WASH in Health Care Facilities: Global action and health sector collaboration

Water, Sanitation and Hygiene in Health Care Facilities Session
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Globally, access to WASH in health care facilities is limited.

- 38% do not have an improved water source
- 19% do not have improved sanitation
- 35% do not have water and soap for handwashing
Safe health care waste management is also lacking

Nearly 2/3rds of facilities lack adequate waste disposal.
Conditions even worse in maternity wards

Data from 7 countries (4,087 maternities with 1,265,980 deliveries)

Water availability in Maternity units

- Delivery room: 65%
- Post partum: 18%
Water availability in operating theaters is better; but still less than optimal

Data from six countries (3,223 maternities with 1,132,881 deliveries)

Water availability in Operating theaters

- Water Available: 65%
- Water Not Available: 35%

Data was not available regarding the situation in ANC Rooms and Intensive care unit.
Benefits from improving WASH in health care facilities are many

- Facilities better prepared to continue to provide WASH in disasters; climate related events
- More efficient services; Disease / deaths averted
- Facilities model good behavior; improved hygiene practices at home
- Reduced health care acquired infections
- Reduced anti-microbial resistance
- Improved occupational health and safety
- Outbreak prevention and control (e.g. cholera, Ebola)
- Diarrheal disease prevention and control
- Improved satisfaction and ability to provide safe care
- Increased uptake of services; e.g. facility births, vaccinations

WHO Standards provide a basis for improving and monitoring access

- Water quantity
- Water quality
- Handwashing facilities
- Excreta and wastewater disposal
- Health care waste disposal
- Cleaning
- Control of vector borne diseases
- Information and hygiene promotion
Vision (2030)
To ensure that 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.

1. Advocacy Leadership and Action
2. Monitoring
3. Evidence and Operational Research
4. Policy, Standards and Facility Improvements
Snapshot of initial task team work
Advocacy and Action Team

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.

Universal Health Coverage

- Palliation
- Promotion
- Rehabilitation
- Prevention
- Treatment
- Safety and 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).

Universal Health Coverage (UHC) is defined as ensuring that all people can use promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.
Monitoring and Research Teams

Monitoring

- **Core** and **expanded** indicators in five key areas (water supply, sanitation, handwashing, cleaning and health care waste)
- Discussion with key assessments for inclusion in national surveys (SARA, SPA, SDI, PHPCHI)

Research

- Development of framework for assessing burden of disease associated with lack of WASH in health care facilities
Facility based improvement team

- Compilation and review of existing facility improvement tools
- Development of WASH safety plan and piloting in Chad, Mali and adaptation in Liberia
Health Sector Collaboration

**Quality Universal Health Coverage**
- Advocacy for WASH as tracer element
- Country work to examine bottlenecks and solutions

**Child and maternal health**
- Inclusion in quality of care packages

**Early Recovery (Ebola)**
- Joint WASH and infection prevention control indicators, monitoring and training
Timeline of action

April 2014
First global meeting in Madrid

July 2015
- Task teams established
- Two year work plan developed

Dec 2015
Core and expanded indicators finalized; implemented in national assessments

Mar 2016
Compendium of appropriate technologies

July 2016
Global meeting to report on progress

2030
All health care facilities have WASH services

March 2015
- First multi-country review released
- Second global meeting in Geneva
- Action Plan

October 2015
Online learning portal established

Feb 2016
Research meeting to review evidence and prioritize

May 2016
Event with quality UHC at World Health Assembly

Ongoing
Facility-based risk management tools tested and implemented (Chad, Ethiopia, Liberia, Mali, etc)
Thank You

For more information and to get involved visit the new knowledge portal:

www.washinhcf.org
washinhcf@who.int

Presentation References:
- National Emergency and Neonatal Care (EmONC) needs assessments reports