

# Addressing the WASH in health care facility crisis: global status and practical actions to improve quality care



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# 2019 – a renewed impetus & opportunity for action



Global baseline and guidance form basis for strategic action

72<sup>nd</sup> World Health Assembly (WHA) approves a **Resolution** on WASH in health care facilities

National leaders convene to strengthen & catalyze further action on WASH in health care facilities

Every user accesses quality care and universal WASH

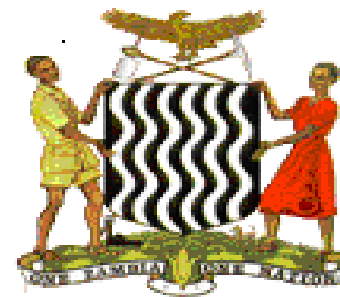
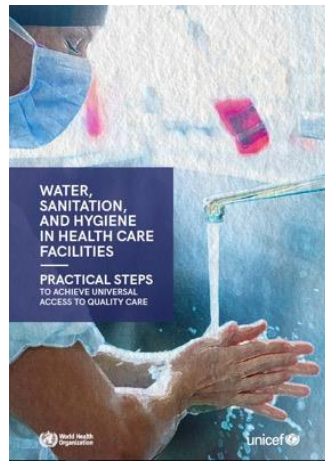


April

May

Today

The (near) future



# 2019 World Health Assembly Resolution



## Calls for Countries to:

- Establish **national roadmap, targets** and implement WASH in HCF and infection prevention and control (IPC) standards
- Integrate WASH and IPC **indicators** into health programming and monitoring
- **Address inequities**, especially in primary health care facilities and facilities where births occur
- Increase **domestic funding** for WASH in HCF

## Calls for the WHO Director General:

- Provide leadership, technical guidance and regularly report on status
- Mobilize partners and investments



Full text of resolution

[http://apps.who.int/gb/ebwha/pdf\\_files/WHA72/A72\\_R7-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_R7-en.pdf)

# A global vision



Every health care facility has the necessary and functional WASH services and practices in order to provide **essential, quality** health services for **everyone, everywhere**

# Global targets



## Basic services

- By 2020, 60% of all health care facilities globally and in each SDG region have at least basic WASH services;
- By 2025, 80% have basic WASH services, and
- By 2030, 100% have basic WASH services

## Higher service levels

- By 2022 higher levels of service are defined and monitored in countries where universal basic WASH services have been achieved already;
- By 2030, higher levels of WASH services are achieved universally in 80% of those countries

# Metrics for success

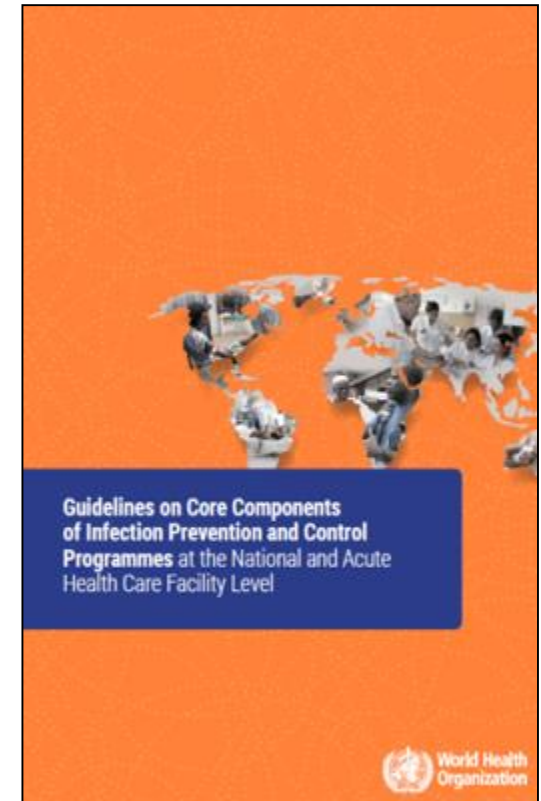


- 1. Commitments:** By 2020, at least 35 international partners have committed additional resources to WASH in health care facilities.
- 2. Baseline, standards and targets:** By 2021, all countries have completed baseline WASH in health care facility assessments, have set national targets, and have developed and are implementing national standards.
- 3. Integration with health:** By 2023, all countries have included WASH in health plans, budgets, and implementation efforts (e.g. quality of care, infection prevention and control, antimicrobial resistance, universal health coverage/primary health care).
- 4. Meeting/exceeding targets:** By 2025, at least 50 countries that did not have universal access in 2016 have met or exceeded their own national targets.



# Global baseline data

# Norms underlying monitoring





# 5 elements of WASH in health care facilities



1. Water services
2. Sanitation services
3. Hygiene services
4. Health care waste management
5. Cleaning



# WATER

BASIC SERVICE

Water is available from an improved source on the premises.

