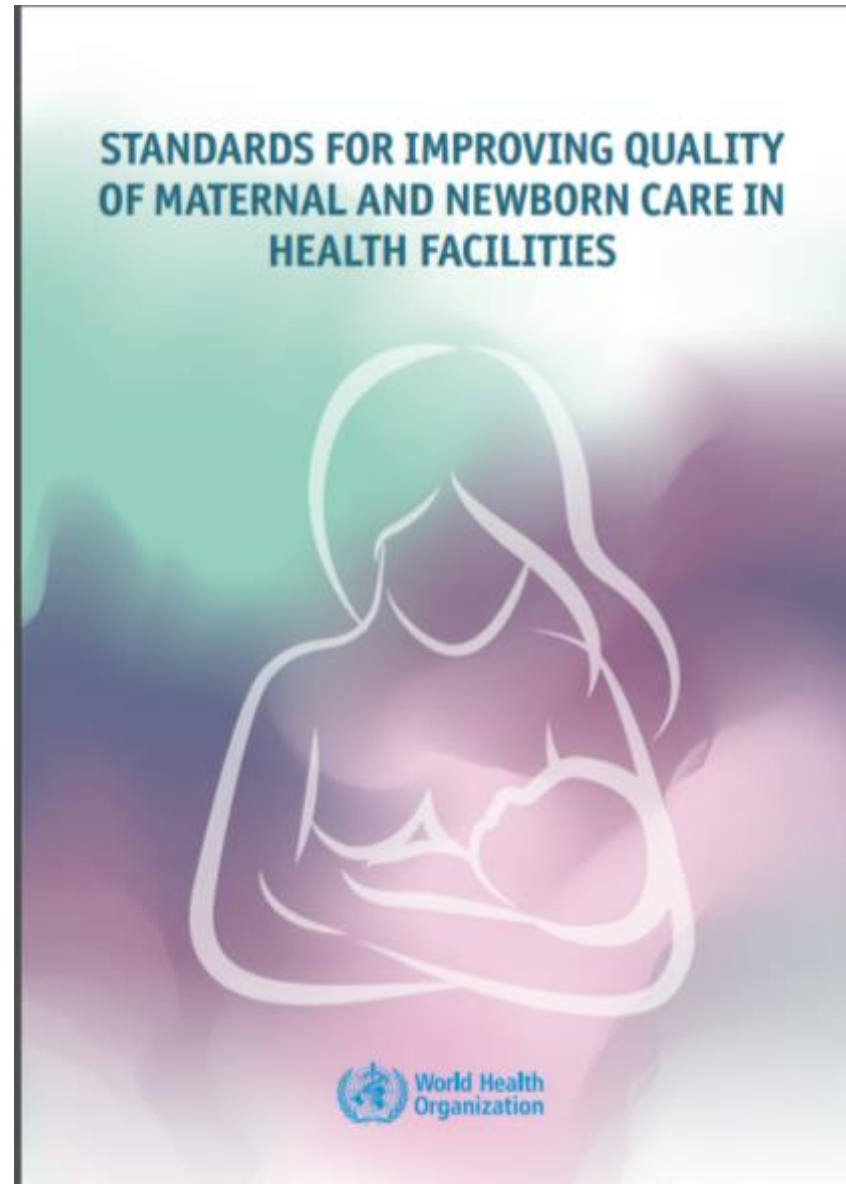
Adequate and resilient WASH services in health care facilities are essential for outbreak prevention, preparedness and control (e.g. Cholera, Ebola).

