

WASH in health care facilities: An unmet need

*“The world can no longer afford
to overlook the fundamentals”**



FRAMING AND AFRICAN STATUS

*Tedros Adhanom Ghebreyesus, Director-General, World Health Organization
Henrietta H. Fore, Executive Director, United Nations Children's Fund

Globally access to fundamental WASH services remains poor...



Source: WHO/UNICEF (2020) *Global Progress report on WASH in health care facilities: Fundamentals First*.

<https://www.who.int/publications/i/item/9789240017542>

...which impacts quality of care



Up to 90% of health workers do not adhere to recommended hand hygiene practices due to many factors including lack of an enabling environment.



Up to 1 million mothers and newborns die from preventable infections linked with unclean births.



In Africa, up to 20% of women get a wound infection after a caesarean section.



Hospital-born babies in low-income settings are at a higher risk of being affected by neonatal sepsis, with infection rates 3 to 20 times higher than in high-income settings.



On average 15% of patients in LMICs will acquire at least one infection in acute care hospitals. Globally, drug resistant infections kill more people than susceptible infections.

5.0 million deaths

per year in 137 LMICs from **poor quality care.**

[https://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X\(17\)30101-8.pdf](https://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X(17)30101-8.pdf)

Less than half of facilities in Africa have basic water

FIGURE 5. PROPORTION OF HEALTH CARE FACILITIES WITH BASIC WATER SERVICES, BY COUNTRY AND SDG REGION, 2019 (%)

In 2019, coverage of basic water services in health care facilities varied widely between countries.

SUB-SAHARAN AFRICA



Less than 1/3 of health care facilities in Africa have basic sanitation

SANITATION



10% of health care facilities,

used by 800 million people globally, had no sanitation service, meaning that they had unimproved toilets or no toilets.

Only **27 countries** and two out of eight SDG regions had enough data to report on basic sanitation services, representing 12% of the global population.

The proportion of facilities without sanitation services ranged from

3% in Latin America and the Caribbean — to — **32%** in Oceania



37% of health care facilities in LDCs

had basic sanitation services, meaning having improved sanitation facilities that are usable, with at least one toilet dedicated for staff, at least one sex-separated toilet with menstrual hygiene facilities, and at least one toilet accessible for people with limited mobility.

There were not enough countries with basic estimates to calculate global sanitation coverage.