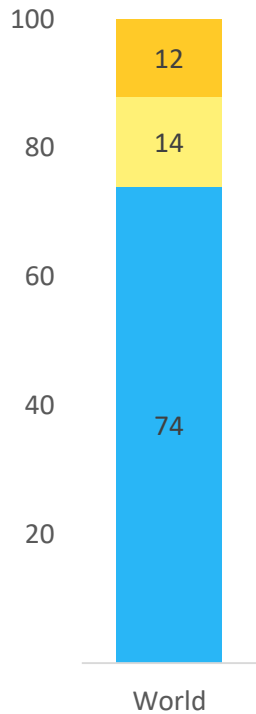
LIMITED SERVICE

An improved water source is within 500 metres of the premises, but not all requirements for basic service are met.

NO SERVICE

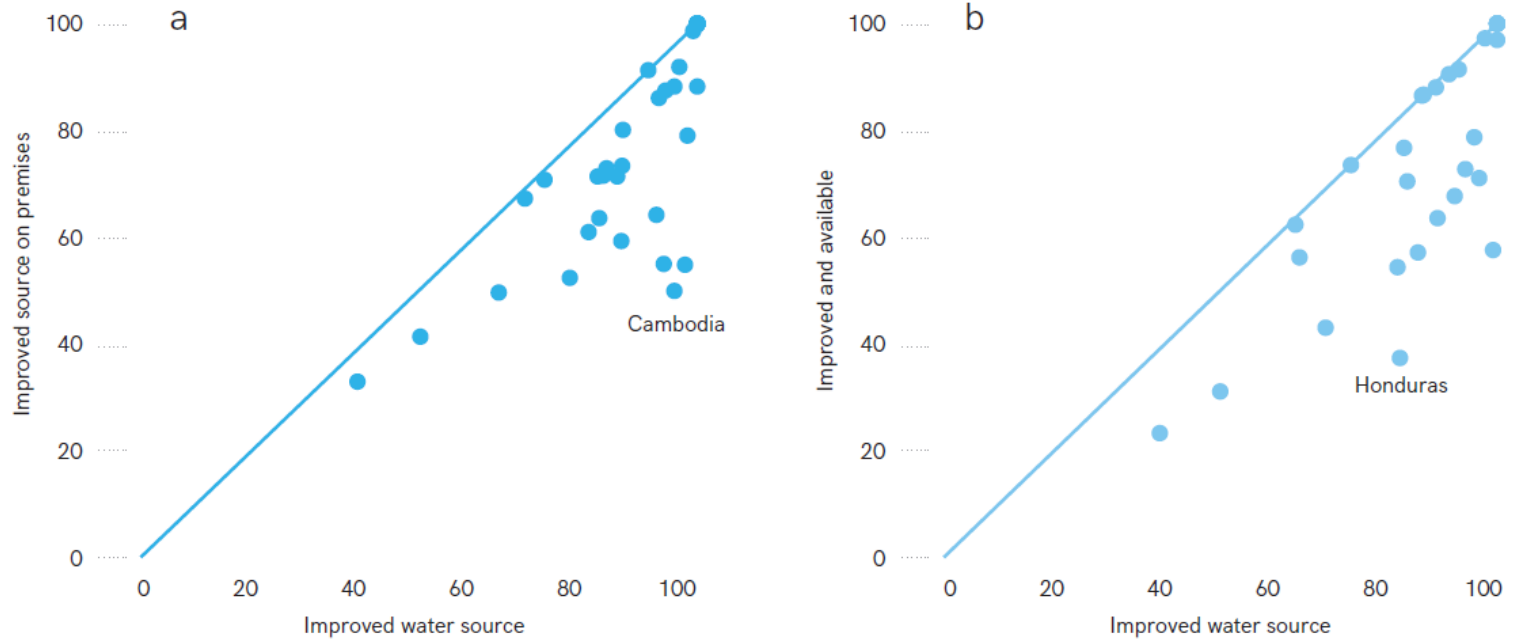
Water is taken from unprotected dug wells or springs, or surface water sources; or an improved source that is more than 500 metres from the premises; or there is no water source.

# Highlights: Water



- No service
- Insufficient Data
- Basic

Most health care facilities have improved water sources, but far fewer meet the criteria for basic water services



**FIGURE 18**

Proportion of health care facilities with improved water sources and improved sources on the premises (a, n=53) or with improved water sources from which water is available (b, n=40), by country (%)

# SANITATION

BASIC SERVICE

Improved sanitation facilities 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.