Infection Prevention and Control

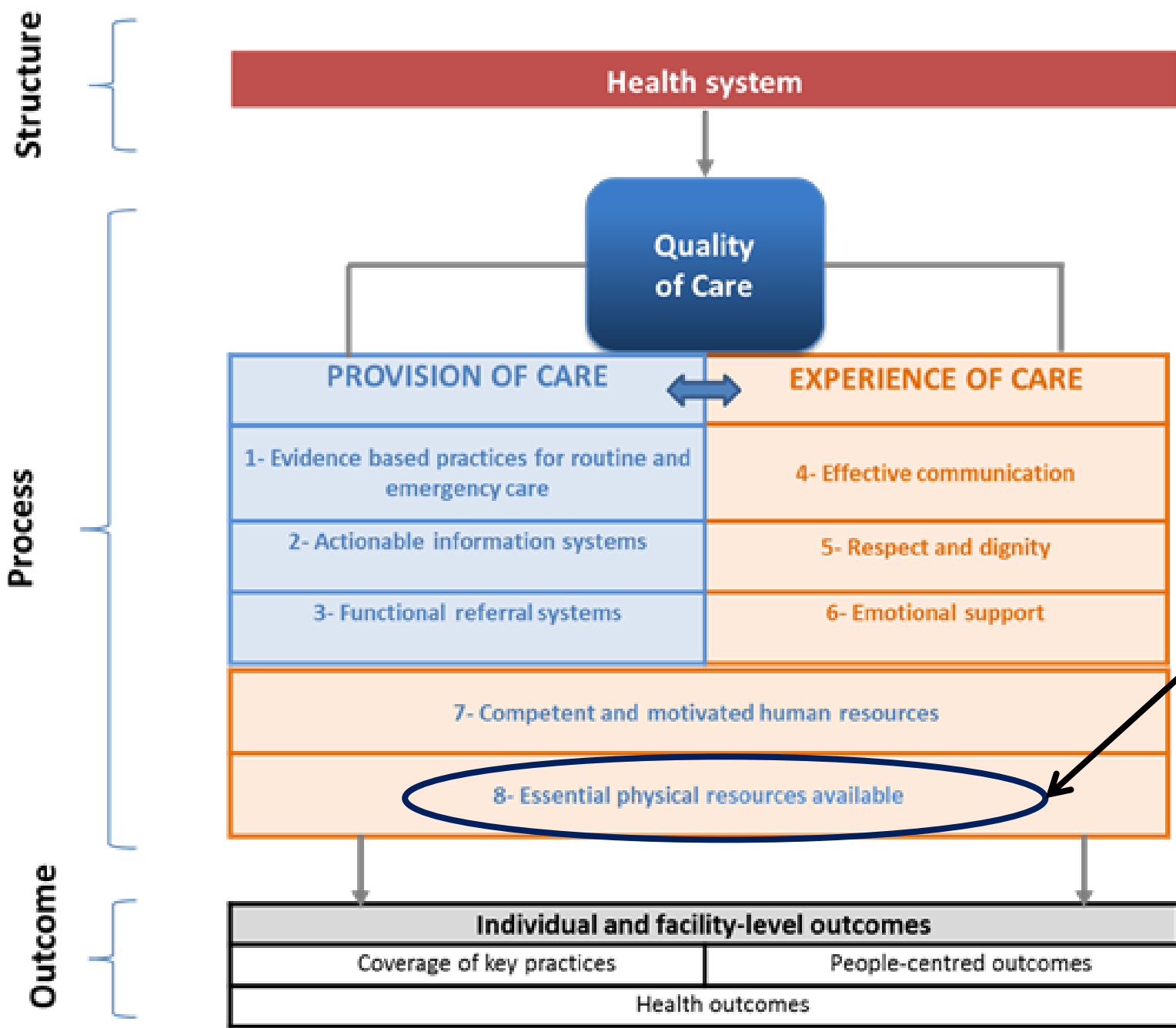
- WASH included in new WHO IPC Core Components and Surgical Site Infection Guidelines
- Technical support on health care waste for Global Injection Safety Campaign
- Joint IPC/WASH indicators and monitoring tools
- Alignment of messages-i.e. Clean Care is Safer Care: 139 WHO Member States have pledged to **reduce health care-associated infection**
- **SAVE LIVES: Clean Your Hands: 5th May**