29% of health care facilities in sub-Saharan Africa and

38% of health care facilities in Latin America and the Caribbean

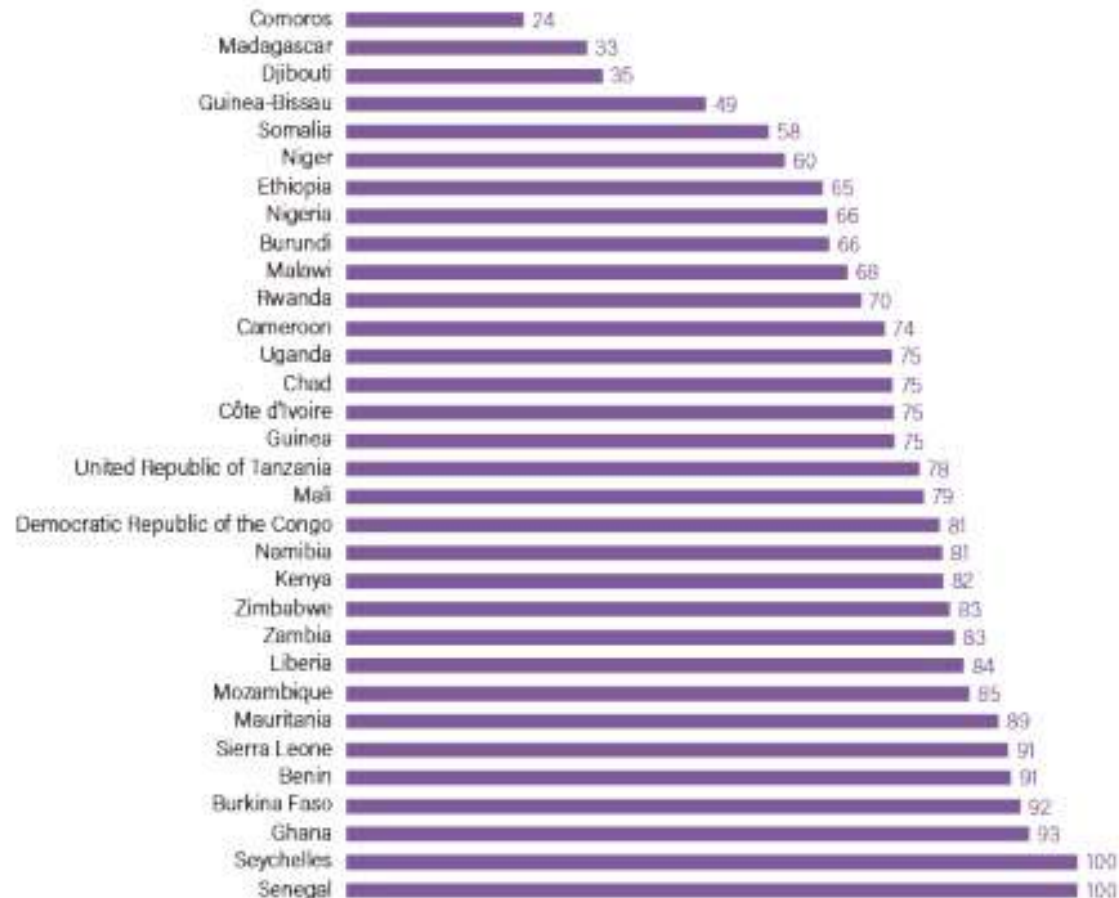
had basic services.

3 out of 4 have hand hygiene facilities at points of care

FIGURE 16. PROPORTION OF HEALTH CARE FACILITIES WITH HAND HYGIENE AT POINTS OF CARE, BY COUNTRY AND SDG REGION, 2019 (%)

In 12 of 71 countries with available data, less than half of health care facilities had hand hygiene facilities at points of care in 2019.