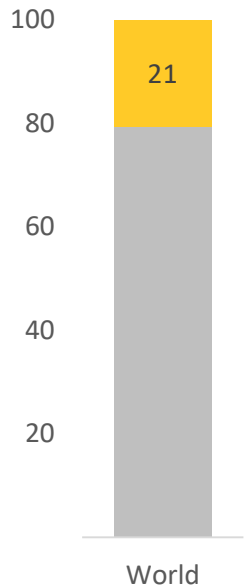
LIMITED SERVICE

At least one improved sanitation facility is available, but not all requirements for basic service are met.

NO SERVICE

Toilet facilities are unimproved (e.g. pit latrines without a slab or platform, hanging latrines, bucket latrines) or there are no toilets.

# Highlights: Sanitation



- No service
- Insufficient Data
- Limited
- Basic

Country	Facility	Improved	& Usable	& Dedicated for Staff	& Sex-separated	& Menstrual hygiene	& Limited mobility	Basic
Kuwait	100	100	100	100	100	100	100	100
Czechia	100	100	100	98	95	95	-	95
Montenegro	100	100	100	100	100	100	85	85
Serbia	100	100	100	100	100	73	73	73
Ethiopia	96	76	76	71	59	-	-	59
Azerbaijan	100	100	98	48	100	100	-	48
Armenia	-	81	62	87	42	42	41	41
Paraguay	100	88	63	31	26	-	-	26
Zimbabwe	100	100	72	89	97	32	17	17
Lebanon	96	83	83	70	59	31	16	16
Maldives	100	100	99	80	15	30	57	15
Nigeria	84	59	49	46	-	31	12	12
Uganda	100	91	88	-	28	-	12	12
Peru	97	90	83	86	64	-	7	7
United Republic of Tanzania	99	51	51	5	36	-	5	5
Liberia	76	76	76	31	54	-	3	3
Comoros	-	51	38	43	9	2	7	2
Honduras	100	96	84	78	70	-	1	1

# HYGIENE

BASIC SERVICE

Functional hand hygiene facilities (with water and soap and/or alcohol-based hand rub) are available at points of care, and within five metres of toilets.

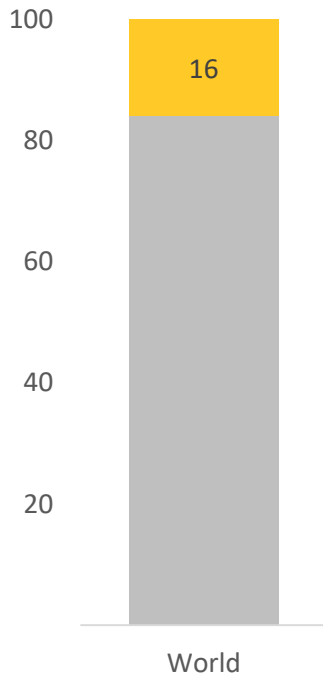
LIMITED SERVICE

Functional hand hygiene facilities are available either at points of care or toilets but not both.

NO SERVICE

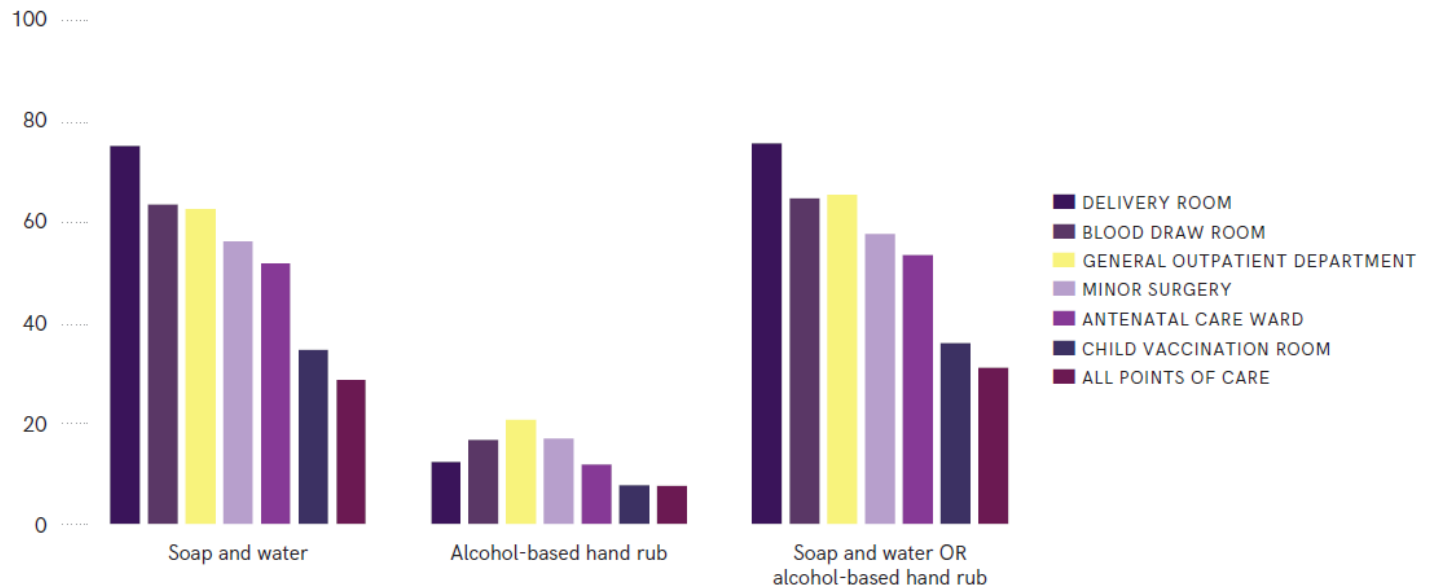
No functional hand hygiene facilities are available either at points of care or toilets.