Maternal, newborn and child health



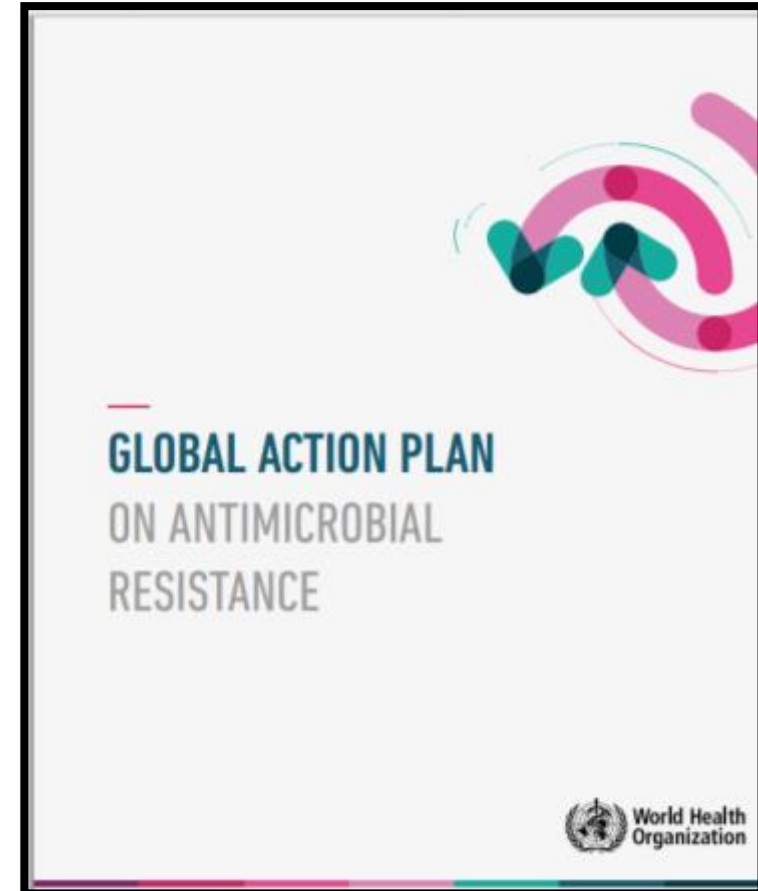
Maternal, newborn and child health



WASH core element of new Quality of Care Framework

Antimicrobial resistance (AMR)

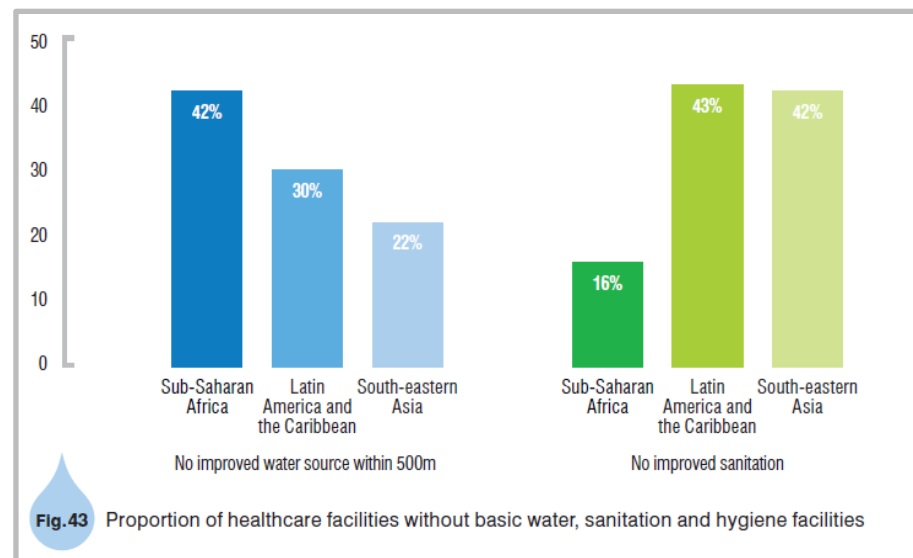
- WASH prevents infections – reducing need for antibiotics
- Better WASH prevents spread of AMR in the environment
- WASH one of 5 key objectives of WHO Global Action Plan
 - Improved awareness
 - Strengthened knowledge
 - **Improve sanitation, hygiene and infection prevention**
 - Optimize use of antimicrobial medicines
 - Increase investments in medicines, diagnostics, vaccines



Monitoring

CO 3

Global and national monitoring efforts include harmonizing core and extended indicators to track WASH in health care facilities.