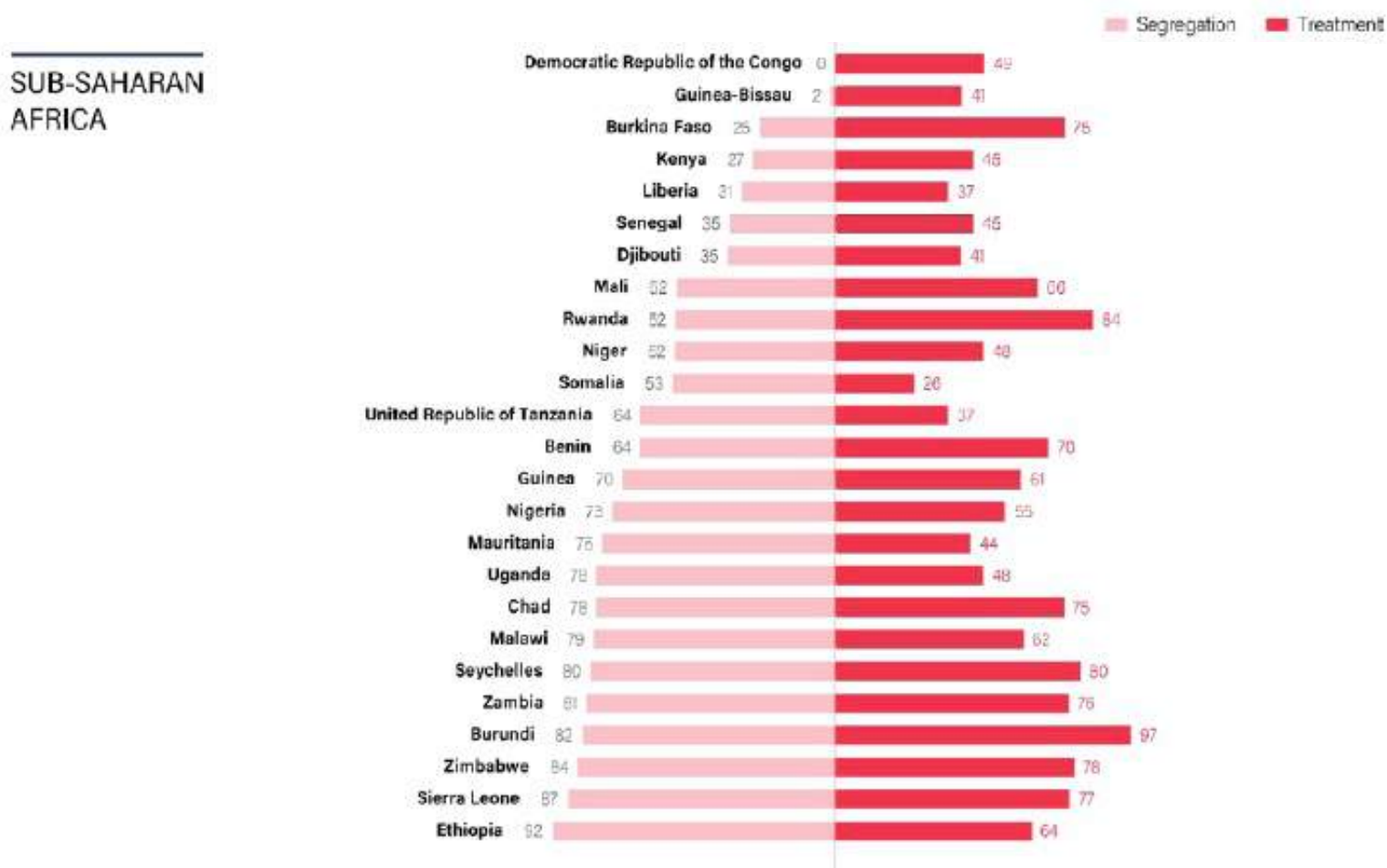
SUB-SAHARAN AFRICA



2 out of 5 facilities in Africa have basic waste management

FIGURE 19. PROPORTION OF HEALTH CARE FACILITIES WITH WASTE SEGREGATION AND TREATMENT, BY COUNTRY AND SDG REGION, 2019 (%)

Waste may be either segregated and not treated, or treated without segregation.



All ministries of health have committed to improving WASH in HCF

- At the 2019 World Health Assembly, **194 countries** committed to universal WASH access in HCF (Resolution WHA 72.7).



8 practical steps

A framework for national action and accountability and the basis for tracking.

WASH in health care facilities is an investment opportunity

Every dollar invested in hand hygiene yields, on average a US \$15 return.

- **Costs for achieving universal WASH in health care facilities in least developed countries are modest**
 - Overall cost over 10 years=USD 7.9 billion
 - Per capita cost=USD 0.65/year
 - Resource needs greatest for rural clinics, O&M, and waste management
- **Sufficient budgets and financing requires:**
 - Rigorous process to gather costs of defined WASH (and IPC) packages
 - Investments in operation and maintenance (not just capital)
 - Intersectoral dialogue and financial planning