# Highlights: Hygiene



- No service
- Insufficient Data
- Limited
- Basic

In Malawi, hand hygiene facilities are least likely to be found in child vaccination rooms



**FIGURE 48** Proportion of examination rooms, by type, with soap and water and alcohol-based hand rub, observed at the time of visit at health care facilities in Malawi (Service Provision Assessment, 2013, n=540-977) (%)

# WASTE MANAGEMENT

BASIC SERVICE

Waste is safely segregated into at least three bins, and sharps and infectious waste are treated and disposed of safely.

LIMITED SERVICE

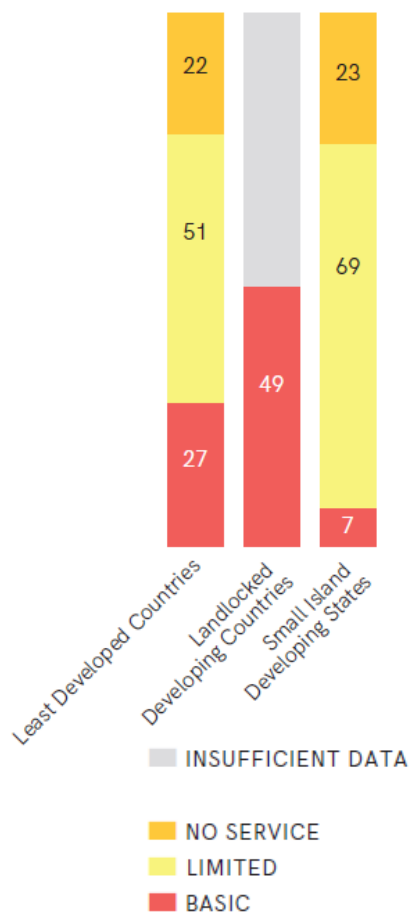
There is limited separation and/ or treatment and disposal of sharps and infectious waste, but not all requirements for basic service are met.

NO SERVICE

There are no separate bins for sharps or infectious waste, and sharps and/or infectious waste are not treated/disposed of safely.