Target

SDG indicators for WASH in health care facilities are used and reported on in all national service delivery assessments and national monitoring systems by 2020.

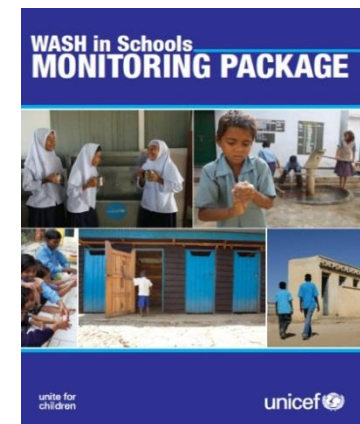
WASH in the SDGs: moving beyond the house



Target 6.1: achieve *universal* and equitable access to safe and affordable drinking water for all

Target 6.2: achieve access to adequate and equitable sanitation and hygiene *for all* and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations

Universal and *for all* imply all exposures and settings including households, schools, health facilities, workplaces, etc.



World Health Organization

Key activities

- Core and expanded indicators for *outpatient settings* developed (2016)
 - Expanded set still to be finalised
- Working to adopt indicators into existing surveys (e.g. SARA, SPA) and national monitoring systems (e.g. HMIS)
- Working on set of indicators for maternity settings

Indicator Definitions of Basic Service

Basic water supply

Water from an improved source is available on premises



Basic sanitation

Improved sanitation facilities are available and usable, separated for patients & staff, separated for women and allowing menstrual hygiene management, and meeting the needs of people with limited mobility.



Indicator Definitions of Basic Service

Basic hand hygiene

Hand hygiene materials, either a basin with water and soap or alcohol hand rub, are available at points of care and toilets.



Basic health care waste management

Waste is safely segregated into at least three bins in the consultation area and sharps and infectious wastes are treated and disposed of safely.



Emerging ladders for WASH in HCF allow for progressive realization and more ambition

Drinking water

Sanitation

Hygiene

Health Care Waste

Advanced service

(to be defined at national level)

Advanced service

(to be defined at national level)

Advanced service

(to be defined at national level)

Advanced service

(to be defined at national level)

SDG Target

Basic service

Water from an improved source on site is available at time of survey

Basic service

Improved facilities, separated for patients and staff, for men and women, and useable by those with limited mobility

Basic service

Hand hygiene facilities are available at points of care and toilets

Basic service

Waste is segregated into bins, and sharps and infectious wastes are safely treated and disposed

Limited service

There is an improved source, but off premises or not available at time of survey

Limited service

There are improved facilities, but not usable or do not meet the needs of specific groups

Limited service

Hand hygiene stations at some, but not all, points of care and latrines

Limited service

Waste is segregated but not disposed of safely, or bins are in place but not used effectively

No service

No improved water source

No service

No improved toilets or latrines

No service

No hand hygiene stations with soap and water or alcohol based handrub

No service

Waste is not segregated or safely treated and disposed

Evidence and operational research

CO 4

The existing evidence base is reviewed and strengthened to catalyze advocacy messages and improve implementation of WASH in health care facilities.

Target

Systematic reviews of WASH in HCF and health impacts and operational evidence on “what works” published in 2018.