Addressing waste, climate and COVID-19

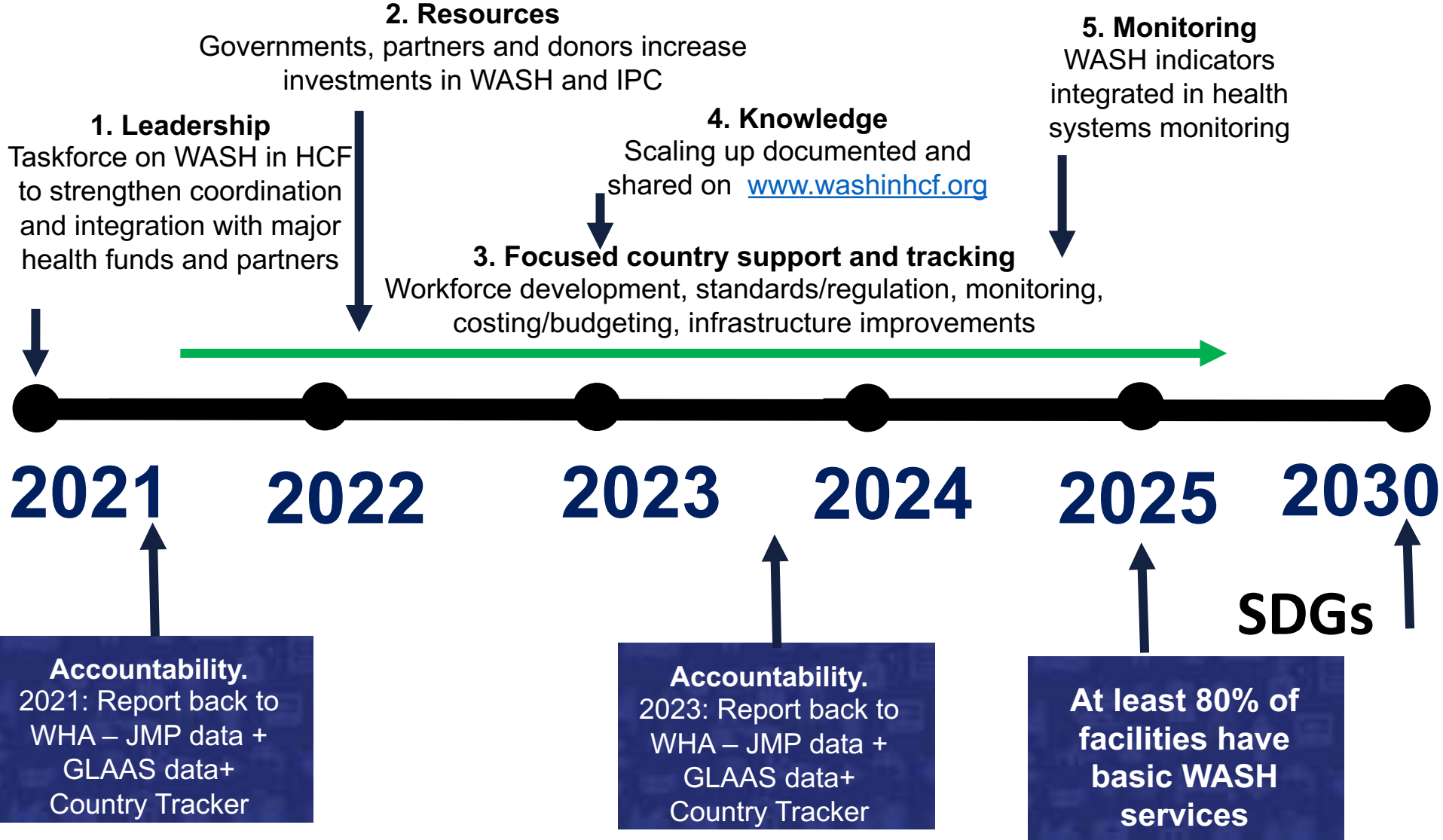


Overview of technologies for the treatment of infectious and sharp waste from health care facilities



- **Large increases of COVID-19 waste have negative impact on climate**
 - In 6 months in 2020, 3 bn items of PPE utilised in UK, generated 591 tons of waste a day; addt'l 1% carbon burden
 - Cities such as Manila, Kuala Lumpur, Hanoi and Bangkok produced 154-280 MORE tons of medical waste/day compared to before COVID-19
- **Solutions exist**
 - Rational use of PPE
 - Locally sourced and recycled PPE
 - Investments in municipal waste services and centralized treatment
 - Recycling + reverse chain logistics
 - Investments increasing (e.g. part of 3 billion USD new Global Fund going to waste)
- **WHO global report on health care waste and COVID-19 coming in Q4 2021**
 - Document volumes of PPE procured and distributed (**looking for data!**)
 - Highlight case studies of effective and innovative approaches
 - Recommend clear actions for health and environment sectors