# Highlights: Waste management



Open burning of sharps waste is widespread

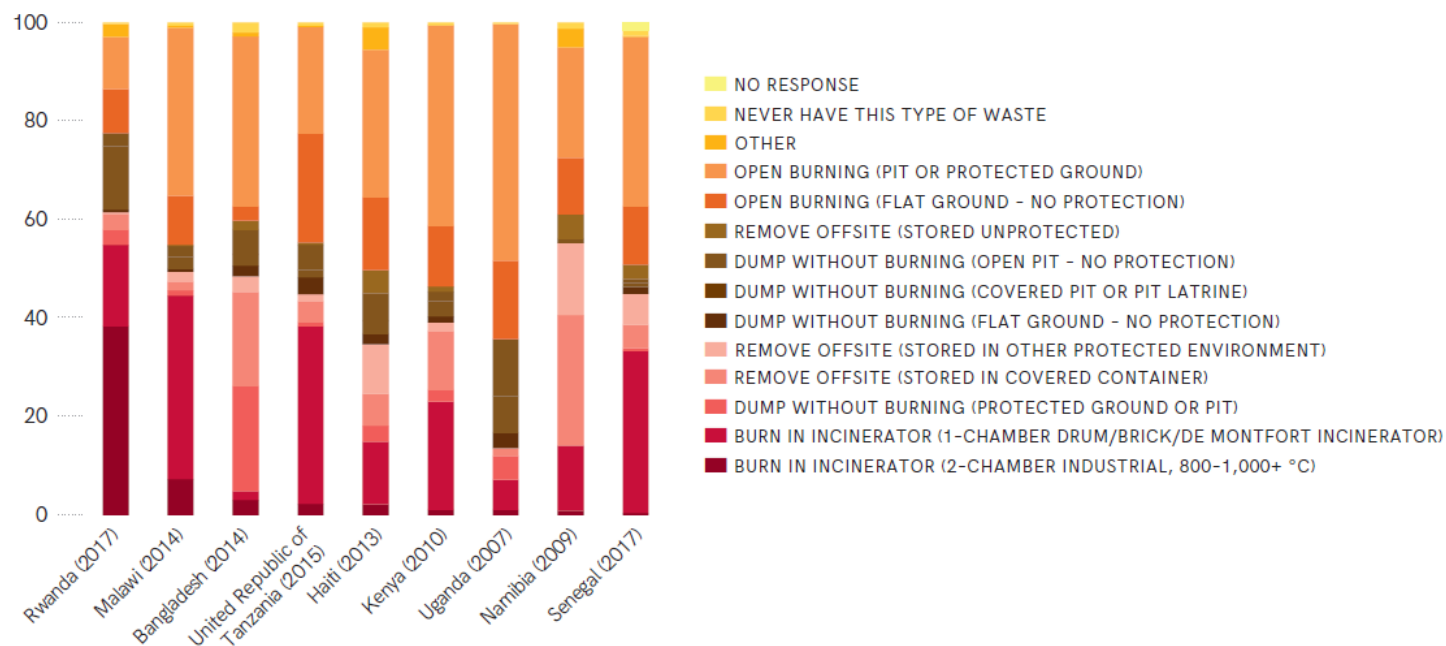


FIGURE 64 Method used for treatment and disposal of sharps in selected Service Provision Assessment (SPA) surveys 2012-17 (%)

# ENVIRONMENTAL CLEANING

BASIC SERVICE

Basic protocols for cleaning are available, and staff with cleaning responsibilities have all received training.