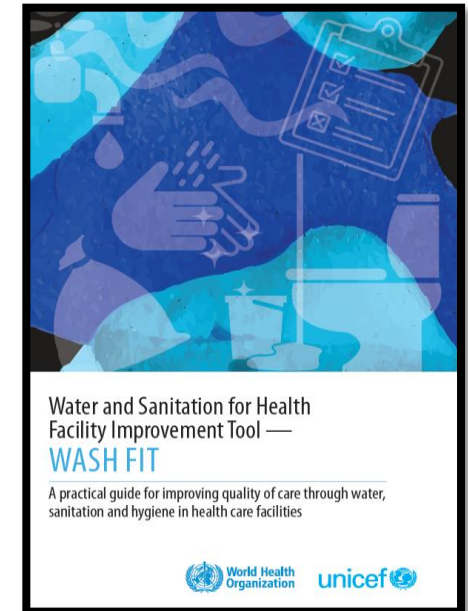
Systematic review of WASH in HCF and HCAI

- Initial searches conducted (March 2017)
 - Proposal submitted to Cochrane and under review
 - Results due end of 2017
- lauren.dmello-guyett@lshtm.ac.uk for more info or to get involved
- Detailed situational analyses (“Deep dive”) in early adopting countries underway (*GLE Technical Session 4*)
 - Synthesis report drafted end of 2017

Facility-based improvements

CO 4

Risk-based facility plans are implemented and support continuous WASH improvements, training and behavior of staff.



Target

WASH FIT rolled out and outcomes documented in 10 countries by 2018 and 30 countries by 2020.

Water and Sanitation for Health Facility Improvement Tool

- Risk-based, continuous quality improvement tool
- Roll out (selected examples):
 - Liberia: Ebola Recovery
 - Mali: Maternal/child health
 - Chad: Cholera hot spots
 - Madagascar: focus on HCWM
- Documenting outcomes: CDC developing an evaluation framework



Focus on small, incremental improvements



Planting plants by HCF entrance



Clear signs demonstrating gender separation of latrines



Hand washing poster drawn by head of HCF

Priorities & strategic considerations

- Elevating urgency and profile
- Proof of concept and scale-up
- Tools, training and empowerment
- Innovative financing and sustainability
- Monitoring and accountability
- Strengthening and presenting evidence
- Fostering partnerships