The next five years



Greatest gains by focusing in 4 main areas:

Action is needed now



Implement targeted plans with dedicated budget



Monitor and review progress in improving services, practices and the whole health care environment



Develop capacities of health workforce to promote and practice good hygiene and improve the quality of services



Integrate water, sanitation and hygiene into regular health care sector planning, budgeting and programming



Your voice and role can make a difference

Learn

- Understand situation, tell others, advocate for action and resources
- Visit www.washinhcf.org for practical tools, case studies, news and stories.
- OpenWHO training <https://openwho.org/courses>
- YouTube channel, search “WASH in health care facilities”



Connect

- Join the conversation and share your questions & comments **@WASH_for_health**
- Participate in global and regional network and alliance building conversations hosted by WHO and UNICEF

Commit

- Make and reaffirm your commitment and encourage others to commit at www.washinhcf.org/commitments

Country tracking

What is the purpose?

- **Biennial updates** presented to the World Health Assembly (WHA)
- Provides opportunity for countries to identify gaps & priorities

What is tracked?

- Progress against **Practical Steps 1-7**

What is the process?

- Information collected by WHO and UNICEF country offices with government counterparts using **online survey**
 - WHO HQ reviews and completes tracker
 - Validation of tracker by country offices
 - Shared at WHA and online at www.washinhcf.org

8 Practical steps

- 8 key national actions to improve and sustain WASH in health care facilities
- Countries committed to these actions in the 2019 World Health Assembly Resolution



African country progress

Situational analysis and baseline complete and national taskforce revitalized and prioritized within COVID-19 operations; roadmap in process

	1		2	3		4	5
	SITUATIONAL ANALYSIS	BASELINE ASSESSMENT OR DATA	NATIONAL COORDINATION & ROADMAPS	NATIONAL STANDARDS		INFRASTRUCTURE IMPROVEMENTS	WASH INDICATORS IN NATIONAL MONITORING
				WASH IN HEALTH CARE FACILITIES	HEALTH CARE WASTE MANAGEMENT		
Benin	●	●	●	●	●	●	●
Chad	●	●	●	●	●	●	●
Democratic Republic of Congo	●	●	●	●	●	●	●
Ethiopia	●	●	●	●	●	●	●
The Gambia	●	●	●	●	●	●	●
Ghana	●	●	●	●	●	●	●
Guinea-Bissau	●	●	●	●	●	●	●
Liberia	●	●	●	●	●	●	●
Madagascar	●	●	●	●	●	●	●
Malawi	●	●	●	●	●	●	●
Maldives	●	●	●	●	●	●	●
Mali	●	●	●	●	●	●	●
Mozambique	●	●	●	●	●	●	●

- Completed or achieved on a national level and/or large-scale implementation ongoing
- Practical step underway or partially completed
- A need has been identified to and/or plans are in place to start
- No progress made and/or no plans in place to start

Strategic plan (2016-2021) and WASH in HCF Resolution action plan in place

African country progress, continued

1		2	3		4	5
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			WASH IN HEALTH CARE FACILITIES	HEALTH CARE WASTE MANAGEMENT		

Niger	●	●	●	●	●	●	●
Nigeria	●	●	●	●	●	●	●
Rwanda	●	●	●	●	●	●	●
United Republic of Tanzania	●	●	●	●	●	●	●
Uganda	●	●	●	●	●	●	●
Zambia	●	●	●	●	●	●	●
Zimbabwe	●	●	●	●	●	●	●

Situational analysis planned in 2021; surveys completed in targeted districts

- Completed or achieved on a national level and/or large-scale implementation ongoing
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- A need has been identified to and/or plans are in place to start
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Data as presented in December 2020 Global Progress Report + updates from Ethiopia, Ghana, Mali and Madagascar