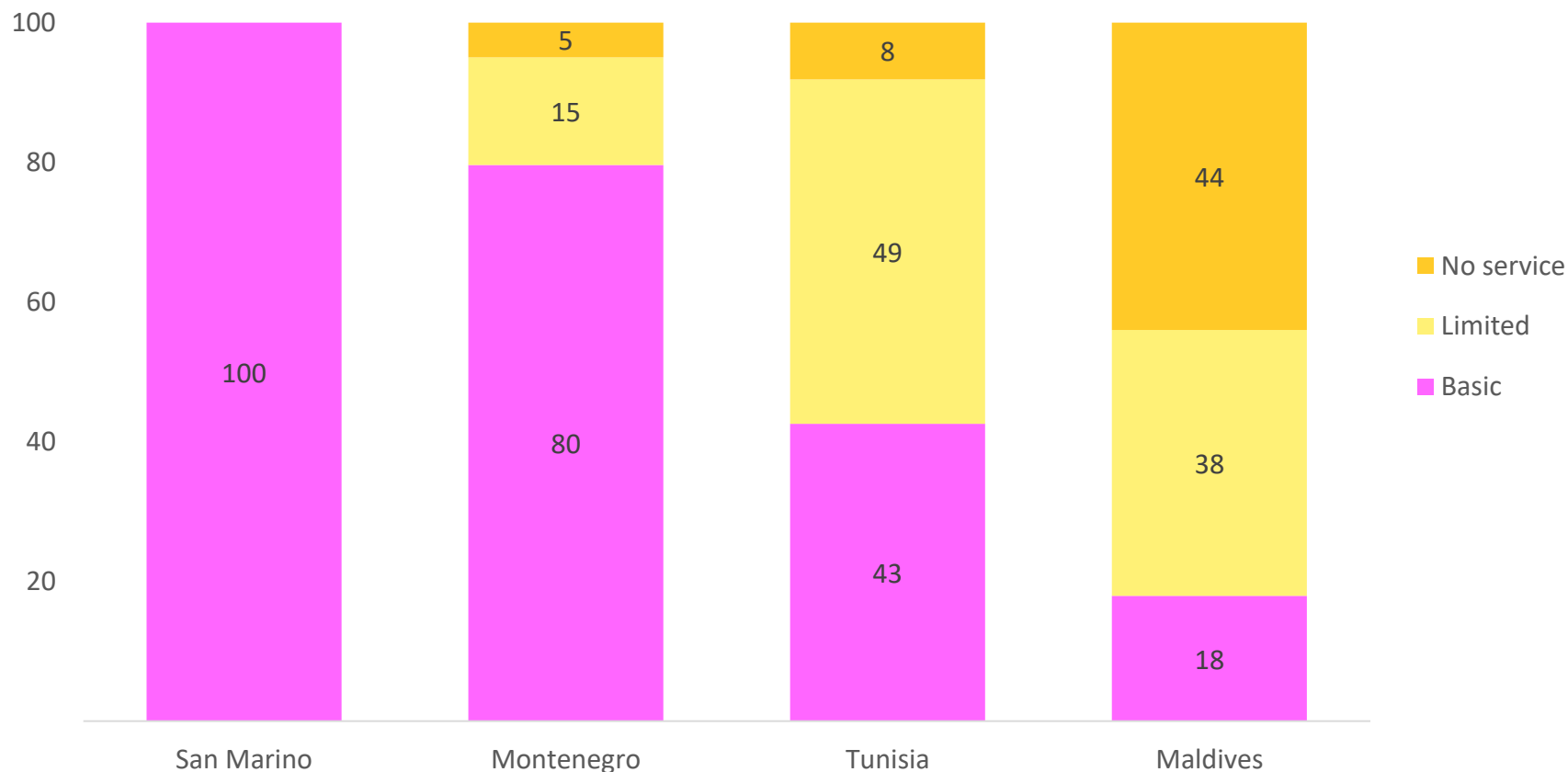
LIMITED SERVICE

There are cleaning protocols and/or at least some staff have received training on cleaning.

NO SERVICE

No cleaning protocols are available and no staff have received training on cleaning.

# Highlights: Environmental Cleaning



# 5 basic indicators, 16 core questions

## G-W1. What is the main water supply for the facility?

(Tick one)

Piped supply inside the building (if yes, skip to G-W3)	
Piped supply outside the building	
Tube well / Borehole	
Protected dug well	
Unprotected dug well	
Protected spring	
Unprotected spring	
Rain water	
Tanker truck	
Surface water (river/dam/lake/pond)	
Other (specify) _____	
Don't know (skip to G-S1)	
No water source (skip to G-S1)	

### Note

If there is more than one source, the one used most frequently should be selected. If patients need to bring water from home because water is not available at the facility, "no water source" should be selected.

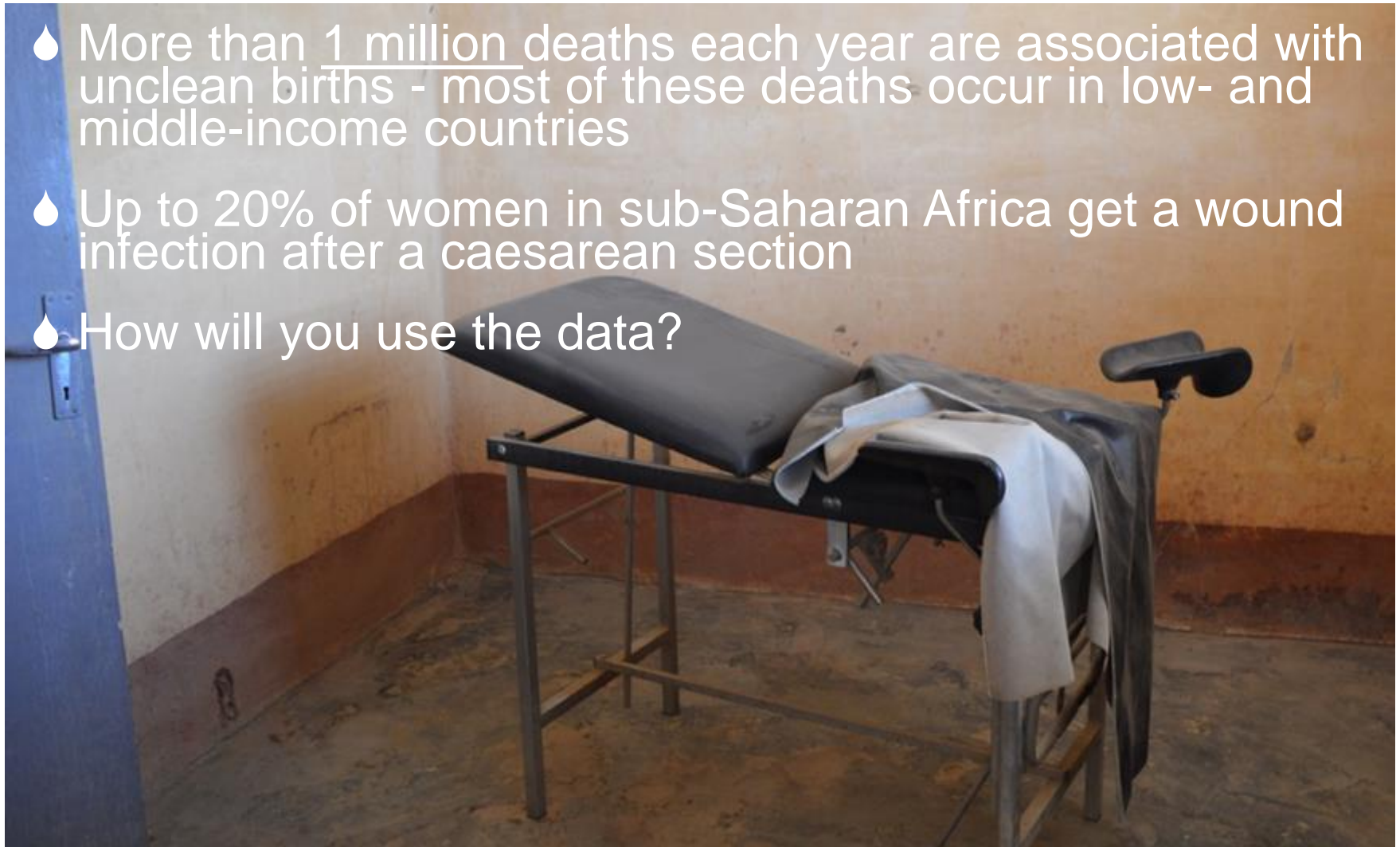
Response options and terminology should be modified to reflect the local context such that respondents are able to clearly understand each option.