*From raising awareness
to taking action*



WASH in HCF knowledge portal

WASH IN HEALTH CARE FACILITIES

Global action to provide universal access by 2030

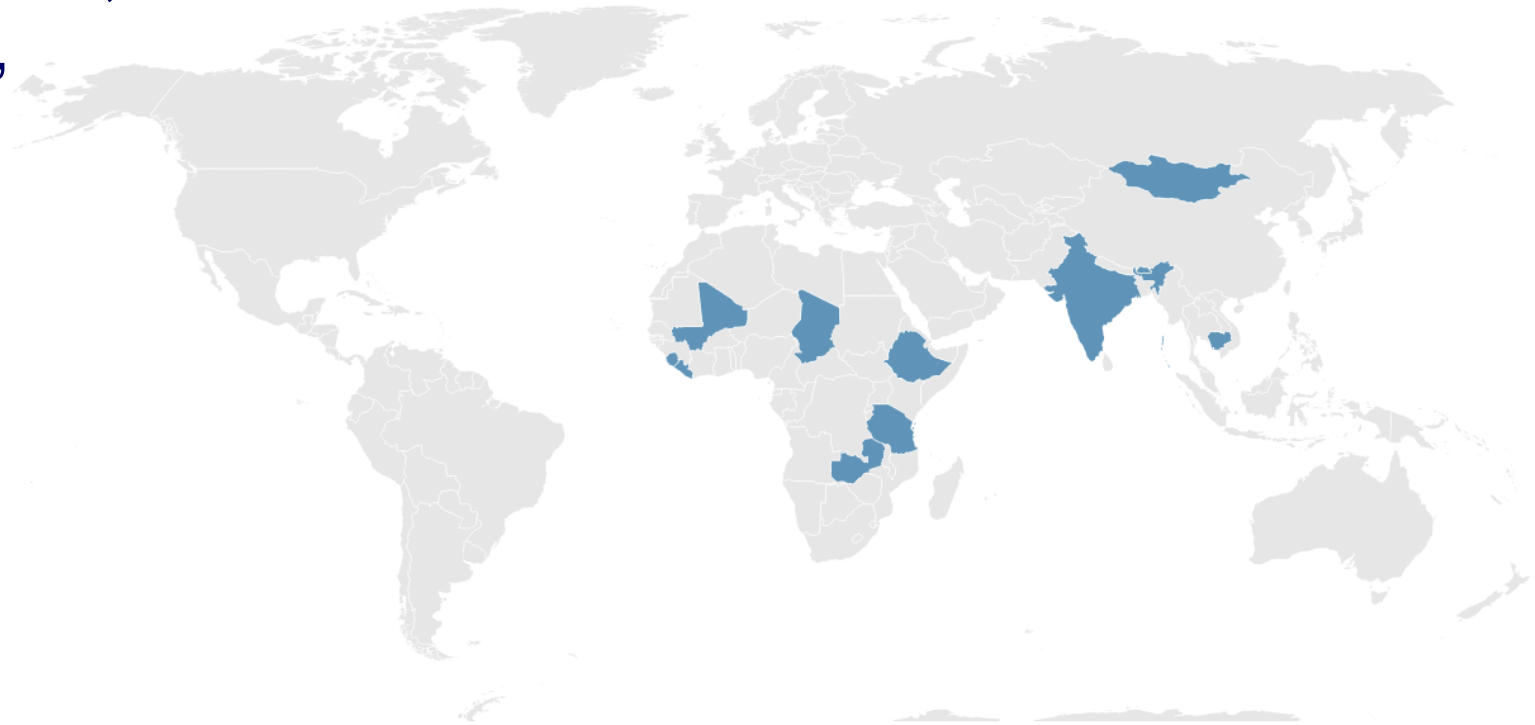
Contact us EN FR

Home Advocacy & Policy Monitoring Evidence & Research Standards & Facilities Case studies Resources

Activities from around the world

Click on the countries highlighted below for more information. Examples from other countries will be added in 2017.

Bhutan | Cambodia | Chad | Ethiopia | India | Liberia | Mali | Mongolia | Sierra Leone | Zambia | Zanzibar



- Overview and updates on task teams
- Country case studies
- Resources (publications, presentations, blogs, training materials, assessment tools)
- En & Fr

www.washinhcf.org

Useful links



Knowledge portal:
www.washinhcf.org

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WASH in HCF newsletter or share
updates:**

washinhcf@who.int

Twitter:
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[#washinhcf](https://twitter.com/washinhcf)

Overview of the week

[#washforhealth](#)



unicef 

The UNICEF logo is presented in white on a blue rectangular background. It consists of the word "unicef" in a lowercase, sans-serif font, followed by the organization's emblem. The emblem depicts a mother holding a child, with a globe in the background, all surrounded by a laurel wreath.

Culture of the learning event

Share

Learn

Spark Innovation

Challenge

Collaborate

Network

Structure of the learning event

- Working Groups

- Technical sessions

- Plenary sessions



Antimicrobial resistance (AMR) presents a significant threat to human health. World leaders have agreed that tackling AMR will require addressing both health and agriculture concerns with a focus on prevention. Improving infection prevention and control (IPC) and water, sanitation, and hygiene (WASH) is one of the five objectives in the World Health Organization's (WHO) AMR Global Action Plan. Nowhere is reducing infection more important than in health care facilities. Joint, immediate action to address IPC and WASH is essential.

WHO Guidelines on Core Components of Infection Prevention & Control Programmes at the National and Acute Health Care Facility Level

The 2018 World Health Organization (WHO) Guidelines on Core Components of Infection Prevention and Control (IPC) Programmes at the National and Acute Health Care Facility Level



by international experts adhering to WHO's IPC in every country and every health facility across the world.