Snapshot of progress: New countries just added

	Situational analysis	Baseline assessment	National coordination & roadmap	WASH in health care facilities standards	Health care waste standards	Infrastructure improvements	Indicators into monitoring systems
Burkina Faso	●	●	●	●	●	●	●
Kenya	●	●	●	●	●	●	●
Senegal	●	●	●	●	●	●	●
Sierra Leone	●	●	●	●	●	●	●
South Sudan	●	●	●	●	●	●	●

Some data exist for all 5 countries but not comprehensive

Taskforce meets quarterly but no roadmap exists

WASH FIT piloted in all countries,
Burkina Faso: 17 HCF from 2019-2021
Sierra Leone: 52 / 1365 HCF making improvements

WASH indicators integrated into DHIS2

Countries are taking action

Snapshot of progress from **53 countries** including **23 in Africa**:

New entries submitted in April 2021 (not included in Fundamentals First publication)

Benin
Burkina Faso
Chad
DRC
Ethiopia
The Gambia
Ghana
Guinea-Bissau
Kenya
Liberia
Madagascar
Malawi

Mali
Mozambique
Niger
Nigeria
Senegal
Sierra Leone
South Sudan
Tanzania
Uganda
Zambia
Zimbabwe

Nearly all countries are in the process of updating written standards



Nearly 3 in 4 countries are doing work to understand their current status and have established national coordination mechanisms



Fewer than 1 in 3 countries have plans with dedicated budgets



Fewer than 1 in 10 countries have integrated water, sanitation and hygiene into monitoring plans



Examples of actions in Africa

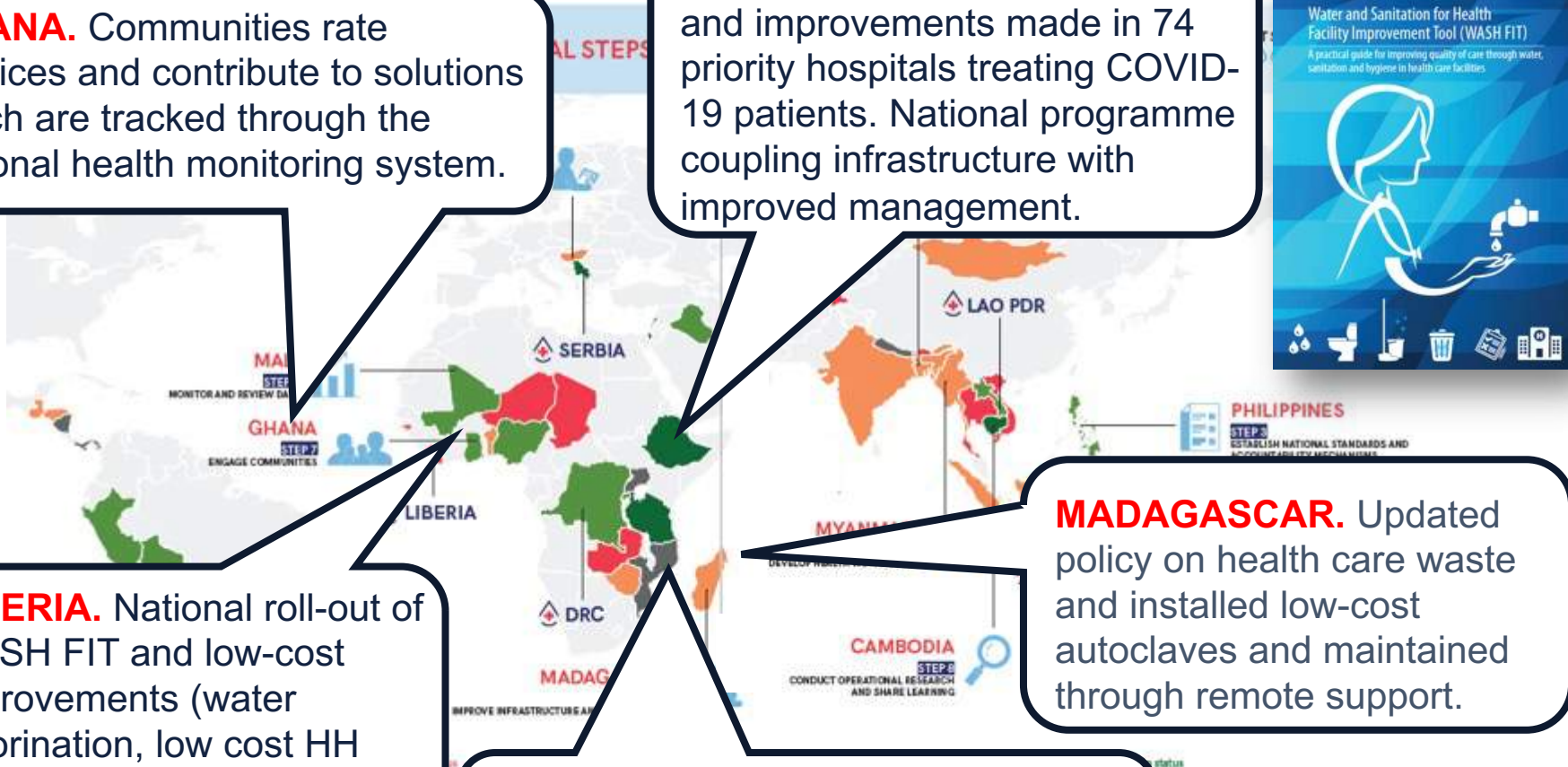
GHANA. Communities rate services and contribute to solutions which are tracked through the national health monitoring system.