Photos may be useful, where feasible.

- Main water source (select one):  Piped  Tube well/Borehole  Protected dug well  Unprotected dug well  Protected spring  Unprotected spring  Rain water  Tanker truck  Surface water (River/Lake/Canal)  No water source  Other: \_\_\_\_\_
- Main water source is on premises:  Yes  Off premises but up to 500 m  More than 500 m
- Water from main source is currently available:  Yes  No
- Number of usable (available, functional, private) toilets for health care facility: \_\_\_\_\_ (insert number)
- Type of toilets/latrines (select one – most common):  Flush/Pour-flush to sewer  Flush/Pour-flush to tank or pit  Flush/Pour-flush to open drain  Pit latrine with slab/covered  Pit latrine without slab/open  Bucket  Hanging toilet/latrine  None
- Toilets separated for staff and patients:  Yes  No
- Toilets separated for male and female patients:  Yes  No
- Female toilets have facilities to manage menstrual hygiene needs (covered bin, and/or water and soap):  Yes  No
- At least one toilet accessible to people with limited mobility:  Yes  No
- Soap and water (or alcohol-based hand rub) currently available in consultation rooms:  Yes  Partially (e.g. lacking materials)  No
- Soap and water currently available at toilets:  Yes, within 5 m of toilets  Yes, more than 5 m from toilets  No, no soap and/or no water
- Sharps, infectious and general waste are safely separated into three bins in consultation room:  Yes  Somewhat (bins are full, include other waste, or only 1 or 2 available)  No
- Treatment/disposal of sharps waste:  Autoclave  Incinerator (2 chamber, 850-1000 °C)  Incinerator (other)  Burning in protected pit  Not treated, but buried in lined, protected pit  Not treated, but collected for medical waste disposal  Open dumping without treatment  Open burning  Not treated and added to general waste  Other: \_\_\_\_\_ (specify)
- Treatment/disposal of infectious waste:  Autoclave  Incinerator (2 chamber, 850-1000 °C)  Incinerator (other)  Burning in protected pit  Not treated, but buried in lined, protected pit  Not treated, but collected for medical waste disposal  Open dumping without treatment  Open burning  Not treated and added to general waste  Other: \_\_\_\_\_ (specify)
- Protocols for cleaning (floor, sink, spillage of blood or bodily fluid) and cleaning schedule are available:  Yes  No
- All staff responsible for cleaning have received training:  Yes  Not all trained  None trained

# Data to drive action

- More than 1 million deaths each year are associated with unclean births - most of these deaths occur in low- and middle-income countries
- Up to 20% of women in sub-Saharan Africa get a wound infection after a caesarean section
- How will you use the data?

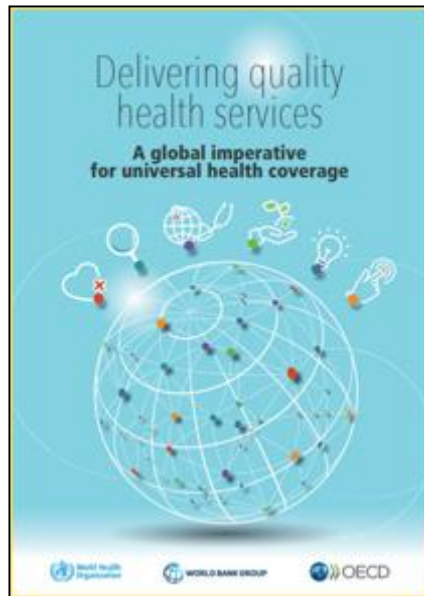




# Practical steps



# WASH in health care facilities – “a fundamental building block” ....



For quality health care & UHC

For patient safety

For maternal & child health

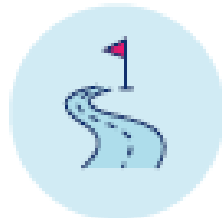
For infection prevention & control (IPC) & AMR prevention