Why a new set of guidelines?

1. Increasing acknowledgement of the threats posed by epidemics, pandemics and AMR and international support for IPC as one important part of the solution to protect people from these threats.
2. Renewed focus on the International Health Regulations (IHR) which position IPC as a key strategy for dealing with public health threats of international concern.
3. Sustainable Development Goals 3 and 6 and the requirement for effective, integrated IPC programmes to support quality health service delivery in the context of universal health coverage and water, sanitation and hygiene (WASH) at national and facility levels.



In 2015, for the first time, WHO and UNICEF assessed the status of WASH in health care facilities in low- and middle-income countries. With a significant proportion of facilities without any services at all, WHO, UNICEF and partners committed to address the situation, with the aim of achieving universal access in all facilities, in all settings, by 2030.

WASH AND THE SUSTAINABLE DEVELOPMENT GOALS

Under SDG 6 (safely managed water and sanitation), access to WASH in health care facilities will be regularly tracked and reported on for the first time, providing important evidence for action. Furthermore, achieving SDG 3 (health) depends on sustainable WASH services which are supported by cross-sectoral collaboration with Goal 7 (affordable and clean energy) and Goal 13 (climate action). The Global Action Plan on WASH in health care facilities is working to address this through three change objectives.

Multiple benefits of adequate WASH in health care facilities



* WASH in health care facilities includes water supply, sanitation, hygiene and health care waste management

5 Change Objectives

- CO 1 WASH in health care facilities is prioritised as a necessary step to achieving all global and national health goals especially those related to the health Sustainable Development Goals, Maternal & Child Health and Antimicrobial Resistance. Key decision makers, health facility staff and users champion WASH in health care facilities.
- CO 2 All countries have national standards and policies on WASH in health care facilities and dedicated improving and maintaining services, a successful scale up is documented.
- CO 3 Global and national monitoring efforts include harmonising core and extended evidence to track WASH in health care facilities.
- CO 4 The existing evidence base is reviewed and strengthened to enable evidence-based policy messages and the implementation of WASH in health care facilities.

Targets

- T1 WASH in health care facility standards and measures are embedded in at least 5 major health strategies and frameworks by 2017, and ALL relevant events by 2023.
- T2 National standards for WASH in health care facilities exist and are implemented in 10 countries by 2017, 40 countries by 2019, and 60 countries by 2023.
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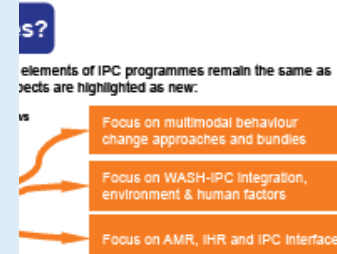
IPC AND AMR IN HEALTH CARE FACILITIES IN SOME COUNTRIES

IPC	AMR
Up to 20% of patients in acute care settings do not receive antibiotics when needed.	Prophylactic use of antibiotics is standard in over 90% of maternity units in several countries.
At least 10% of patients in acute care settings do not receive antibiotics when needed.	Patients with resistant <i>Staphylococcus aureus</i> are 68% more likely to die than those with a non-resistant infection.
At least 18% of patients in acute care settings do not receive antibiotics when needed.	Each year hundreds of millions of cases of diarrhoea are treated with antibiotics. Universal access to WASH could reduce this by 65%.

WASH AND COMPROMISED IPC

Over reliance on preventive use of antibiotics (AMR)	High health care costs and poor health outcomes
High health care costs and poor health outcomes	Low use of antibiotics to treat preventable infections
Low use of antibiotics to treat preventable infections	Low staff resistance

Changes will require accelerating joint IPC and AMR in health care settings.



Administrative Considerations

- Submitting presentations
- Signing up
- Where is what?

Reaching a global audience

- Ongoing learning, sharing
 - Meeting report
 - Learning briefs

- Social media
 - Tweet, Instagram, Facebook!
 - #washforhealth

- Have fun!