ETHIOPIA. Rapid assessments and improvements made in 74 priority hospitals treating COVID-19 patients. National programme coupling infrastructure with improved management.

LIBERIA. National roll-out of WASH FIT and low-cost improvements (water chlorination, low cost HH facilities).

MALAWI. Improving WASH within quality of care efforts for mothers and newborns; developed investment case for energy and WASH in health care.

MADAGASCAR. Updated policy on health care waste and installed low-cost autoclaves and maintained through remote support.



WASH FIT implementation in the region



- WASH FIT: Risk assessment, prioritisation and quality improvement tool
- Used in 40+ countries to improve WASH services and practices
 - Early adopters: Chad, Ghana, Liberia, Madagascar, Mali
 - Recent African countries: Guinea Bissau, Mozambique, Niger, Rwanda, Zimbabwe
- Engages facility staff, facility managers and the community
- Updated WASH FIT V 2.0 package to be shared in Q3 2021; greater focus on climate, gender/inclusion, safe plumbing and integration with wider health efforts.



Importance of coupling WASH infrastructure improvements with hand hygiene behaviour

- Annual 5 May Campaign provides an opportunity to reinforce messaging about optimal access and hand hygiene behaviour



- **Health care workers:**
 - Now more than ever, clean your hands at the point of care!
- **IPC practitioners**
 - Be a champion and mentor for clean hands at the point of care!
- **Facility Managers:**
 - Ensure hand hygiene supplies are available at every point of care.
- **Policy Makers :**
 - Invest now to ensure hand hygiene for all.
- **Patients and families:**
 - Help us to help you: please clean your hands!
- **Vaccinators**
 - Clean your hands with every vaccine.
- **Everyone**
 - Make clean hands your habit – It protects us all!

Thank you



Improved Sanitation and Hygiene in Health Care Facilities in Mali through WASH FIT and Community Mobilization

Brigit Zuber 18. November 2020

written by *Aboubacar Ballo* - Terre des hommes

Note: The original story is available in French [here](#).



"Now that we have running water inside the maternity ward, the place feels like home again. It's easy to wash hands before and after we assist any patient. Our patients can clean themselves after giving birth right here at the health facility. They no longer have to risk their lives and lose dignity by walking long distances. Personally I feel good to work here having clean water. It has brought confidence in my line of work. Lives are saved."

Mary, midwife from Malawi.