# Practical steps for improving and sustaining services

1 CONDUCT SITUATION ANALYSIS AND ASSESSMENT



2 SET TARGETS AND DEFINE ROADMAP



3 ESTABLISH NATIONAL STANDARDS AND ACCOUNTABILITY MECHANISMS



4 IMPROVE INFRASTRUCTURE AND MAINTENANCE



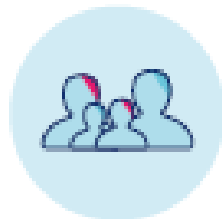
5 MONITOR AND REVIEW DATA



6 DEVELOP HEALTH WORKFORCE



7 ENGAGE COMMUNITIES



8 CONDUCT OPERATIONAL RESEARCH AND SHARE LEARNING



Leadership and commitment

Integration and coordination

Empowerment and accountability



# Countries at the center of efforts



1 CONDUCT SITUATION ANALYSIS AND ASSESSMENT



4 IMPROVE INFRASTRUCTURE AND MAINTENANCE



5 MONITOR AND REVIEW DATA



7 ENGAGE COMMUNITIES



## Embedding WASH standards in national quality efforts

*Cambodia, Ethiopia, Kenya, Ghana, India, Mozambique, Tanzania*

## Risk-based WASH improvements

*Cox's Bazaar, Bhutan, Liberia, India, Lao PDR, Madagascar, Philippines, Viet Nam, Zambia*

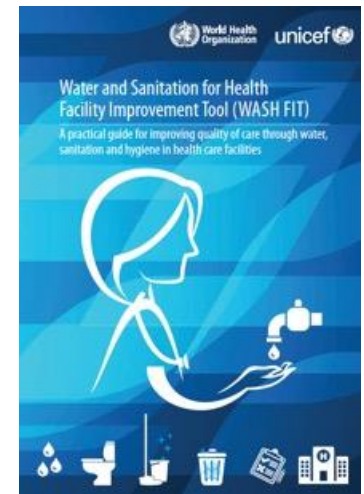
## Monitor and review data

*Bhutan, Egypt, Ghana, Hungary, India, Indonesia, Lebanon, Mozambique, Rwanda, Uganda, Serbia*

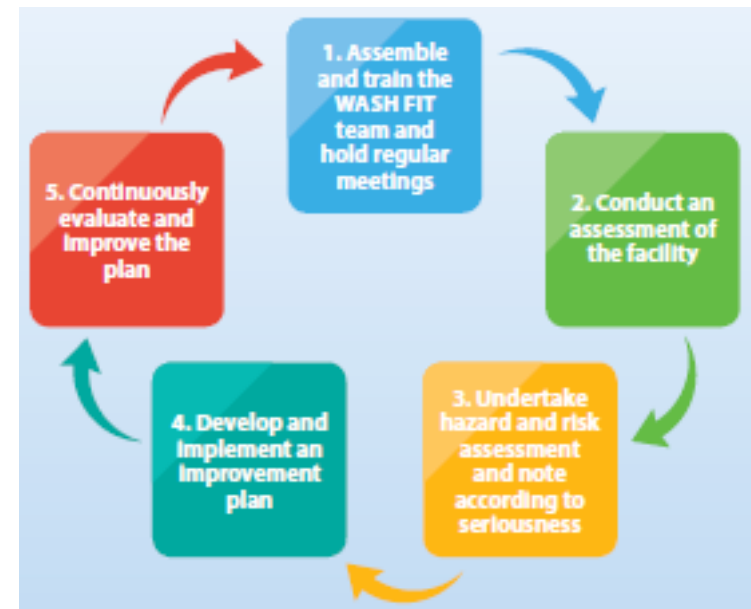
## Engage communities

*Ethiopia, Ghana, Mali*

# Implementing standards and sustaining services: WASH FIT



- Iterative process to prioritize, implement and sustain services
- 4 core areas: water, sanitation and waste, hygiene and management
- Being implemented in 20 countries including in emergencies
- Developing climate smart addendum
- Training slides and mobile app visit: [www.washinhcf.org](http://www.washinhcf.org); [www.washfit.org](http://www.washfit.org).



# The WASH in health care facilities portal



1. Make your commitment and/or encourage others to commit.
2. Share and find valuable tools, case studies, strategies and standards.
3. Promote the key steps/elements at your meetings and events and share progress at [washinhcf@who.int](mailto:washinhcf@who.int) and through the WASH in HCF newsletter.



**Thank you for committing and taking action.**

**Together we can ensure quality care, dignity  
and equity for all.**

***From Resolution to Revolution.***



**@WASH\_FOR\_HEALTH**

**#R2RWASHinHCF**